

A meeting of the Health & Social Care Committee will be held on Thursday 20 August 2020 at 3pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to Members and relevant Officers. The joining details will be sent to Members and Officers prior to the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation.

Please note that this meeting will be recorded.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

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| PERFORMANCE MANAGEMENT | |
| 2. Presentation on COVID-19 | |
| 3. HSCP COVID-19 Recovery Planning Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership | p |
| 4. Revenue and Capital Budget Report – Outturn 2019/20 and 2020/21 Revenue Outturn Position as at 30 June 2020 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer | p |
| NEW BUSINESS | |
| 5. Champions Board Proud2Care Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership | p |
| 6. Learning Disability (LD) Redesign – LD Community Hub Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership | p |

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| <p>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</p> | |
| <p>PERFORMANCE MANAGEMENT</p> <p>7. Reporting by Exception – Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned social care services</p> | <p>p</p> |
| <p>Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.</p> <p>The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.</p> <p>In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from the meetings of the Committee on public health grounds. The Council considers that, if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.</p> | |

Enquiries to – **Sharon Lang** - Tel 01475 712112

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|-------------------------|---|---------------------------------|
| Report To: | Health & Social Care Committee | Date: 20 August 2020 |
| Report By: | Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership | Report No: SW/30/2020/LL |
| Contact Officer: | | Contact No: 01475 712722 |
| Subject: | HSCP COVID-19 RECOVERY PLANNING UPDATE | |

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with an update on Covid-19 recovery planning as we move towards Phase 3.

2.0 SUMMARY

- 2.1 The unprecedented response from our staff and local citizens to the unprecedented challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal and provides a solid foundation upon which to build towards a new future.
- 2.2 The HSCP Recovery Plan has been developed to enable us to navigate our way through the uncertainties that the virus has created and rebuilding our public services and the local economy. We need to plan in a way that allows for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice.
- 2.3 Some lockdown restrictions are still in place across Scotland. We are all familiar with the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland. The HSCP Recovery Plan was developed by the Strategic Management Team (SMT), further developed by the HSCP Recovery Group which is responsible for overseeing the implementation of the plan and monitoring progress.
- 2.4 The HSCP Recovery Plan has been based on a set of principles and is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services.

At the end of each phase there is reflection and learning before moving to the next phase.

- 2.5 The HSCP is now preparing to enter into Phase 3 of the Recovery Plan and will run from August until February 2021.
- 2.6 The HSCP is working closely with NHS Greater Glasgow & Clyde to ensure our plans are aligned. The Chief Officers are represented on the Health Boards Recovery Tactical Group and Inverclyde has a representative on the Board-wide Planning Group.

3.0 RECOMMENDATIONS

- 3.1 That the Health and Social Care Committee notes the progress made to stepping up local services and plans to make further strides as we enter Phase 3 as outlined in the HSCP Recovery Plan.

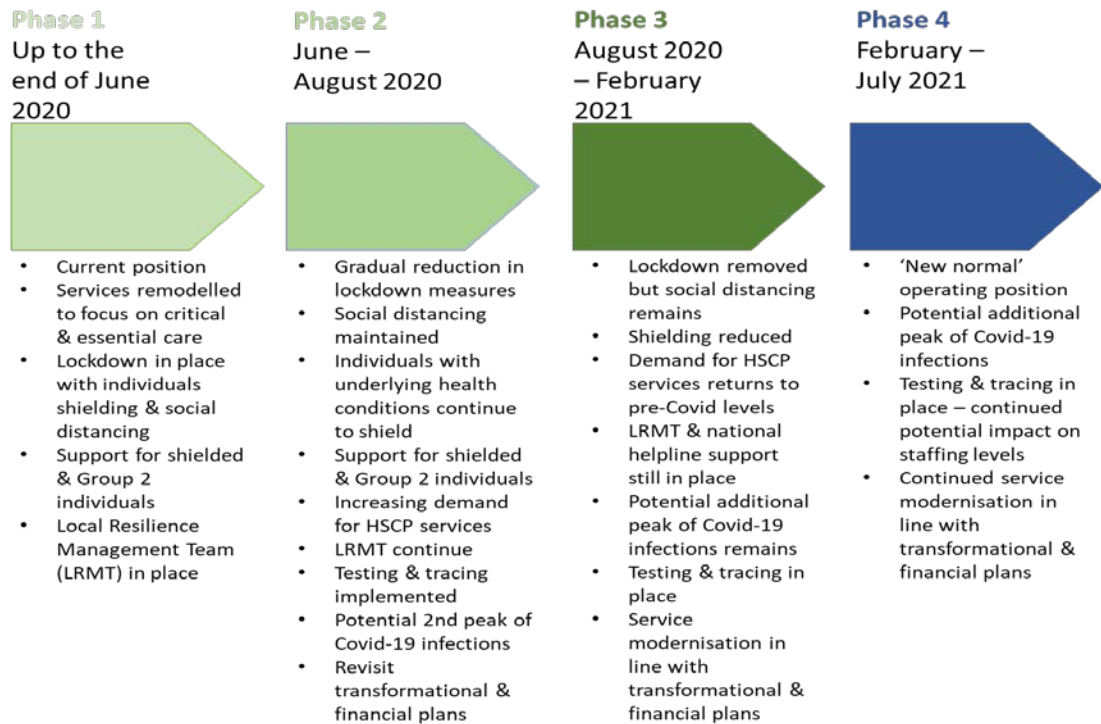
Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 Over the next few months, the HSCP needs to develop new ways of working that include an element of catching up with activity that has been scaled down or ceased as part of the response to Covid-19.
- 4.2 The unprecedented response from our staff and local citizens to the unprecedented challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal and provides a solid foundation upon which to build towards a new future.
- 4.3 The HSCP Recovery Plan has been developed to enable us to navigate our way through the uncertainties that the virus has created and rebuilding our public services and the local economy. We need to plan in a way that allows for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice.
- 4.4 Some lockdown restrictions are still in place across Scotland. We are all familiar with the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland. The HSCP Recovery Plan was developed by the Strategic Management Team (SMT), further developed by the HSCP Recovery Group who is responsible for overseeing the implementation of the plan and monitoring progress
- 4.5 The HSCP Recovery Plan has been based on a set of principles and these are:



- 4.6 Our overall anticipated planned approach to recovery is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services. The phases are:



- 4.7 Phase 1 is complete, Phase 2 is being implemented and we are now planning our transition to Phase 3 during which we aim to have all services reinstated and develop a 'new normal' to service provision. At the end of each phase there is a reflective session with extended management team to understand the learning for the next phase. Phase 3 will run from August until February 2021. Details outlined for Phases 1 -3 are provided at Appendix 1 with particular note of Phase 3 where we will increase face to face contact with more people.
- 4.8 Service areas have developed initial, phased recovery action plans which detail step up and step down arrangements over the coming months. These are reviewed by the HSCP Recovery Group and overseen by the Strategic Planning Group (SPG).
- 4.9 Engaging and ensuring that people receive services is important to their health and wellbeing so the planned phased approach sees more face to face contact as we move from the hub to service model.
- 4.10 Ensuring we focus on safety and wellbeing, the positive response from staff throughout this has been incredible and it is vital we continue to support each other through the phased recovery. Risk assessments have been carried out in preparation for the safe return of staff to buildings, and measures put in place to ensure social distancing is observed – desks have been taped off with no hot desking but weekly rotas being established to keep the numbers in offices to a minimum. Ultimately, where staff can work from home they will continue to be encouraged and supported to do so.
- 4.11 Our plans allow for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice; this includes policy / processes in place to manage a further outbreak. There is active resilient management around this issue.

- 4.12 The HSCP is working closely with NHS Greater Glasgow & Clyde to ensure our plans are aligned. The Chief Officers are represented on the Health Boards Recovery Tactical Group and Inverclyde has a representative on the Board-wide Planning Group. The HSCP has been involved in Health Board remobilisation plan.

5.0 IMPLICATIONS

FINANCE

5.1

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|----------------|--------------|---------------------------------|---------------|----------------|
| N/A | | | | | |

Annually Recurring Costs / (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From | Other Comments |
|-------------|----------------|------------------|------------------------|---------------|----------------|
| N/A | | | | | |

LEGAL

- 5.2 There are no legal implications from this report.

HUMAN RESOURCES

- 5.3 There are no human resources implications arising from this report.

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

| | |
|---|---|
| | YES |
| X | NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required. |

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|--------------------------|--|
| <input type="checkbox"/> | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
|--------------------------|--|

| | |
|---|----|
| ✓ | NO |
|---|----|

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|---|
| | YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. |
| ✓ | NO |

5.5 Repopulation

The governance process ensures a consistent and objective approach to ensuring quality of service on behalf of people with protected characteristics.

6.0 DIRECTIONS

6.1

| | | |
|--|---------------------------------------|---|
| Direction Required to Council, Health Board or Both | Direction to: | |
| | 1. No Direction Required | X |
| | 2. Inverclyde Council | |
| | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | 4. Inverclyde Council and NHS GG&C | |

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 Inverclyde HSCP Covid-19 Recovery Plan.

COVID-19 Inverclyde HSCP Transition Plan

1 CONTEXT

- 1.1 Across Scotland we are currently in the first wave of the COVID-19 outbreak. Novel coronavirus (COVID-19) is a strain of coronavirus first identified in Wuhan, China in 2019. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020. We now have spread of COVID-19 within communities in the UK.
- 1.2 COVID-19 is expected to be an ongoing threat requiring continued social distancing until we, as a country, have built up overall immunity (approximately 60-80% population immunity) through vaccination or natural infection. In the meantime, we will have to deal with waves of COVID activity (infected individuals and public health measures), and also deliver other health and care services. In this first wave, we stopped a wide range of activity to allow us to prepare for COVID activity, comply with social distancing requirements and address high levels of staff absence in the first few weeks within the HSCP and the wider provider network. We have also put in abeyance many of our existing planning and governance structures.
- 1.3 Extensive measures have been implemented across the UK. Current recommendations for Scotland are for people to stay at home as much as possible and severely restrict their interactions with others outside the household. Current government advice is that people only leave the house for very limited purposes, for example:
- for basic necessities, such as food and medicine. Trips must be as infrequent as possible
 - daily exercise, for example a run, walk, or cycle - alone or with members of your household
 - to ensure basic animal welfare needs are met, including taking dogs out when necessary
 - any medical need, including to donate blood, avoid or escape risk of injury or harm, or to provide care or to help a vulnerable person
 - travelling for work purposes, but only where you cannot work from home
- 1.4 The above measures have obviously had an impact on staff, our service users, key workers in other areas and the whole community and have required all organisations to adapt their normal operating models. The HSCP did this by moving to a hub model and pulling back on non-essential face to face contact.
- 1.5 Moving Forward
- Over the course of the coming months, the HSCP will require to develop a new way of working including an element of catching up with activity that may have been scaled down or ceased as part of the pandemic response.

This will require to be planned in a way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of COVID activity.

1.6 We will need to consider services that will see an increased demand as a result of COVID-19 mitigation measures. To do this effectively, we cannot simply return to previous ways of working. We need to understand the changes we have made to services, assess the risks and opportunities in continuing with these changes and apply learning from the COVID response to our recovery planning. We also need to plan our recovery with the other Health Boards in the West of Scotland.

1.7 Measures initially designed to prevent the spread of Covid 19 are dynamic and subject to change at short notice. The main business consequence and continuity risks for the HSCP are:

(i) Increased community-based demand due to:

- Reduced acute hospital capacity, as a result of Covid 19 emergency admissions;
- Reduced informal carer capacity, as a result of carers becoming ill with Covid and/or of being unable to provide support due to self-isolation or lock-down;
- Reduced day and respite services due to service closures;
- Reduced wellbeing of vulnerable people, post-infection;
- Mental health impact of self-isolation and community lock-down;
- Potential for increase in harm to children and vulnerable adults, and domestic violence due to self-isolation and lockdown;
- Increased levels of end-of-life care at home;
- The deferred impact of reduced health and social care referral rates for non-Covid related concerns.
- Increase in demand for CJSW Court Reports and Social Work Community Sentences due to most summary Court business as of 10th April 2020 being deferred for 12 weeks.

(ii) Reduced service capacity due to:

- HSCP staff illness due to Covid-19 infection;
- HSCP staff illness due to work-related stress as a result of the significant extra demands of Covid-related work;
- Equivalent staff pressures in the commissioned social care sector, with voluntary and independent sector provision under significant pressure;
- Primary care impact with GPs providing additional Health Board-wide support to assessment centres and NHS24;
- Diversion of community-based resources (especially nursing) to acute hospitals.

1.8 The anticipated infection trajectory across the country means that the impact of these business continuity risks is highly significant and potentially critical.

2 INVERCLYDE HSCP BUSINESS CONTINUITY PLANNING

2.1 The HSCP has updated all of its departmental and service Business Continuity Plans (BCPs) to reflect the particular challenges of Covid-19 emergency planning

requirements. The HSCP's overarching BCP has also been updated and new Standard Operating Procedures (SOPs) developed. These documents cover:

- The new HUB model, including team consolidation and merging
- Essential service continuity and prioritisation
- Public protection
- Commissioned services
- Staffing
- Staff and public communications

2.2 A Local Response Management Team (LRMT) has been established that meets twice each week. These meetings are supported by ongoing Senior Management Team (SMT) meetings. The Chief Officer updates the Chair and Vice Chair and two other voting members of the Integration Joint Board (IJB) weekly and a virtual IJB will be held monthly from mid-May. On a wider level, THE HSCP is part of robust and routine Council, Health Board and national emergency planning activity.

3 PREPARING FOR TRANSITION

3.1 It is clear that the process of transition through emergency planning and business continuity for Covid-19 will be neither linear nor guaranteed.

3.2 Scotland in common with all parts of the UK entered lockdown on 23rd March 2020. These constraints were implemented then strengthened through legislation (the Coronavirus (Scotland) Act 2020) and through the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. Under law, the UK and Scottish Governments must review this lockdown at least every three weeks. This ensures the impact of restrictions remains proportionate to the threat posed to wider societal and economic aspects.

3.3 In common with nations across the world, Scotland is planning for a managed **transition** away from current restrictions in a way that enables the suppression of transmission to continue. This will include ongoing physical distancing, the continued need for good hand hygiene and public hygiene, and enhanced public health surveillance - while seeking to very carefully open up parts of our economy and society.

3.4 As and when restrictions are lifted, the Scottish Government has indicated in its report *COVID-19 – A Framework for Decision Making (April 2020)* that it will need to put in place public health measures to stop cases becoming clusters, clusters becoming outbreaks, and outbreaks becoming an uncontrolled peak that would require a return to lockdown to avoid enormous loss of life and the overwhelming of our health and care system. This is a clear indication that the lifting of restrictions will be carefully phased and measured.

- 3.5 The lifting of restrictions may also be reversed if the “reproduction number” or “R” rises above 1, i.e. the number of cases each infected person passes the virus on to.
- 3.6 A framework of assessments will be undertaken by the Scottish Government to inform its decision in how it manages its response to the epidemic:

Scottish Government Assessment Framework

1. Options for physical distancing measures – easing, maintaining, (re)introducing – are technically assessed using the best available evidence and analysis of their potential benefits and harms to health, the economy, and broader society so as to minimise overall harm and ensure that transmission of the virus is suppressed.
2. Potential options – individual and combinations of measures – are assessed for their viability, for example taking account of how easy they are to communicate and understand, likelihood of public compliance, the proportionality of any impact on human rights and other legal considerations.
3. Broader considerations also include equality impacts and consideration of tailoring measures, for example to specific geographies and sectors.
4. Assessments will inform the required reviews of the Coronavirus regulations and collective assessment and decision-making with the UK Government and other Devolved Administrations as appropriate.

- 3.7 The Scottish Government’s policy approach to transition provides a clear context within which the HSCP should prepare for its own transition, through its business contingency and continuity planning processes. It is essential that a plan is in place that allows the HSCP to take account of the path of the epidemic and the national response, while constantly re-orientating its continuity planning in line with presenting demand, shifting trends and trajectories and the impact of organisational capacity issues. In this respect, having clarity and perspective on our emergency arrangements is essential in order that we can act both reactively and proactively in response to the challenges we face.
- 3.8 The key principle which must guide recovery planning is the need to provide safe and effective services for people which maximise the health benefit for our population, promotes independence and protects the most vulnerable. Principles also include the need to minimise risk to staff and patients, to maximise the use of remote consultations where appropriate, and to ensure equality of access based on need.
- 3.9 The long term impact of Covid-19 will be significant so it is crucial that we learn from the pandemic and our response locally and nationally, use this knowledge and insight to guide and improve how we work now and how we plan ahead.
- 3.10 It is proposed that the successful aspects of rapid implementation across the health and care system, which were driven by the strategic and tactical COVID response groups are replicated in the recovery phase. Potential detrimental impacts should also be identified and addressed. Implementation of COVID responses has been supported

by public buy in, political and media support, finance/budget and a high degree of staff goodwill.

4 HSCP PRINCIPLES AND STRATEGIC PRIORITIES

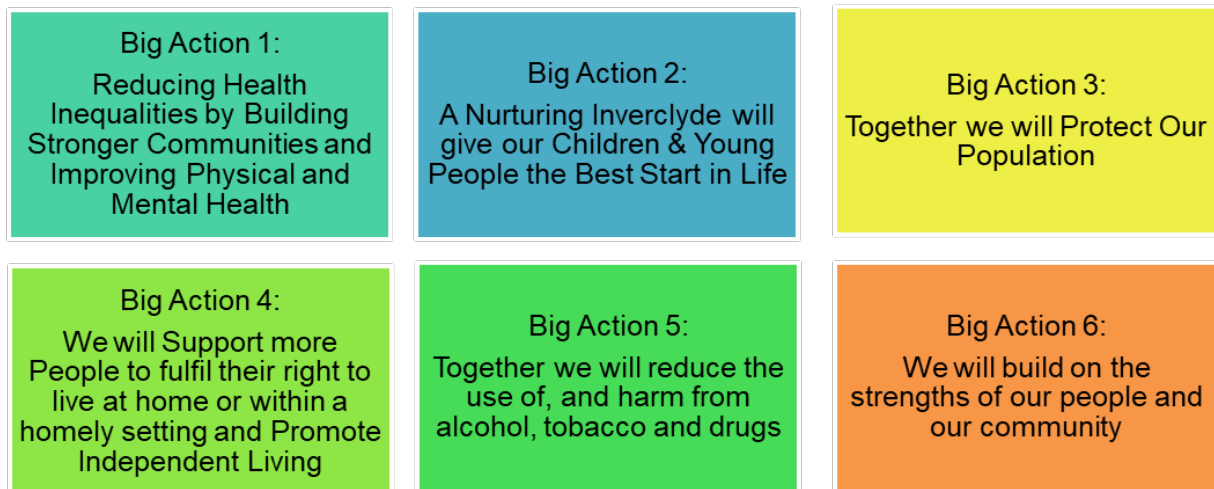
The HSCP Recovery Plan has been based on a set of principles and these are:-



These principles are set alongside the continuing need for social distancing, and the likelihood that future waves of COVID will drive the need for us to be able to flex our system to respond to this.

- 4.1 Where possible, it is proposed that existing structures are used to develop the recovery plan, and the Senior Management Team will support these structures and processes. By working within a hub and spoke model, aligned to each of the key areas of recovery until phase 3 when services will move back to service operational model.
- 4.2 In order to provide governance and leadership, a local HSCP Recovery Group will be set up and chaired by Chief Officer with membership from across HSCP, 3rd Sector, Human Resources and Staff side representatives. The Recovery Group will report through the Recovery Tactical Group in the Health Board and the Council Recovery Group respectively through their reporting structures. This will enable a system-wide overview of component plans to inform recommendations presented to the IJB. Terms of Reference for the Group are enclosed at Appendix 1. All plan will link with NHS remobilisation plan and will be fully costed.
- 4.3 It is important not to lose sight of the wider strategic priorities that guide the work of the HSCP and the principles and values that underpin what we collectively and individually do in support of these priorities. Covid-19 emergency planning and

response arrangements do not operate in isolation, although right now it can feel that they dominate matters almost to the exclusion of all else. Inverclyde HSCP continues to be guided by its principles and values and a commitment to delivery of our overarching vision and Strategic Plan and 6 big actions:



5 CLINICAL AND CARE GOVERNANCE

- 5.1 Given the ongoing pressures presented in managing the challenge of Covid-19, it has not been possible to maintain the normal range of clinical and care governance and functions. The NHS Strategic Executive Group approved adaptations to the arrangements for governance of healthcare quality. This includes suspension of the strategically supported Quality Improvement programmes, revisions to processes for clinical guidelines, audit and clinical incident management. NHS Acute, Partnership and Board Clinical Governance Forums are currently suspended.
- 5.2 Within Inverclyde HSCP there was a temporary suspension of our clinical and care governance meetings. However it is important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance has been maintained by embedding the following essential functions in the local management arrangements:
- Responding to any significant patient feedback
 - Responding to any significant clinical incident
 - The approval and monitoring of any clinical guidelines or decision aids that are required for the Covid-19 pandemic emergency
 - Responding to any significant concerns about clinical quality
- 5.3 Examples of the mechanisms currently in place to support the operational oversight at service level include: Corporate Management Team meetings with Inverclyde Council;

participation in NHS Board COVID-19 governance; three times weekly HSCP Senior Management Team (SMT) meetings; daily SMT communication re Covid – 19 risk issues; development of dynamic risk assessments for all services with an overarching HSCP Covid -19 risk register which is reviewed weekly and is submitted to the Local Resilience Management Team (LRMT) and SMT and maintenance of communication with individual staff and teams. The latter has been an essential element in the provision of operational and professional supervision and caseload management to identify areas of exception with escalation as appropriate to the LRMT and the SMT.

- 5.4 Plans are now in place to re-establish our governance arrangements. Inverclyde HSCP Clinical and Care Governance Group is scheduled to take place on 26 May. The primary focus of discussion will be clinical and care governance arrangements to support our Recovery Plan.

6 PROCESS

- 6.1 Detailed plans will be developed for the following areas:

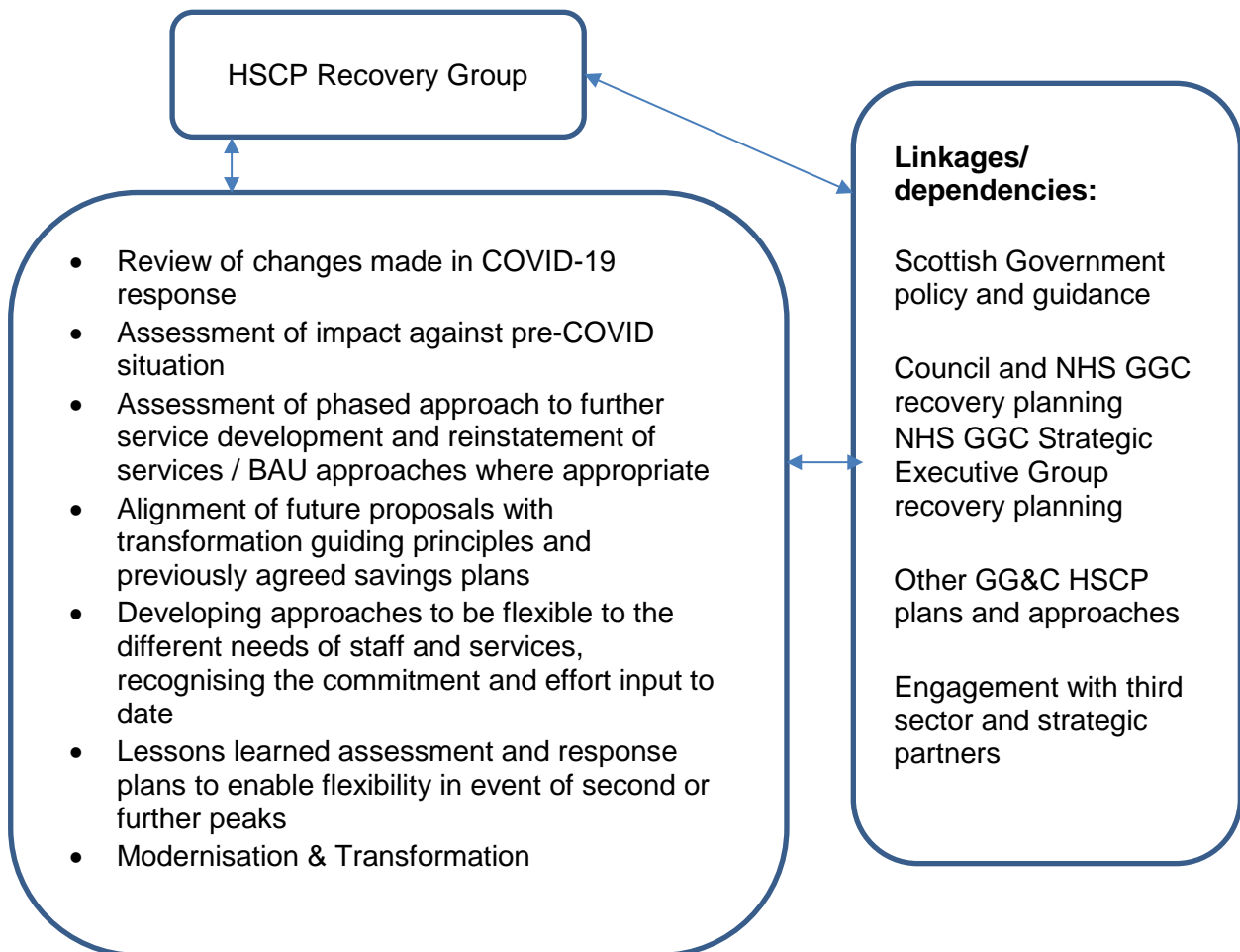
- 1 Reflection and review with staff groups (see Appendix 2) within each hub in HSCP services, mental health, drugs and addictions, Children and Families ,Criminal Justice, Homelessness key processes and key priorities, longer term look at links to strategic plan 6 big action
- 2 Reflection within primary care, mental health inpatients, children and adults residential services
- 3 Review with 3rd sector, CVS and communities about how we continue to engage and harness support while maintaining social distancing
- 4 Assessment and Testing Centre and plans developed for step up and step down for assessment and testing as required
- 5 Emotional and operational recovery in the longer term will require managers and leaders to ensure there are regular opportunities for feedback and support for their teams and staff members.
- 6 The reflection has led to learning which has informed the phase 1, 2 and 3 action plans and the wellbeing plan. (Appendix A)

- 6.2 Phase 1 plans will focus on key issues to be addressed, timescales and the following areas:

- governance, leadership and assurance
- sustainable improvement (aligning capacity and demand, standard operating procedures and training)
- managing clinical risk
- performance management
- communications
- risks and mitigations

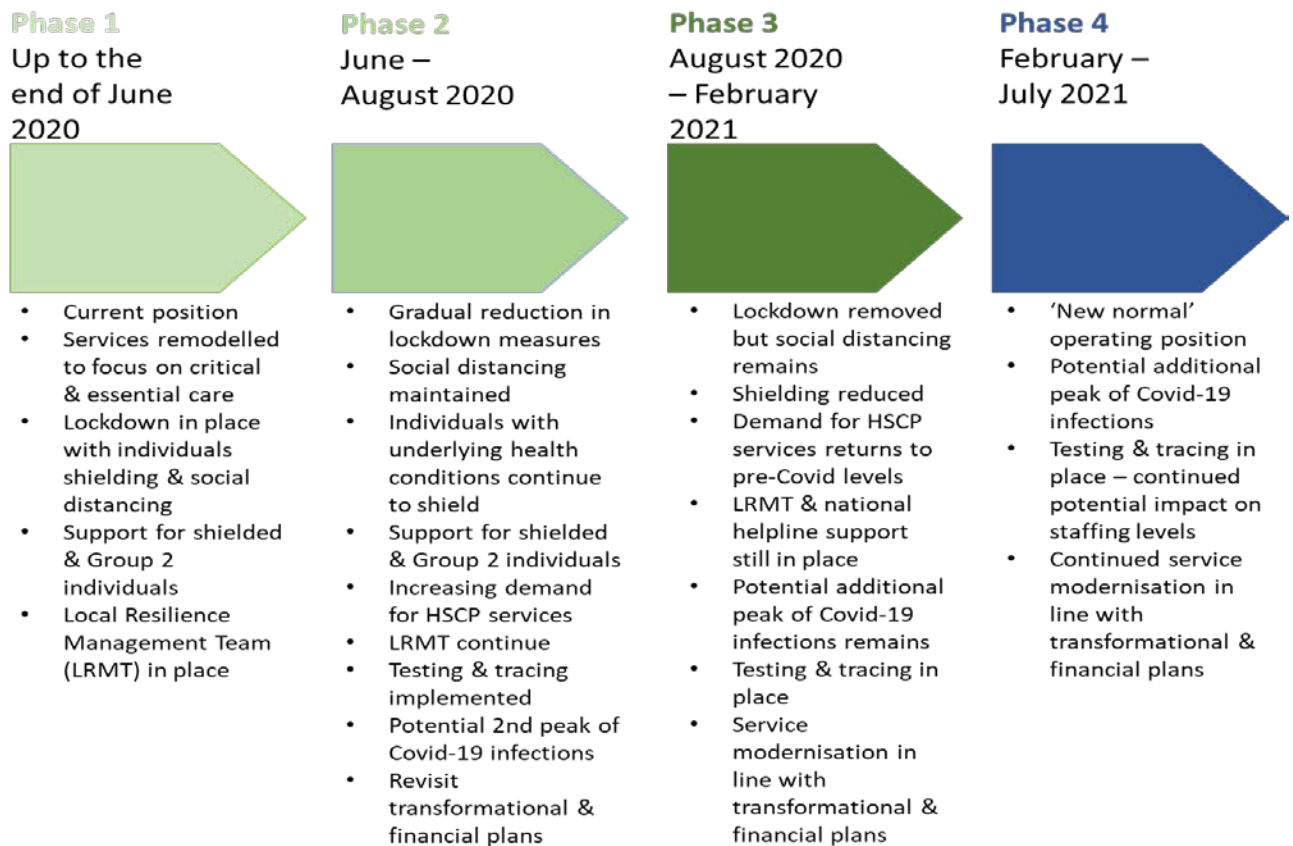
The Plan on a page is outlined in Appendix B, each plan has a detailed action below undertaken, so that all actions, monitor, assessed to ensure it is safe to move to the next phase of planning.

- 6.2 Phase 2 plans focus on priorities, resource, people ensuring we keep safe and communication. The model of working during a pandemic, system/process building and ensuring the most vulnerable are care for in Appendix C.
- 6.3 Phase 3 focus on moving back to new normal as the lockdown restrictions are reduced and levels of infection reduce allowing more face to face contact. The phase 3 plan outline in Appendix D.
- 6.4 Phase 4 will focus on the new way of working including modernisation, transformation of services.
- 6.5 Recovery action plan was agreed by with the HSCP Covid-19 Recovery Group and the IJB. This is a live document and is updated regularly and reported through the Recovery Group and Strategic Planning Group. Each phase of recovery was a plan.
- 6.6 HSCP recovery plan links to the council recovery, Alliance Partnership Recovery Plan and the NHS Remobilisation Plan.
- 6.7 Planning Approach Overview



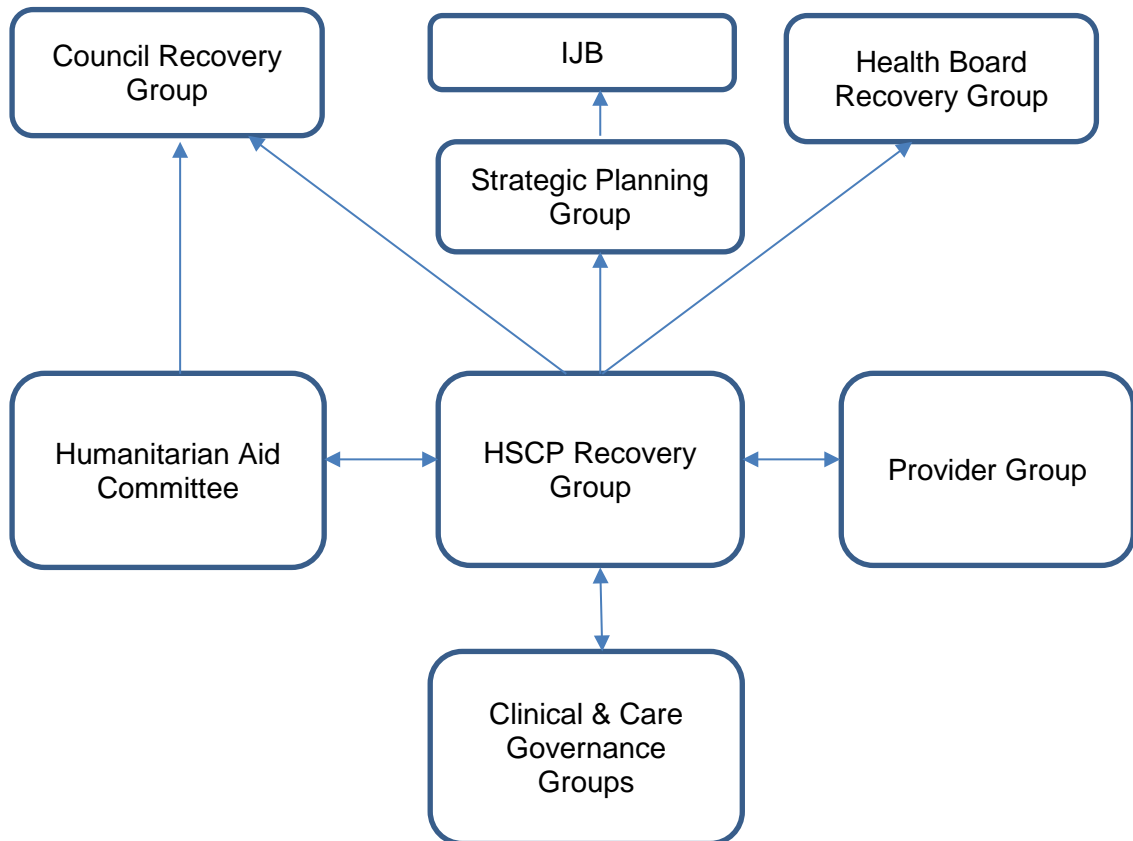
6.8 Anticipated Recovery Phases

Our overall anticipated planned approach to recovery is one where we learn and understand what the impact of our response to Covid-19 will or perhaps should have on how we deliver services in the future, and follows a phased approach to restarting services. The phases are:



6.9 The governance and reporting structures around this work are as follows:

Recovery Planning Governance and Reporting Overview



7. ALIGNMENT WITH COUNCIL AND HEALTH BOARD RECOVERY AND TRANSITION PROCESSES

- 7.1 It is important that the HSCP recovery and transition plan aligns strategically with Council and NHS processes. Inverclyde's Councils Strategic Recovery Plan and NHS Greater Glasgow and Clyde's NHSGGC COVID-19 Recovery Plan both set out common objectives and broadly similar approaches. NHSGGC remobilisation plans sets out priorities and timeline for moving forward.
- 7.2 The unique governance and accountability frameworks that establish the HSCP Board and its strategic planning responsibilities place it central to the process of linking operational recovery and transition to longer-term strategic priorities, including integrated effectiveness, efficiency and economy. The HSCP Board's directions to the Council and Health Board to deliver operational services in line with these strategic priorities ensure that the Council and Health Board will wish to have confidence that operational recovery and transition processes are well planned and executed. Furthermore, for reasons of consistency, the Council and Health Board separately may wish to align their approaches across whole systems and cross-cutting corporate issues that may include or affect aspects of delegated services. This may create a potential overlap of recovery and transition planning activity. The HSCP will therefore work in partnership to harmonise recovery and transition planning in pursuit of outcomes that are mutually supportive and meet the needs of all parties.

8 CROSS-CUTTING AND COMMON THEMES

- 8.1 The Council has, in its recovery and transition planning arrangements, identified aspects and considerations which are common and are corporate in nature, including implications for shared space in buildings; health & safety and PPE; workforce; technology & digital; travel and transport; contracts & procurement, etc. As such, corporate considerations and implications will be collated and assessed by lead Corporate Director of the Council. To support this work and in anticipation of similar requirements by the Health Board, the Chief Officer will identify HSCP Heads of Service to act as HSCP points of contact for these issues.
- 8.2 In addition, the Chief Officer will identify cross cutting operational issues as they emerge from service-level recovery and transitional planning work and will identify an HSCP strategic lead for each of these, to minimise duplication of work at a service level and to consider strategic solutions in conjunction with Council and Health Board officers and colleagues in other HSCP areas. These cross-cutting issues may include but not be limited to: public protection, congregate models of care, HSCP governance, clinical and care governance, financial impact and planning.

9 CHANGE MANAGEMENT AND DUE DILIGENCE

- 9.1 With social distancing likely to be a feature of public health, social and economic life for the foreseeable future, concepts of "normality" and "recovery" become relative rather than absolute concepts. More accurately, the processes of recovery and transition are steps through continued business continuity and contingency planning. At each stage, changes to operating systems, processes and service models may be

necessary to safeguard the health, safety and wellbeing of staff, our patients and service users, our communities, businesses, jobs and our partnerships.

However tempting it may be to consider the value of permanent shifts to some of these contingency arrangements (particularly as the people we support have experienced unexpected benefits in some of these), long term change should be by design and not by default.

- 9.2 The process of longer term service change requires careful consideration, consultation, evaluation and impact assessment. These elements of due diligence will be essential as we work through the transition process, so that the HSCP emerges stronger by design.

HSCP Recovery Group Terms of Reference

| | | |
|---|--|-------------|
| Name of Group: | Inverclyde HSCP Recovery Group | Version 1.0 |
| Constitution: | <p>This Recovery Group has been established to coordinate and monitor the recovery planning of the Inverclyde HSCP and support the recovery planning work of NHSGG&C and Inverclyde Council.</p> <p>The role of the Group is to oversee the Inverclyde HSCP Covid 19 Recovery Planning process through initial development to implementation and close.</p> <p>Meetings will be held virtually through conference calls to allow for appropriate social distancing and other current safety measures to be accommodated. Initial focus will be on internal HSCP services, longer term this will be widened to include externally provided services and the group membership expanded accordingly.</p> | |
| Composition/ Substantive Membership: | <p>The Recovery Group membership will be constituted as follows:</p> <ul style="list-style-type: none"> • Chief Officer (Chair) • Interim Head of Strategy & Support Services (Vice Chair) • Heads of Service • Chief Nurse • Clinical Director • 6 x Hub Managers • Service Manager Business Support • Service Manager Commissioning • Action Note taker • Staff side x 2 • HSCP Rep on Health Board Recovery Group | |
| Responsibilities: | <p>The Group will plan, prepare, organise, monitor and communicate the transition from current model to normal activities to Council, NHS and community. This will include:</p> <ul style="list-style-type: none"> • The development of overall principles in line with NHS Board and Council • A review of current arrangements • Preparation of a plan and phasing of implementation • Ensuring staff and members of the community are protected • Effective support for staff • Monitor the implementation including assessing risks • Communicate to staff, provider each step in the transition process through LMRT and NHS Tactical Group and Chief Officer brief • Report to Council, CMT, NHS and Strategic Planning Group ultimately to Health and Social Care Committee and IJB | |

| | |
|--|--|
| Frequency of Meetings: | Meetings shall be held weekly at the same set time or as directed by the Chair. |
| Quorum: | To be quorate at least 30% of the agreed membership including at least one member of the HSCP SMT must be at the meeting |
| Reporting Procedures: | One page hub summary report as per the enclosed template will be circulated to Group members at least 24 hours before the meeting. Following each meeting an updated action note will be distributed within two working days. |
| Action Note to be circulated to: | Action note from each meeting to be circulated to: <ul style="list-style-type: none"> • Recovery Group Members • HSCP SMT and Extended Management Team • Inverclyde Council Recovery Group • GG&C Recovery Group |
| Review Date: | These terms of reference will be reviewed every 3 months to ensure the Recovery Group is operating at maximum effectiveness. |
| Date Terms of Reference Approved: | 31/08/2020 by the Recovery Group |

LEARNING FROM LOCKDOWN

The approach can be described as consisting of three steps

1. Phased approach to restarting services

The Heads of Service and Service Managers would be required to use the Business Continuity plans in each of the Care areas as the framework for phasing a return to full provision of HSCP services, bearing in mind that the sequencing of this could be different to the retraction of the services. Areas to consider would be how in the immediate situation we utilise the experiences of staff (and ultimately service users/patients) to assist us to re-introduce services and identify.

- What has proven to be effective?
- What has been unhelpful and/or of little value?
- What processes/procedures/ways of working should be adopted and which should we consider discontinuing?
- What have we been doing that we need additional capacity and resource for?

2. Learning and understanding

The shift in ways of working will also have a long term impact and we need to review:

- Benefits of increased digital approaches to working from home, connecting with each other, running meetings formally and informally
- Early feedback suggests there are a number of skills to be developed to support this and this will need an ongoing programme
- The change in relationships with clients through the use of technology will also need to be considered for future ways of working
- Collecting this feedback and reviewing it should form a main strand of recovery and planning for the future

3. Staff wellbeing

The positive response from the workforce has been incredible and a number of supports have been put in place to sustain staff in the current time. Collect and report on the narrative around staff experience of support and resilience:

- Teams have continued to meet and support each other either in person, while adhering to social distancing protocols or through virtual meetings
- Managers have been connecting with individuals and teams
- Good questions for teams include:
 - What types of supports helped you through this?
 - What other things would have helped?
 - What did not help?

REFLECTION FROM PHASE 1

Recognising the need to consider and programme our renewal and recovery.

Whilst we have all been affected by the COVID19 pandemic, we know that for some groups, the social economic and health caused by both the virus and associated lockdown measures, will be greater and that this could have a profound and long lasting impact, exacerbating already existing inequalities in our communities. The pandemic is also likely to drive more individuals and families into poverty and we have already seen significant increases in the unemployment rate and in the number of people applying for Universal Credit. Each service area (hub) completed debrief record at the end of phase 1 to record the learning and consider how learning could inform the next steps.

EXECUTIVE SUMMARY

General services during pandemic:-

- HSCP adapted rapidly and universally in response to the COVID19, it also used technology, triage, remote consultation, keeping in touch with people and establishing duty services
- Strong team work was key
- Usual activities have reduced, some significantly (home visits) while others have stopped (moved to virtual)
- Remote consulting, by phone or video (clinics)
- Group staff galvanised to undertake other roles mental primary care, health visitor to move testing/assessment centre. Community link workers help supported the most vulnerable
- PPE supplies established quickly despite concerns the system worked effectively

Concerns

To protect people services has put work on hold, staff are concerned about the impact this is having on people. The increased demands is a challenge to come:-

- Face to face is still essential much of the behaviour work is based on relationships. Those with complex problems who cannot access/use technology need an alternative
- Poverty IT
- Vulnerable children and families who have had their support network withdrawn

- Mental health problems are increasing and impact in socio-economic deprivation
- Concerns that economic consequences of the pandemic will impact mostly on the disadvantage groups, who live in precarious financial circumstances and will wider the health inequality gap.
- Homelessness ongoing targeted support

What Come Next?

- Make building/system safe
- New challenges to meet backlog, with increased demands with reduced staffing
- Psychological support for distress to the community and staff needs to meet the needs. A well-developed Well-Being Plan
- Redesign services so that web, technology can be used more readily, however the need to address inequality of access of IT, health literacy
- Face to face contact is still important
- Speed and agility are required to ensure planning is paced at suitable rate to meet the needs of the public, meet government guidance and keep staff safe
- Understand how to step up and step back services so we are prepared for second a wave

New Challenges

The backlog of work resulting from services having been put on hold during the COVID19 pandemic. Each service will need a common approach plan.

Expected increase in child protection, mental health illness and domestic abuse.

New issues of social access and equity as a result of the expansion of remote consulting, involving the use of phone and video technology.

Continued Challenges

There are gross longstanding inequalities in health and social care with large differences on healthy life expectancy and life expectancy between most affluent and most deprived.

Addressing inequalities in a structured way, structured solution to structural issues. Influencing wider system.

Multi morbidity is the 'new norm' including both the multi-morbidity of old age and the multi morbidity of socio-economic disadvantage.
High prevalence alcohol and drugs, impact on drug deaths/excess deaths.

Learning in the Aftermath of COVID19

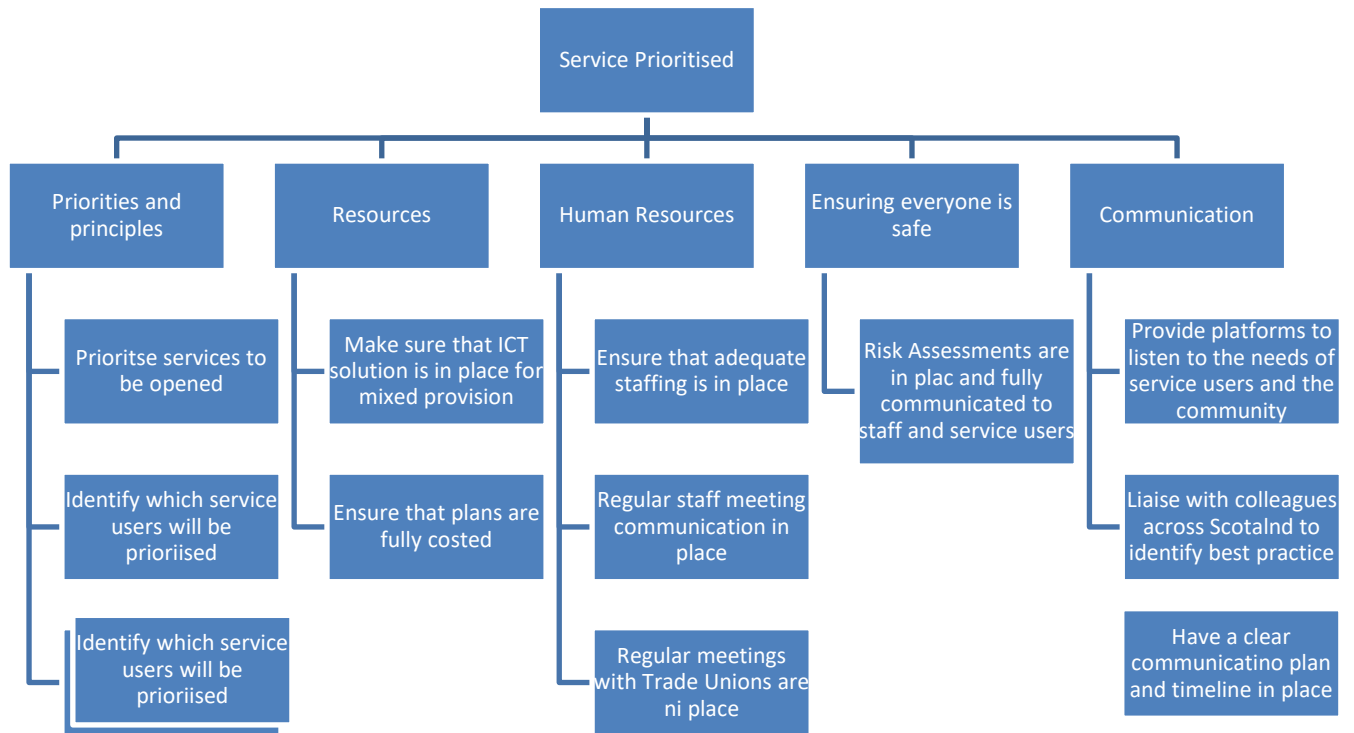
The key ingredients was:

- Leadership, visible, clear communication, team working
- Agility
- Ability to plan, monitor and asses
- Open/transparent, listening
- Developing remote/blended practise
- Bolster universal service primary care by increasing link worker, financial advisors, mental health and alcohol and drug practitioners to reduce stigma
- Evidence, data, measure, analysis evaluated
- Maintaining pace and focus
- Partnership working with unions, key stakeholders

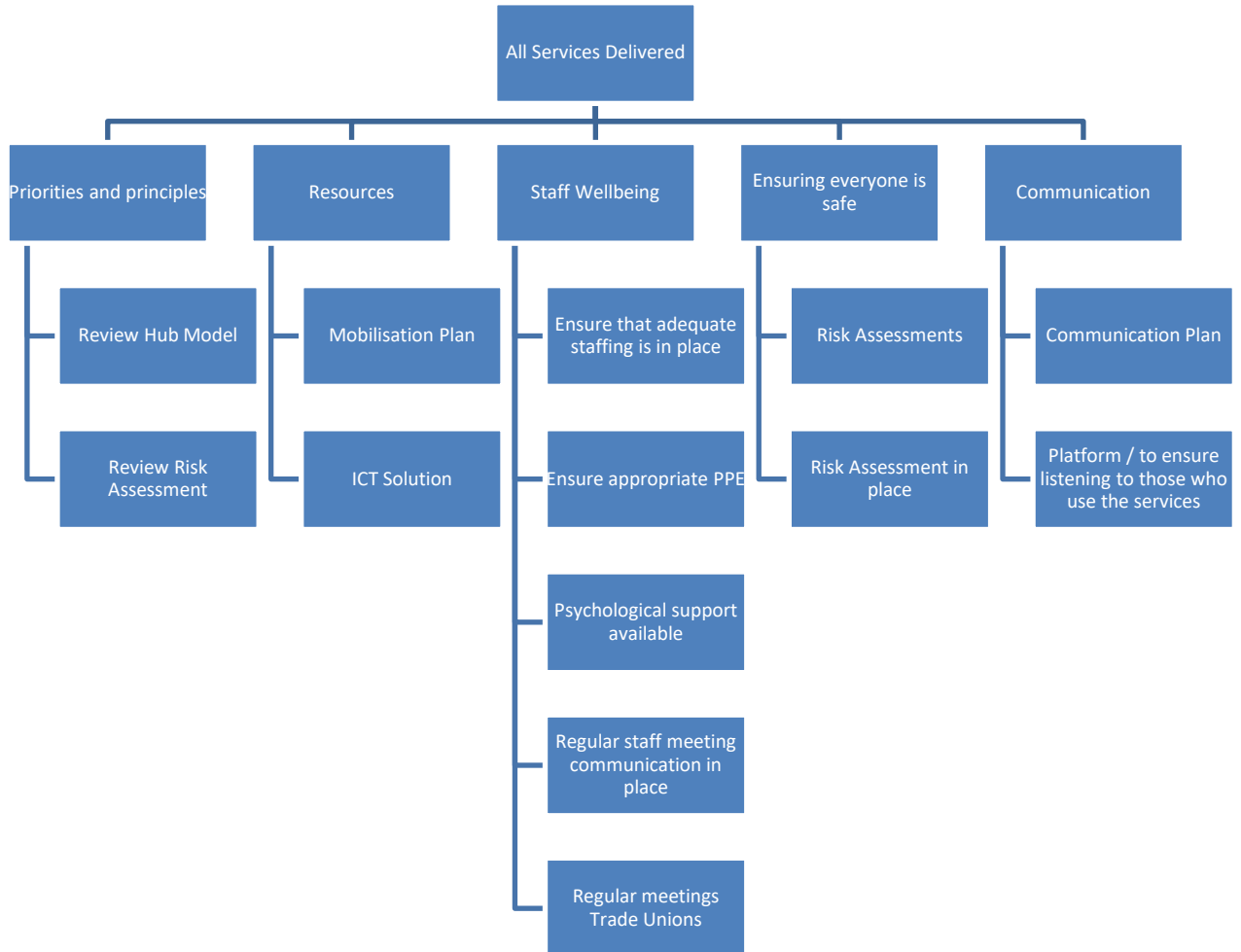
Summary

It is not a race back to normal. This is a time for change, a time re-evaluate what is important, what we need to do less of and a timing of re-introducing services will need to match the Scottish Government agreed progress future phases.

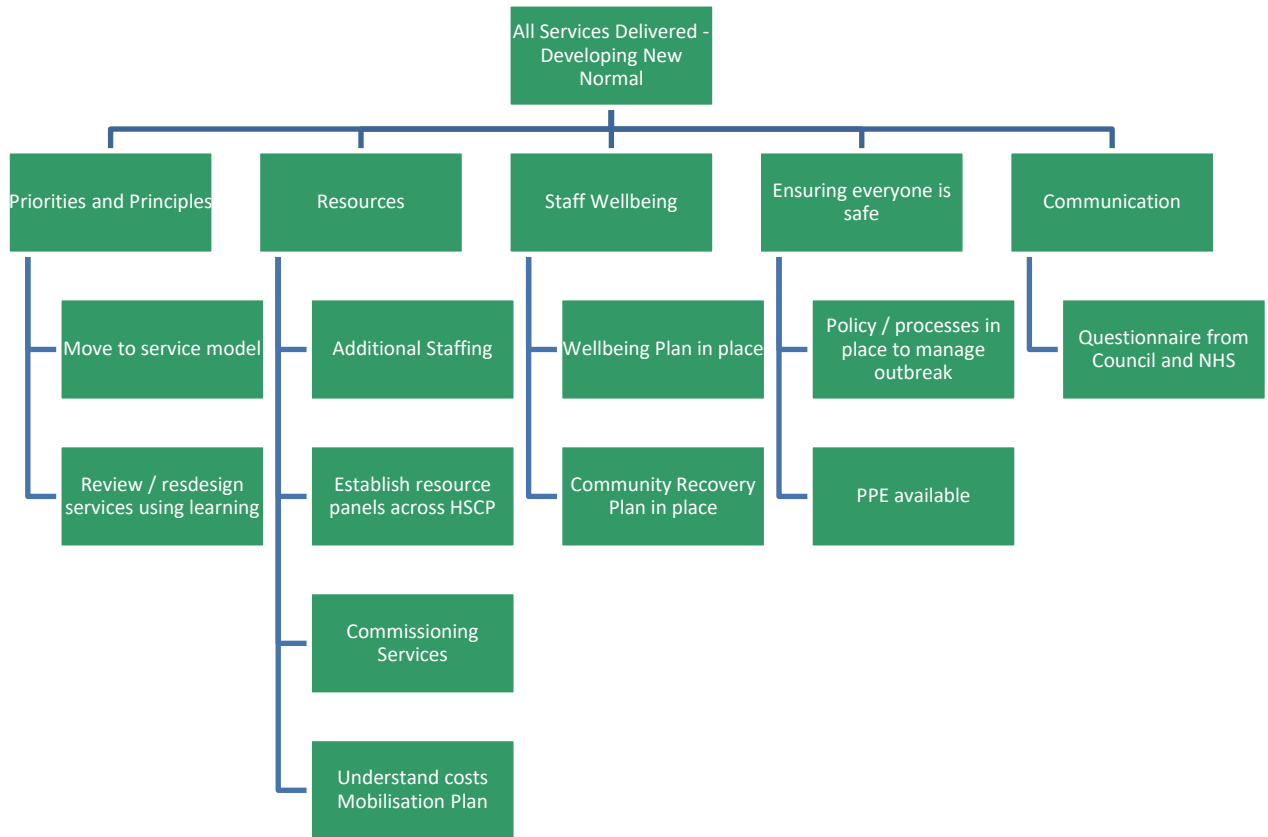
HEALTH AND SOCIAL CARE - PHASE 1



HEALTH AND SOCIAL CARE - PHASE 2



Health and Social Care Phase 3



| | | | |
|-------------------------|--|--------------------|------------------------|
| Report To: | Health & Social Care Committee | Date: | 20 August 2020 |
| Report By: | Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership | Report No: | FIN/64/20/AP/SW |
| | Alan Puckrin Chief Financial Officer | | |
| Contact Officer: | Samantha White | Contact No: | 01475 712652 |
| Subject: | Revenue & Capital Budget Report – Outturn 2019/20 and 2020/21 Revenue Outturn Position as at 30 June 2020 | | |

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the outturn of the 2019/20 revenue budget and of the projected outturn on revenue and capital for 2020/21 as at 30 June 2020. The 2019/20 outturn is provisional subject to the audit of the year-end accounts.

2.0 SUMMARY

2019/20

- 2.1 In 2019/20, the Social Work revised budget was £50.523 million with an overspend of £249,000, which is an increase in the overspend of £184,000 since the period 9 monitoring report. The main elements of the overspend are:
- Within Learning Disabilities, an overspend of £524,000 due higher client commitment costs, based on higher client needs.
 - An overspend of £282,000 within Criminal Justice client commitments due to the client package costs shared between Criminal Justice and Learning Disabilities offset in part by additional income contributions from Scottish Government and MAPPA of £141,000 and £33,000 respectively.
 - Within Residential and Nursing Care, Respite, Direct Payments and Additional Hours are overspent by £173,000.
 - An overspend of £92,000 on agency workers within Mental Health due to an increased pressure on meeting service demands resulting from staff vacancies and difficulty in recruiting.
 - An under-recovery of £72,000 of income within Learning Disabilities Day Services.
 - A net overspend of £74,000 on Physical Disabilities equipment.

This was offset in part by:

- Additional turnover savings being projected across services £331,000.
- A one-off £190,000 underspend against Free Personal Care for under 65s.
- A one-off underspend of £68,000 against Carers Act funding.
- A £65,000 underspend within Day Care client commitments.
- An underspend of £110,000 within external homecare mainly due to a decrease in client hours/packages due to deaths and transfers to other areas. The reduced spend is offset by an overspend in Homecare staffing costs.

2020/21

- 2.2 A budget of £58.647 million has been delegated by the Integration Joint Board (IJB), which includes £6.295 million of Social Care funding. The IJB has directed the Council to deliver services within the allocated budget and in line with the IJB's Strategic Plan. As at period 3 there is a projected underspend of £73,000.

The projections include Covid costs of £3.316 million which are assumed to be fully funded by Scottish Government Covid Funding (£3.250 million) and Grants (£0.066 million), leaving a net nil effect on the Social Work Net Expenditure for 2020/21.

The areas of underspend are:

- A projected underspend of £1,102,000 within Residential and Nursing Care client commitments as a result of a significant reduction in the number of beds, projecting at 501 beds for the remainder of the year.
- A £281,000 projected underspend within External Homecare based on the invoices received, projecting up to the end of the year, as well as an additional £150k adjustment for packages on the assumption that full service delivery will be reintroduced now that lockdown is easing.
- Additional turnover savings being projected across services £83,000.
- A projected underspend of £40,000 on Domiciliary & Short Breaks Respite.
- A £25,000 projected underspend of £25,000 within ADRS client commitments.

Areas of overspend include:

- A projected overspend of £578,000 within Learning Disability Client commitments which is comparable with the position reported for 2019/20 with the increased costs reflecting necessary uplifts in clients' packages relating to increased needs.
- Within Criminal Justice a £342,000 projected overspend as a result of shared client package costs with Learning Disabilities on the assumption that there will be no additional funding from Scottish Government.
- A projected overspend of £297,000 in Children's Residential Placements after full utilisation of the smoothing Earmarked Reserve.
- A £157,000 projected overspend on agency staff costs within Mental Health as approved by CMT in 2019/20.
- A projected overspend of £106,000 within Physical Disabilities Client commitments, which is the full year impact of new clients in 2019/20.

- 2.3 The Social Work 2020/21 capital budget is £0.175 million and reflects revised savings approved by Policy & Resources Committee 11 August 2020. There has been no expenditure on capital projects to 30 June 2020.

- 2.4 The balance on the IJB reserves at 31 March 2020 was £8.450 million. The reserves reported in this report are those delegated to the Council for spend in 2020/21. The opening balance on these is £1.748 million with an additional £1.293 million received for 2020/21, totalling £3.041 million at period 3.

- 2.5 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship
- Continuing Care
- Residential & Nursing Accommodation
- LD Redesign
- Advice Services

- 2.6 The Committee need to note the assumption that the Scottish Government via the IJB will fully fund the estimated £3.250million in Covid related costs. In the event this does not happen then the Council assumption is that the IJB will meet any shortfall for IJB Reserves.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the 2019/20 revenue budget outturn overspend of £249,000.
- 3.2 That the Committee notes that the overspend at the 2019/20 year end will be funded by the IJB Free Reserves.
- 3.3 That the Committee notes the projected current year revenue outturn of an underspend of £73,000 at 30 June 2020 on the assumption that £3.25 million costs associated with Covid will be fully funded by extra Scottish Government grant..
- 3.4 That the Committee notes the current projected capital position.
- 3.5 That the Committee notes the current earmarked reserves position.

Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the 2019/20 revenue outturn position, the current position of the 2020/21 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2020/21 projected £73,000 underspend. The 2019/20 outturn is provisional, subject to the audit of the year end accounts.

5.0 2019/20 REVENUE OUTTURN: £249,000 (0.45%) overspend

5.1 The table below sets out the 2019/20 outturn to budget for Social Work and the movement in projected spend since last reported to the Health & Social Care Committee at period 9 to 29 December 2019.

5.2

| | Approved Budget | Revised Budget | Outturn | Variance to Budget | | Movement from Period 9 |
|------------------------------------|-----------------|----------------|---------------|--------------------|--------------|------------------------|
| | £000 | £000 | £000 | £000 | % | £000 |
| Children & Families | 10,474 | 10,439 | 10,658 | 219 | 2.10% | 24 |
| Criminal Justice | 20 | 20 | 71 | 51 | 2.69% | (211) |
| Older Persons | 25,384 | 25,610 | 25,756 | 146 | 0.57% | 268 |
| Learning Disabilities | 7,736 | 7,729 | 8,223 | 494 | 6.39% | 296 |
| Physical & Sensory | 2,394 | 2,425 | 2,487 | 62 | 2.56% | 73 |
| Assessment & Care Management | 2,314 | 2,135 | 2,052 | (83) | (3.89%) | (46) |
| Mental Health | 1,426 | 1,416 | 1,447 | 31 | 2.19% | (41) |
| Alcohol & Drugs Recovery Service | 971 | 970 | 752 | (218) | (22.47%) | (2) |
| Homelessness | 1,026 | 1,026 | 1,033 | 7 | 0.68% | (22) |
| PHIC | 1,677 | 1,645 | 1,522 | (123) | (7.48%) | (68) |
| Business Support | 3,402 | 2,364 | 2,027 | (337) | (14.26%) | (87) |
| | 56,824 | 55,779 | 56,028 | 249 | 0.45% | 184 |
| Contribution from IJB | (6,295) | (6,295) | (6,295) | 0 | | |
| Transferred to EMR | 0 | 1,039 | 1,039 | 0 | | |
| Social Work Net Expenditure | 50,529 | 50,523 | 50,772 | 249 | | |

| | Approved Reserves | Revised Reserves | 19/20 Budget | Spend | Carry Forward |
|--------------------------|-------------------|------------------|--------------|--------------|---------------|
| | £000 | £000 | £000 | £000 | £000 |
| Earmarked Reserves | 7,266 | 12,489 | 3,745 | 4,039 | 8,450 |
| CFCR | 15 | | 0 | 0 | 0 |
| Social Work Total | 7,281 | 12,489 | 3,745 | 4,039 | 8,450 |

5.3 The material variances per service are detailed below:

a. Children & Families: £219,000 (2.10%) overspend

The underspend is £24,000 more than reported previously and is largely due to a net overspend on Property costs.

Any over/ underspends on adoption, fostering, kinship, children's external residential accommodation and continuing care are transferred from/ to the earmarked reserve at the end of the year. These costs are not included in the above underspend. The opening balance of the reserve was £1,407,000. At year-end the balance is £890,000, giving an utilisation of reserve of £517,000 in 2019/20.

b. Criminal Justice: £51,000 (2.69%) overspend

The overspend is £211,000 lower than reported at period 9 and is due to:

- Additional income from Scottish Government of £141,000 and a contribution from MAPPA of £33,000 towards the client package costs shared with Learning Disabilities.
- An increase in the Employee Costs underspend of £19,000
- Other minor movements £18,000.

c. Older People: £146,000 (0.57%) overspend

The overspend is £268,000 more than reported at period 9 and comprises:

- An overspend of £133,000 on employee costs which is an increase in spend of £160,000 since last reported to Committee, largely within homecare and as a result of employees remaining in the pension fund and new starts.
- An increase of £98,000 within Payments to Other Bodies due to a reduction in the underspend on external Homecare of £40,000; £38,000 in relation to a recharge to Health for an Occupational Therapist and £20,000 was used to create the Wi-Fi EMR.
- Within Residential Nursing Client commitments overspent by £173,000. This is an increase in costs of £25,000 since last reported to Committee. Additional costs related to Direct Payments, Respite and Additional client hours allocated.
- Other minor movements £37,000.

Any over/ underspends on residential and nursing are transferred from/ to the earmarked reserve at the end of the year. These costs are not included in the above overspend. The opening balance of the reserve was £226,000 following the transfer of £700,000 to Free Reserves as part of the 2018-19 audit. At year-end the balance is £223,000, giving an utilisation of reserve of £3,000 in 2019/20.

d. Learning Disabilities: £494,000 (6.39%) overspend

The underspend is £296,000 more than previously reported and comprises:

- An underspend on staff of £134,000 which is an increase in spend of £33,000 since period 9.
- Payments to other bodies out-turned at an overspend of £550,000, which is an increase in the overspend of £256,000 since last the last report mainly due higher client commitment costs, based on higher client needs.
- Other minor movements £5k

e.. Physical & Sensory: £62,000 (2.56%) overspend

The overspend is £73,000 more than previously reported and the movement mainly comprises a net overspend of £37,000 overspend on disability aids, which is an increase in spend of £71,000 since period 9.

f.. Assessment & Care Management: £83,000 (3.89%) underspend

The underspend is £46,000 more than previously reported and is due in the main to a one-off underspend of £68k against Carers Act funding, which is a reduction in spend of £46,000 since period 9 due to spend not materialising as planned.

g. Mental Health: £31,000 (2.19%) overspend

The underspend is £41,000 less than previously reported and comprises:

- A underspend on employee of £69,000 due to vacancies which is an increase in the underspend of £23,000 since period 9.
- A £20,000 underspend on client commitments payments, a reduction in spend of £25,000 since period 9.
- Other minor movements £7,000.

h. ADRS: £218,000 (22.47%) underspend

The underspend has increased by £2,000 from the position reported at period 9.

i. Homelessness: £7,000 (0.68%) overspend

The overspend is £22,000 lower than previously reported and is as a result of an additional £22,000 net rental income being received.

j. Planning, Health Improvement & Commissioning: £123,000 (7.48%) underspend

The underspend has decreased by £68,000 and mainly comprises a net reduction in Payments to Other Bodies costs due a £38,000 reduction in recharge of costs from the Health Board.

k. **Business Support: £337,000 (14.26%) underspend**

The underspend is £87,000 more than previously reported and comprises:

- An increase to the underspend of £27,000 on employee costs due to additional turnover savings being achieved.
- A reduction of £32,000 in Administration Costs since period 9 due to lower than anticipated insurance and printing costs.
- Within Payments to Other Bodies, an increase to the underspend of £32,000 due to a lower than anticipated recharge from Health.

6.0 2020/21 CURRENT REVENUE POSITION: Projected £73,000 underspend (0.14%)

The table below provides details of this underspend by objective heading. The material variances are identified in Appendix 3.

| 2019/20 Actual £000 | | Approved Budget £000 | Revised Budget £000 | Projected Outturn £000 | Projected Over / (Under) Spend £000 | Budget Variance % |
|--|------------------------------------|---------------------------|--------------------------|---------------------------|--|---------------------------------|
| 10,658 | Children & Families | 10,744 | 10,799 | 11,440 | 641 | 5.93 |
| 71 | Criminal Justice ** | 0 | 63 | 418 | 355 | 17.96 |
| 25,756 | Older Persons | 26,473 | 26,473 | 27,241 | 768 | 2.90 |
| 8,223 | Learning Disabilities | 8,147 | 8,147 | 8,676 | 529 | 6.49 |
| 2,487 | Physical & Sensory | 2,447 | 2,447 | 2,666 | 219 | 8.95 |
| 2,052 | Assessment & Care Management | 2,204 | 2,204 | 2,208 | 4 | 0.18 |
| 1,447 | Mental Health | 1,478 | 1,478 | 1,621 | 143 | 9.68 |
| 752 | Alcohol & Drugs Recovery Service | 991 | 991 | 932 | (59) | -5.95 |
| 1,033 | Homelessness | 1,106 | 1,088 | 1,642 | 554 | 50.92 |
| 1,522 | PHIC | 1,664 | 1,664 | 1,749 | 85 | 5.11 |
| 2,027 | Business Support | 3,330 | 3,293 | 3,269 | (24) | 0.83 |
| 56,028 | | 58,584 | 58,647 | 61,822 | 3,215 | 6.14 |
| (6,295) | Contribution from IJB | (6,295) | (6,295) | (6,295) | 0 | |
| 1,039 | Transfer to EMR | 0 | 0 | 0 | 0 | |
| 0 | Use of Reserves | 0 | 0 | (38) | (38) | |
| 0 | Scottish Government Covid Funding | 0 | 0 | (3,250) | (3,250) | |
| 50,772 | Social Work Net Expenditure | 52,289 | 52,352 | 52,239 | (73) | (0.14) |
| | | | | | | |
| 19/20 Budget £000 | Earmarked Reserves | Approved Reserves £000 | Revised Reserves £000 | 20/21 Budget £000 | Projected Spend £000 | Projected Carry Forward £000 |
| 8,450 | Earmarked Reserves | 8,450 | 9,797 | 4,487 | 4,487 | 5,310 |
| 0 | CFCR | 0 | 0 | 0 | 0 | 0 |
| 8,450 | Social Work Total | 8,450 | 9,797 | 4,487 | 4,487 | 5,310 |
| ** Percentage variance is based on grant total | | | | | | |

a. **Children & Families: Projected £641,000 (5.93%) overspend**

Included in the projection are Covid costs of £374,000 re additional staffing costs, of which £46,000 can be funded via Attainment Grant funding.

The balance of the projected overspend primarily relates to External Residential Placements, which is showing a net overspend against Core of £297,000. We currently have 11 children in external placements,

which is unchanged from the position at the end of 2019/20.

Where possible any over/ underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred from/ to the earmarked reserves at the end of the year. These costs are not included in the above figures.

- The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At period 3 there is a projected net overspend of £622,000 of which £325,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £297,000 as referenced above.
- The opening balance on the continuing care reserve is £565,000. At period 3 there is a projected net overspend of £119,000 which would be funded from the earmarked reserve at the end of the year if it continues.

b. Criminal Justice: Projected £355,000 (17.96%) overspend

Included in the projection are Covid costs of £20,000 re additional staffing costs, which can be funded by the Section 27 Grant.

The projected overspend primarily relates to client package costs of £342,000 shared with Learning Disabilities on the assumption that there will be no additional funding from Scottish Government.

It should be noted that the percentage variance is based on the grant total not the net budget.

c. Older People: Projected £768,000 (2.90%) overspend

Included in the projection are Covid costs of £2,061,000 which relate to the 12-week block purchase of 32 care home beds, care home sustainability payments to 15 July 2020, additional external homecare costs based on payment for planned hours, additional PPE & equipment costs and additional staffing costs within Homecare.

The residual projected underspend of £1,293,000 mainly comprises:

- A projected underspend of £1,102,000 within Residential and Nursing Care as a result of a significant reduction in the number of beds, projecting at 501 beds for the remainder of the year.
- A projected underspend of £281,000 within External Homecare based on the invoices received, projecting up to the end of the year, as well as an additional £150k adjustment for packages on the assumption that full service delivery will be reintroduced now that lockdown is easing.
- A projected net overspend of £76,000 on Employee Costs of which in the main due projected overspends against the turnover target and travel & subsistence

Historically, any over / underspends on residential & nursing accommodation are transferred from /to the earmarked reserve at the end of the year. These costs are then not included in the above figures. The balance on the reserve is £223,000. However, as at period 3 we are not showing any transfer of the residential & nursing underspend to the earmarked reserve. There is the potential that the £1.102m may need to be used to fund the additional care home costs arising due to Covid, which would change the projected outturn in future reports.

d. Learning Disabilities: Projected £529,000 (6.49%) overspend

Included in the projection are Covid costs of £116,000 which relate to lost day services income and additional staffing costs.

The residual projected overspend comprises:

- A projected overspend of £578,000 within Client commitments which is comparable with the position reported for 2019/20 with the increased costs reflecting necessary uplifts in clients' packages relating to increased needs.
- A projected underspend of £165,000 on employee costs mainly due to vacant posts within day services resulting in additional turnover being achieved.

e. Physical & Sensory: Projected £219,000 (8.95%) overspend

Included in the projection are Covid costs of £56,000 which relate to additional staffing costs and lost income.

The residual overspend comprises:

- A projected overspend of £106,000 within Client commitments, which is the full year impact of new clients in 2019/20.

- A projected overspend of £58,000 within Employee Costs, which is due to the projected shortfall of £49,000 against the turnover target and minor overspends against other employee costs.

f. **Assessment and Care Management: Projected £4,000 (0.18%) overspend**

Included in the projection are Covid costs of £31,000 which relate to additional staffing costs.

The residual projected underspend reflects in the main a projected underspend of £40,000 against Respite provision.

g. **Mental Health: Projected £143,000 (9.68%) overspend**

The projected overspend comprises:

- A £157,000 projected overspend on agency staff costs as approved by CMT in 2019/20.
- A projected underspend within administration costs of £20,000 against legal fees, which is consistent with the 2019/20 outturn position.

h. **ADRS: Projected £59,000 (5.95%) underspend**

Included in the projection are Covid costs of £16,000 which relate to client-related transportation costs.

The projected underspend comprises:

- A net over-recovery of turnover target of £50,000 on employee costs due to vacancies being held in connection with the addictions review.
- An underspend of £25,000 within client commitments

i. **Homelessness: Projected £554,000 (50.92%) overspend**

Included in the projection are Covid costs of £589,000 which relates to the costs of additional Temporary Furnished Flats in connection with both the Covid-related reduced capacity of the Inverclyde Centre and the early release of prisoners as well as additional costs of B&Bs.

j. **PHIC: Projected £85,000 (5.11%) overspend**

Included in the projection are Covid costs of £47,000 which relate to additional staffing costs

The residual projected overspend consists mainly of a shortfall of £38,000 against a planned saving re the upgrade of Swift which has been delayed. This will be funded via the Transformation earmarked reserve and this funding is included as a planned use of reserves in the Table in section 6.0.

k. **Business Support: Projected £24,000 (0.83%) underspend**

Included in the projection are Covid costs of £6,000 which relate to additional staffing costs.

The residual projected underspend comprises a projected net underspend of £23,000 on employee costs mainly due to vacant posts resulting in additional turnover being achieved.

7.0 2020/21 CURRENT CAPITAL POSITION

7.1 The Social Work capital budget is £9,753,000 over the life of the projects with £175,000 projected to be spent in 2020/21 in connection with the new Crosshill Children's Home facility. The 2020/21 budget reflects the revised budgets approved by Policy & Resources Committee on 11 August 2020. There has been no expenditure on capital projects to 30 June 2020. Appendix 4 details capital budgets.

7.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the existing Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018.
- As previously reported the contract had experienced delays on site and was behind programme. The Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration. The site was secured with arrangements made to address temporary works to protect the substantially completed building.
- Following contact with the Administrators it was confirmed that the Council would require to progress a separate completion works contract to address the outstanding works. A contract termination notice

has been issued for the original contract.

- The ability to progress the preparation of a completion works contract for re-tender has been impacted due to the COVID-19 lockdown and restrictions with consultants only having recently returned from furlough. Tender documents are currently being prepared. A revised programme to completion will be advised post tender return.

7.3 New Learning Disability Facility:

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th March 2020. The COVID-19 situation has impacted the ability to progress the project with the construction industry phased re-start only approved as of mid-June 2020 and with the supply chain and consultants return from furlough still on-going. The progress to date is summarised below:

- Additional site information being procured following supply chain return / availability e.g. extended topographical information.
- Initial space planning and accommodation schedule interrogation work being undertaken through Technical Services to inform outline design in preparation for wider stakeholder consultation.
- Preparation of external consultant tender documents for remainder of design team appointments following supply chain return and ability to tender.
- Work through Legal Services in connection with the public consultation required in respect of the re-appropriation of the Hector McNeil site will recommence shortly as had been suspended due to the COVID-19 situation.

7.4 Swift Upgrade:

The project involves the replacement of the current Swift system. The March Policy & Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid. An update report will be brought to Committee later in 2020/21.

8.0 EARMARKED RESERVES

8.1 The balance on the IJB reserves at 31 March 2020 was £8,450,000. The reserves reported in this report are those delegated to the Council for spend in 2020/21. The opening balance on these is £1,748,000 with an additional £1,293,000 received for 2020/21, totalling £3,041,000 at period 3. There is spend to date of £323,000 which is 123% of the phased budget.

8.2 It should be noted that the reserves reported exclude those earmarked reserves that relate to budget smoothing, namely:

- Children's Residential Care, Adoption, Fostering & Kinship,
- Residential & Nursing Accommodation,
- Continuing Care,
- LD Redesign,
- Advice Services.

9.0 IMPLICATIONS

9.1 Finance

All financial implications are discussed in detail within the report above

Financial Implications:

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|----------------|--------------|---------------------------------|---------------|----------------|
| N/A | | | | | |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|------------------------|-------------------------------|----------------|
| N/A | | | | | |

9.2 Legal

There are no specific legal implications arising from this report.

9.3 Human Resources

There are no specific human resources implications arising from this report

9.4 Equalities

Has an Equality Impact Assessment been carried out?

Yes See attached appendix

No This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

9.5 Repopulation

There are no repopulation issues within this report.

10.0 CONSULTATIONS

10.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

11.0 LIST OF BACKGROUND PAPERS

11.1 There are no background papers for this report.

Social Work

Budget Movement - 2020/21

Period 3 1 April 2020 - 30 June 2020

| Service | Approved Budget £000 | Movements | | | | Amended Budget £000 | IJB Funding Income £000 | Revised Budget £000 | |
|------------------------------|-------------------------|-------------------|------------------|-------------------------------|---------------------|------------------------|----------------------------|------------------------|---------------|
| | | Inflation £000 | Virement £000 | Supplementary Budgets £000 | IJB Funding £000 | | | | |
| Children & Families | 10,744 | 0 | 56 | 0 | 0 | 0 | 10,800 | 0 | 10,800 |
| Criminal Justice | 0 | 0 | 0 | 63 | 0 | 0 | 63 | 0 | 63 |
| Older Persons | 26,473 | 0 | 0 | 0 | 0 | 0 | 26,473 | 0 | 26,473 |
| Learning Disabilities | 8,147 | 0 | 0 | 0 | 0 | 0 | 8,147 | 0 | 8,147 |
| Physical & Sensory | 2,447 | 0 | 0 | 0 | 0 | 0 | 2,447 | 0 | 2,447 |
| Assessment & Care Management | 2,204 | 0 | 0 | 0 | 0 | 0 | 2,204 | 0 | 2,204 |
| Mental Health | 1,478 | 0 | 0 | 0 | 0 | 0 | 1,478 | 0 | 1,478 |
| ADRS | 991 | 0 | 0 | 0 | 0 | 0 | 991 | 0 | 991 |
| Homelessness | 1,106 | 0 | (9) | 0 | 0 | 0 | 1,097 | 0 | 1,097 |
| PHIC | 1,664 | 0 | 0 | 0 | 0 | 0 | 1,664 | 0 | 1,664 |
| Business Support | (2,965) | 0 | (47) | 0 | 0 | 0 | (3,012) | 0 | (3,012) |
| Totals | 52,289 | 0 | 0 | 63 | 0 | 0 | 52,352 | 0 | 52,352 |

Supplementary Budget Detail

| | £000 |
|---------------------------|-----------|
| Supplementary Budgets | |
| Community Justice Funding | 50 |
| Additional SG CJ funding | 13 |
| | <u>63</u> |

Virements

| | |
|--------------------------------------|----------|
| Tier 2 Revenue Grant Allocation | (56) |
| Rapid Rehousing Transition Programme | 9 |
| Corp Dir | (47) |
| | <u>0</u> |

Social Work

Revenue Budget Projected Outturn - 2020/21

Period 3 1 April 2020 - 30 June 2020

| 2019/20 Actual Subjective Analysis £000 | Approved Budget £000 | Revised Budget £000 | Projected Outturn £000 | Projected Over / (Under) Spend £000 | Budget Variance % |
|---|----------------------------|---------------------------|------------------------------|---|-------------------------|
| 28,094 Employee costs | 28,573 | 29,531 | 30,249 | 718 | 2.43 |
| 1,094 Property costs | 1,090 | 1,103 | 1,508 | 405 | 36.72 |
| 1,098 Supplies & services | 860 | 870 | 1,416 | 546 | 62.76 |
| 416 Transport & plant | 376 | 379 | 379 | 0 | 0.00 |
| 772 Administration costs | 755 | 758 | 700 | (58) | (7.65) |
| 41,707 Payments to other bodies | 41,285 | 41,639 | 43,411 | 1,772 | 4.26 |
| (17,153) Income | (14,355) | (15,633) | (15,801) | (168) | 1.07 |
| 56,028 | 58,584 | 58,647 | 61,862 | 3,215 | 5.48 |
| (6,295) Contribution from IJB | (6,295) | (6,295) | (6,295) | 0 | 0.00 |
| 1,039 Transfer to EMR | 0 | 0 | 0 | 0 | 0.00 |
| 0 Use of Reserves | 0 | 0 | (38) | (38) | 0.00 |
| 0 Scottish Government Covid Funding | 0 | 0 | (3,250) | (3,250) | 0.00 |
| 50,772 Social Work Net Expenditure | 52,289 | 52,352 | 52,279 | (73) | (0.14) |

| 2019/20 Actual Objective Analysis £000 | Approved Budget £000 | Revised Budget £000 | Projected Outturn £000 | Projected Over / (Under) Spend £000 | Budget Variance % |
|--|----------------------------|---------------------------|------------------------------|---|-------------------------|
| 10,658 Children & Families | 10,744 | 10,799 | 11,440 | 641 | 5.93 |
| 71 Criminal Justice | 0 | 63 | 418 | 355 | 17.96 |
| 25,756 Older Persons | 26,473 | 26,473 | 27,241 | 768 | 2.90 |
| 8,223 Learning Disabilities | 8,147 | 8,147 | 8,676 | 529 | 6.49 |
| 2,487 Physical & Sensory | 2,447 | 2,447 | 2,666 | 219 | 8.95 |
| 2,052 Assessment & Care Management | 2,204 | 2,204 | 2,208 | 4 | 0.18 |
| 1,447 Mental Health | 1,478 | 1,478 | 1,621 | 143 | 9.68 |
| 752 Alcohol & Drugs Recovery Service | 991 | 991 | 932 | (59) | (5.95) |
| 1,033 Homelessness | 1,106 | 1,088 | 1,642 | 554 | 50.92 |
| 1,522 PHIC | 1,664 | 1,664 | 1,749 | 85 | 5.11 |
| 2,027 Business Support | 3,330 | 3,293 | 3,269 | (24) | 0.83 |
| 56,028 | 58,584 | 58,647 | 61,862 | 3,215 | 6.14 |
| (6,295) Contribution from IJB | (6,295) | (6,295) | (6,295) | 0 | 0.00 |
| 1,039 Transfer to EMR | 0 | 0 | 0 | 0 | 0.00 |
| 0 Use of Reserves | 0 | 0 | (38) | (38) | 0.00 |
| 0 Scottish Government Covid Funding | 0 | 0 | (3,250) | (3,250) | 0.00 |
| 50,772 Social Work Net Expenditure | 52,289 | 52,352 | 52,279 | (73) | (0.14) |

Social Work

Material Variances - 2020/21

Period 3 1 April 2020 - 30 June 2020

| 2019/20 Actual | Budget Heading | Revised Budget | Proportion of budget | Actual to 30/06/2020 | Projected Outturn | Projected Over/(Under) Spend | Percentage Variance |
|----------------|---|----------------|----------------------|----------------------|-------------------|------------------------------|---------------------|
| £000 | | £000 | £000 | £000 | £000 | £000 | % |
| | Employee Costs | | | | | | |
| 6,093 | Children & Families | 6,082 | 1,412 | 1,508 | 6,103 | 21 | 0.35 |
| 1,552 | Criminal Justice | 1,716 | 399 | 369 | 1,684 | (32) | (1.86) |
| 9,141 | Older People | 9,499 | 2,206 | 2,253 | 9,613 | 114 | 1.20 |
| 2,374 | Learning Disabilities | 2,654 | 616 | 579 | 2,489 | (165) | (6.22) |
| 850 | Physical Disabilities | 849 | 197 | 217 | 907 | 58 | 6.83 |
| 1,004 | Alcohol & Drugs Recovery | 1,187 | 276 | 255 | 1,098 | (89) | (7.50) |
| 1,552 | Strategy & Support Services | 1,593 | 370 | 419 | 1,669 | 76 | 4.77 |
| 1,608 | Business Support | 1,752 | 407 | 381 | 1,661 | (91) | (5.19) |
| 24,174 | | 25,332 | 5,883 | 5,981 | 25,224 | (108) | (0.43) |
| | Other Variances | | | | | | |
| 1,682 | Children & Families - residential placements | 1,682 | 421 | 426 | 1,979 | 297 | 100.00 |
| 141 | Criminal Justice - package costs | 0 | 0 | 0 | 342 | 342 | (7.52) |
| 14,230 | Older People - Residential Nursing - client commitments KBL | 14,661 | 2,819 | 2,767 | 13,559 | (1,102) | 4.84 |
| 604 | Older People - Residential Nursing - other client commitments | 434 | 109 | 31 | 455 | 21 | (6.93) |
| 3,854 | Older People - Homecare - external | 4,052 | 623 | 516 | 3,771 | (281) | 100.00 |
| 2 | Older People - Homecare - agency staff | 27 | 7 | 0 | 77 | 50 | 134.78 |
| (71) | Older People - Community Alarm income | (46) | (12) | (62) | (108) | (62) | (14.84) |
| 247 | Older People - housing wardens | 283 | 71 | 51 | 241 | (42) | 11.11 |
| 393 | Older People - respite | 297 | 74 | 83 | 330 | 33 | 6.69 |
| 8,992 | Learning Disabilities - client commitments | 8,634 | 1,656 | 1,459 | 9,212 | 578 | 6.48 |
| 1,648 | Physical & Sensory - client commitments | 1,636 | 409 | 319 | 1,742 | 106 | (14.49) |
| 236 | Assessment & Care Management - Respite | 276 | 69 | 34 | 236 | (40) | (42.55) |
| 27 | Mental Health - legal costs | 47 | 12 | 5 | 27 | (20) | 100.00 |
| 86 | Mental Health - agency costs | 0 | 0 | 35 | 158 | 158 | (5.43) |
| 443 | Alcohol & Drugs Recovery - client commitments | 460 | 115 | 50 | 435 | (25) | (100.00) |
| (35) | Homelessness - B&B Accommodation Income | 0 | 0 | (24) | (24) | (24) | (5.43) |
| (125) | Business support - CJ Management Recharge | (136) | (34) | 0 | (76) | 60 | (44.12) |
| 32,354 | | 32,307 | 6,338 | 5,690 | 32,356 | 49 | 0.15 |
| 56,528 | Total Material Variances | 57,639 | 12,221 | 11,671 | 57,580 | (59) | (0.10) |

Social Work

Capital Budget 2020/21

Period 3 1 April 2020 - 30 June 2020

| Project Name | Est Total Cost £000 | Actual to 31/03/20 £000 | Approved Budget £000 | Revised Estimate £000 | Actual to 30/06/20 £000 | Estimate 2021/22 £000 | Estimate 2022/23 £000 | Estimate 2023/24 £000 | Future Years £000 |
|--------------------------------------|------------------------|----------------------------|-------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Social Work | | | | | | | | | |
| Crosshill Childrens Home Replacement | 1,730 | 1,359 | 175 | 100 | 0 | 271 | 0 | 0 | 0 |
| New Learning Disability Facility | 7,400 | 0 | 0 | 75 | 0 | 3,825 | 3,500 | 0 | 0 |
| Swift Upgrade | 600 | 0 | 0 | 0 | 0 | 600 | 0 | 0 | 0 |
| Complete on Site | 23 | 0 | 0 | 0 | 0 | 23 | 0 | 0 | 0 |
| Social Work Total | 9,753 | 1,359 | 175 | 175 | 0 | 4,719 | 3,500 | 0 | 0 |

Social Work

Earmarked Reserves - 2020/21

Period 3 1 April 2020 - 30 June 2020

| Category | Project | Lead Officer/ Responsible Manager | Total Funding 2020/21 £000 | Phased Budget To Period 03 2020/21 £000 | Actual To Period 03 2020/21 £000 | Projected Spend 2020/21 £000 | Amount to be Earmarked for 2021/22 & Beyond £000 | Lead Officer Update |
|----------|--|--------------------------------------|-------------------------------------|--|---|---------------------------------------|--|---|
| | | | | | | | | |
| C | Covid-19 | Louise Long | 400 | 0 | 0 | 400 | 0 | This represents the share of £785k Government Grant allocated to Social Care by the IJB. To date only £50 million has been allocated to IJBs to meet the costs associated with Covid. |
| C | Community Justice | Sharon McAlees | 112 | 0 | 20 | 93 | 19 | Funding for temp SW within prison service £65k, fund shortfall of Community Justice Co-ordinator post £11k, Whole Systems Approach 20/21 £19k and £17k to contribute to unpaid works supervisor post |
| C | Tier 2 School Counselling and C&YP Mental Health | Sharon McAlees | 258 | 0 | 0 | 0 | 258 | EMR covers the contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commences 1 August 2020 thus no use of EMR anticipated in 2020-21. |
| C | Refugees | Sharon McAlees | 432 | 0 | 14 | 50 | 382 | Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. We anticipate further increasing this balance in 2020/21 due to the front-end loading of the income received from the Home Office. |
| C | Integrated Care Fund | Allen Stevenson | 1,040 | 174 | 204 | 947 | 93 | The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Spend of £947k is expected for 2020-21. |

| C a t e g o r y | Project | Lead Officer/ Responsible Manager | Total Funding 2020/21 £000 | Phased Budget To Period 03 2020/21 £000 | Actual To Period 03 2020/21 £000 | Projected Spend 2020/21 £000 | Amount to be Earmarked for 2021/22 & Beyond £000 | Lead Officer Update |
|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|--|---|---------------------------------------|--|--|
| | | | | | | | | |
| C | Delayed Discharge | Allen Stevenson | 529 | 88 | 85 | 479 | 50 | Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £479k is expected for 2020-21. |
| C | Self Directed Support | Alan Brown | 43 | 0 | 0 | 43 | 0 | This supports the continuing promotion of SDS. |
| C | Dementia Friendly | Allen Stevenson | 100 | 0 | 0 | 100 | 0 | Now linked to the test of change activity associated with the new care coordination work. |
| C | Wifi | Allen Stevenson | 20 | 0 | 0 | 20 | 0 | Quotes being sought. Will be fully spent. |
| C | RRTP | Andrina Hunter | 83 | 0 | 0 | 73 | 10 | RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer to be employed, post was approved by CMT, March 2020. Expect post to be filled in 20/21. Some slippage in 2020-21 due to Covid - full spend is reflected in 5 year RRTP plan |
| C | Growth Fund - Loan Default Write-off | Lesley Aird | 24 | 0 | 0 | 1 | 23 | Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2020/21. |
| | Total | | 3,041 | 262 | 323 | 2,206 | 835 | |

Report To: Health & Social Care Committee **Date:** 20 August 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** SW/32/2020/SMcA

Contact Officer: Sharon McAlees
Head of Children's Service and
Criminal Justice **Contact No:** (01475) 715282

Subject: Champions Board Proud2Care

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of Proud2Care's activities, and partnership in establishing Inverclyde's Champions Board over the last 3 years.
- 1.2 The report will further outline a proposal for Proud2Care's partnership with the Champions Board over the next two years.

2.0 SUMMARY

- 2.1 The vision of the Council and the Health and Social Care Partnership (HSCP) is for nurturing and compassionate communities to work together to assist everyone to live active, healthy and fulfilling lives. Proud2Care and Inverclyde's Champions Board are an example of co-production in the aim to deliver this vision.
- 2.2 Over the last 3 years Proud2Care has established itself as a widening network of care-experienced young people who share their experiences to inform the way they are supported and share with others within their communities
- 2.3 The impact of care-experienced young people has been tangible. They have been involved in activities at both a national and local level, informing the national consultation around the Independent Care Review and hosting a Better Children's Hearing event in Inverclyde to design a local action plan. In total in 2019/20 this has meant:
 - 83 care-experienced young people have engaged in Champions Board related activities
 - 224 sessions to support Champions Board involvement have taken place
 - 47 representatives from service providers and corporate parents have attended Champions Board activities
- 2.4 The establishment of Inverclyde's Champions Board and Proud2Care was supported by Life Changes Trust funding for three years, 2017- 2020. Proud2Care activity has been facilitated by HSCP staff alongside Your Voice who in turn have provided employment opportunities for two care-experienced young people.
- 2.5 The Life Changes Trust has agreed additional 2 year funding aimed at widening opportunities for care-experienced young people and their families, however since the original funding applications were made and agreed, emerging themes have been identified and will require to be taken forward, including the impact of Covid- 19 on our community, the delivery of Inverclyde's response and pledges to the National Care Review and delivery of the HSCP Strategic Plan Big Actions.

- 2.6 Extending the involvement and funding to Your Voice for a further period of 18 months would allow Proud2Care's activities to continue on the same scale and progress the activities outlined above.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Health and Social Care Committee :

- a. Notes the content of the report.
- b. Agrees the proposal to continued funding and resourcing of Proud2Care, including partnership with Your Voice.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde's partnership with the Life Changes Trust and development of Proud2Care began in April 2017. Its objective was to invest and support the inclusion and empowerment of our care-experienced young people. The focus was to build over time, a confident and resilient group to establish and participate effectively in the Champions Board network.
- 4.2 This has been achieved in the three years of the match funding with LCT. It has been supported by corporate parents across the community planning partnership; to build networks of support and to grow the confidence of Proud2Care. This has been through inclusion to develop their interests, empowerment to participate in consultations, and by providing intergenerational opportunities to have an understanding of citizenship to achieve their goals. The consequence of these positive experiences has been to promote feelings of self-efficacy; that their contribution matters.
- 4.3 Life Changes Trust approved further funding for 20/21 and 21/22. This equates to £50,000 per year. The aim of this is to develop a trauma-informed approach to engagement with a wider group of care-experienced children, young people and their families supporting personal growth and resilience through the concept of "Windows of Happiness". It is based on caring relationships that endure over time and helps build a legacy for other care-experienced children and young people to follow and emulate. One of the first projects will be with kinships carers and their family members, in partnership with RigArts and Clyde Muirshiel, focusing on local heritage, sharing of stories and through a shared art project building on a sense of citizenship and sense of belonging.
- 4.4 Since the establishment of Proud2Care and the Champions Board, a number of events have occurred that need a coordinated response – the impact of Covid -19 across our community, the progression of HSCP Big Actions and the delivery of The Promise outlined in the National Care Review will all benefit from care-experienced young people and their carers' insight and ideas.

5.0 PROPOSALS

- 5.1 The partnership with Your Voice is integral to supporting Proud2Care and Champions Board activity currently and in the future, in addition to which it has provided employment opportunity for two care-experienced young people. It is therefore proposed that £90,000 from the Transformation Fund be provided to enable the continued partnership with Your Voice over 18 months in conjunction with a budget of £20,000 to support continued Proud2Care activity.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report | Virement From | Other Comments |
|---------------------|----------------|--------------|----------------------------|---------------|----------------|
| Children& Families | Trans Fund | 20/21 | £70,000 | | |
| Children & Families | Trans Fund | 21/20 | £40,000 | | |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|-------------------|-------------------------------|----------------|
| N/A | | | | | |

Legal

6.2 None

Human Resources

6.3 None

Equalities

6.4 Equalities

(a) Has an Equality Impact Assessment been carried out?

| | |
|---|--|
| | YES |
| x | NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required |

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|---|
| x | YES – The work of the Champions Board includes aims to reduce inequalities faced by care-experienced children and young people across Inverclyde. |
| | NO |

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|------|
| | YES. |
| X | NO |

Repopulation

6.5 None.

7.0 CONSULTATIONS

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP

8.0 BACKGROUND PAPERS

8.1 Proud2Care Report



11z Proud 2 Care
Annual Report v15.p

Report to: Health and Social Care Committee **Date:** 20 August 2020

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/31/2020/AS

Contact Officer: Allen Stevenson
Head of Health and Community
Care
Inverclyde Health and Social Care
Partnership (HSCP) **Contact No:** 01475 715212

Subject: LEARNING DISABILITY (LD) REDESIGN – LD COMMUNITY HUB

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the decision by the Inverclyde Council in early 2020 to include £7.4 million funding for the new Learning Disability Hub at the former Hector McNeil Baths site within the 2020/23 Capital Programme and to advise of ongoing development work in the design of the Learning Disability Community Hub.

2.0 SUMMARY

- 2.1 The Outline Business Case was presented to the Corporate Management Team in July 2019 outlining the work undertaken to date in progressing with the LD Redesign. The Outline Business Case was presented to the Corporate Management Team in July 2019.
- 2.2 Regular updates have been provided to the Health and Social Care Committee and Integration Joint Board with the options for two sites being presented in February 2020. The Hector McNeil Baths site was the preferred option after consideration of the site investigation work.
- 2.3 The former Hector McNeil Baths site was agreed by the Inverclyde Council in early 2020 and the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme. The go ahead was given for the development of the site to be progressed by the HSCP and Property Services.
- 2.4 In mid March 2020, the continuous community transmission of COVID19 and the resultant cessation of non-critical Health and Social Care services resulted in staff resources being focused on critical health and social care service support, including the learning disability service. Despite services being diverted to respond to COVID, virtual work continues with the LD Community Hub design to develop the former site in terms of the early building and open space concept and online consultation with service users facilitated by The Advisory Group.
- 2.5 With the gradual lifting of the national lockdown and the Scottish Government's Recovery road map moving into phase three and shortly phase four, the LD Programme Board chaired by the Head of Health and Community Care will progress the development of the site with an estimated 24 month completion date.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the former Hector McNeil Baths site being agreed by the Inverclyde Council in early 2020 with the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme.
- 3.2 The Health and Social Care Committee is asked to note that despite services being diverted to respond to COVID19, virtual work continues with Property Services to develop the former site in terms of the early building concept and online consultation with service users facilitated by The Advisory Group.
- 3.3 The Health and Social Care Committee is asked to note that service user, carer and staff consultation will be a key consideration in the development of the LD Community Hub.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Following the Strategic Review which set out the case for change, the Learning Disability Redesign was progressed to:-

- Develop a new model of day opportunities for adults with LD, with clear service access criteria.
- Merge two LD day centres on an interim basis, into one service on the Fitzgerald Centre site.
- Seek a longer term development to create a new community hub to accommodate day opportunities resources for people with LD and Autism with more complex needs, requiring building-based support.
- Ensure ongoing, significant review of all LD packages of care to ensure that packages are delivering high quality support to people in achieving their personal needs and outcomes and are financially sustainable.

4.2 An original list confirmed 28 potential sites identified across Inverclyde. Following option appraisal work this reduced to 8 and then 4 and then 2 sites which were considered within the Feasibility Study.

4.3 The Integration Joint Board of 10th September 2019 approved the creation of a £526k Earmarked Reserve to meet one-off costs associated with the project. £100k was allocated for site investigation works on the two emerging sites, with the balance set aside to meet any one-off costs associated with the project, outwith any funding approved by the Council. Both sites were subject to more detailed site investigation work in order to reach a preferred site. This concluded in December 2019.

4.4 The Health and Social Care Committee recommended the former Hector McNeil Baths site which was subsequently agreed by the Inverclyde Council in February 2020 for the inclusion of funding for the new Learning Disability Hub within the 2020/23 Capital Programme.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications:**

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|---------------------|--------------|---------------------------------|---------------|--|
| Capital | Learning Disability | 2020/23 | 7,400 | | Approved by Council 12 th March 2020 as part of Capital Programme |
| CFCR | Learning Disability | 2020/23 | 265 | | Estimated kit out and ICT costs Funded from EMR. |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From (If Applicable) | Other Comments |
|-----------------------|----------------|------------------|------------------------|-------------------------------|---|
| Learning Disabilities | Running Costs | 2022/23 | 1,327 | | Estimated sum available for the running costs of the new facility |

LEGAL

- 5.2 The Hector McNeil Baths site is Common Good land which requires to be re-appropriated through legal processes, potentially taking over one year, depending on any objections. This will also incur legal costs which have not been included in the report. A similar exercise was recently concluded in respect of Lady Alice Bowling Club which occupies part of the same site.

HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

EQUALITIES

- 5.4 There are no equality issues within this report.

- (a) Has an Equality Impact Assessment been carried out?

| | |
|---|---|
| | YES |
| √ | NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges. |

- (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| x | NO |

- (c) Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|---|
| | YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. |
| x | NO |

6.0 CONSULTATION

- 6.1 The recommendations in this report are supported by the CMT and IJB.
- 6.2 There has been ongoing consultation sponsored by the Learning Disability Programme Board. This consultation has consulted on the service requirement for a new resource hub and the rationale for a community location but has not consulted on a specific site.

7.0 LIST OF BACKGROUND PAPERS

- 7.1 None.