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**Report To:** Inverclyde Integration Joint Board      **Date:** 21 September 2020

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/68/2020/LA

**Contact Officer:** Lesley Aird  
Chief Financial Officer      **Contact No:** 01475 715381

**Subject:** HSCP DIGITAL STRATEGY UPDATE 2020/21

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to seek approval of the enclosed HSCP Digital Strategy Action Plan for 2020/21.

## **2.0 SUMMARY**

- 2.1 The IJB agreed a direction of travel in relation to a high level Digital strategy at its August meeting and requested additional information.
- 2.2 This report seeks to summarise the short to medium term proposed actions linked to that Digital for IJB approval.
- 2.3 This reflects the positive lessons learned during the pandemic and seeks to build on the work already complete around services becoming more digitally enabled and agile.
- 2.4 Digital update is supported by Council and NHS, the direction and update provided is to support the IJB understanding of the work being undertaken and associated costs.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the CMT:
1. Notes and approves the update for 2020/21, and
  2. Authorises the Chief Officers to issue Directions to the Council and Health Board on the basis of this report and the specific direction at Appendix A.

**Louise Long, Chief Officer**

## 4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.
- 4.2 The COVID-19 pandemic has highlighted the importance of effective digital services for staff and service users. As the country went into lockdown, services had to transform and become agile almost overnight. While this was a challenge for all staff, services and service users the change was managed successfully. Initial feedback through lessons learned activity as part of the COVID-19 Recovery Planning work indicates that this transition and the embracing of new technologies to support alternative service delivery models is one of the real successes of the past few months.

## 5.0 DIGITAL PLAN 2020/21

- 5.1 As requested at the August IJB, officers have pulled together an initial action plan linked to the high level Digital Strategy to cover the digital ask over the coming months for 2020/21. Going forward an annual digital plan and ask will come to the IJB at the same time as the annual budget proposal to allow the IJB to consider both the organisational and financial implications of that ask.

### 5.2 Replacement of Rolling Stock

Within both the Council and Health Board there is a rolling replacement programme for ICT equipment which the HSCP is a part of. Budgets for ICT were not delegated to IJBs and so are still maintained centrally. These replacement programmes help ensure our core kit is regularly updated and replaced with costs being covered by the Council or Health Board as part of their overarching digital strategy. The HSCP is only required to fund any additional or new demands.

### 5.3 Moving to Agile Working During the Pandemic

During the initial weeks of the pandemic we were required to invest in new licences, laptops, mobile phones and tablets to support staff moving to agile working while lockdown was in place. Many of these costs were covered by the Health Board and Council as they are responsible for providing ICT to our services. Any asks over and above the norm were agreed to be covered by the HSCP and are being included as part of the Covid 19 costings through the Local Mobilisation Plans (LMP). As at August 2020 the plan includes a projected £134k for additional Equipment, as at end July actual spend was £24k.

### 5.4 Looking Ahead

Looking ahead there are a number of significant areas the HSCP would like to develop in terms of its Digital Strategy. These include:

- Social Care Records Replacement System – in March the IJB approved investment for a replacement social care records system. A separate report is coming to the September IJB to provide an update on that project and seek additional funding to enable the agile aspects of the proposed solution to be implemented from day 1. The anticipated costs of this are outlined in the table below.
- Purchase of new laptops and phones for Community Mental Health Services – in line with the Health Board eHealth initiative. One-off costs are outlined in the table below plus £10k per annum for mobile phone handsets and data/call contracts which will be met through existing service budgets.

- WebEx – Inverclyde Council's virtual meeting platform is WebEx. Staff are able to use WebEx for video conferencing and if they have the correct licence can set up and host meetings on this platform. Cost per user for a hosting licence is £17 per user per month. There is a need to expand the number of staff with hosting licences to allow all teams to use this facility. The estimated cost is around £20k per annum. This will be taken from travel and subsistence budget
- MS Teams – NHS GG&C uses MS Teams and Health staff within the HSCP are able to host and attend meetings on this platform. Inverclyde Council does not currently have a licence for MS Teams, however, some staff are able to attend MS teams meetings as a guest through other organisation invites but they are unable to set up or host any meetings on this platform.
- Additional hardware is required for some meeting rooms to enable social distancing or vc client visits throughout the pandemic as services step back up. This will include additional desktop computers, keyboards, screens, webcams etc for a number of rooms in buildings. The exact number/cost is not known at this stage but is expected to be circa £500k per room for around 10 rooms in various buildings. Once the pandemic is over this equipment will be re-provisioned to core services
- Jabber – Inverclyde Council rolled out its jabber phone system to allow staff to continue to access office phones while working remotely. As part of a savings drive the Council is now planning to replace existing phone handsets which the council pays a licence for with headsets to improve call confidentiality and reduce overall costs of the phone system. This is a Council system and it is expected that the costs of the new equipment and saving from removing the old equipment will both remain with the Council
- Digital Apps/social media/online forms – a number of services are exploring the use of digital apps to enhance their service delivery model linked to covid. It is proposed that a small provision is put aside within the mobilisation plan to fund this work. Beyond 20/21 if the apps have ongoing running/licence costs these will need to be met by the individual services. Longer term affordability will be considered before proceeding with any spend in this area.

5.4

Description	One off costs £000	Funding Source
Covid 19 – investment to end Aug 2020	24	Covid 19 LMP
Social Care Records Replacement System	1,421	£1.052m already approved. £0.6m Council, £0.578m Transformation Fund £0.243m prudential borrowing
Community MH Laptops and Phones	67	Covid 19 LMP – plus £10k per annum from existing budgets for phones
WebEx Hosting licences	20	From travel and subsistence budget
VC Hardware for meeting rooms	5	Covid 19 LMP one off cost
Digital Apps/social media/online forms	15	Covid 19 LMP
<b>TOTAL</b>	131 578 243 <u>600</u> <b>1,552</b>	Covid LMP Transformation Fund Prudential Borrowing Inverclyde Council <b>TOTAL</b>

5.5 At the 24 August IJB meeting additional information was requested in relation to the following developments:

- Home and Mobile Health Monitoring (HMHM) – supporting people with long term conditions – evidence shows that for patients using the HMHM system it is effective as they are continuing to take their medication.
- Virtual Clinic Pilot – service user and consultants/workers joining virtual clinics benefit from reduced travel time. Virtual clinics are set by allocated appointments and therefore this reduces waiting times in our health centres and hospitals.

## 6.0 IMPLICATIONS

### FINANCE

6.1 The financial implications are as outlined in the report.

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Covid LMP	<i>Equipment</i>	20/21	87		
Transformation Fund	<i>SWIFT</i>	20/21-22/23	578		Plus £243k prudential borrowing and £600k Inverclyde Council contribution

#### Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
CMHS	S&S	20/21	10		New phone contracts to be covered from existing operating budgets
Licence	Travel Costs	20/21	20	Travel & Subs	

### LEGAL

6.2 There are no specific legal implications arising from this report.

### HUMAN RESOURCES

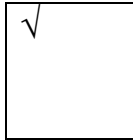
6.3 There are no specific human resources implications arising from this report.

### EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 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.

6.4.2 How does this report address our Equality Outcomes  
There are no Equalities Outcomes implications within this report.

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

#### 6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

#### 6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None

People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective workforce planning ensures more effective use of staffing resources across the HSCP

## 7.0 DIRECTIONS

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

A copy of the proposed Direction is enclosed at Appendix A.

## 8.0 CONSULTATION

8.1 This report has been prepared by the IJB Chief Officer in consultation with Heads of Service and the Council's Corporate Management Team has been consulted.

## 9.0 BACKGROUND PAPERS

9.1 None

**INVERCLYDE INTEGRATION JOINT BOARD****DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

**Inverclyde Council** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

**Detailed Request**

The IJB approved the enclosed digital investment plan for 2020/21. The social care elements of this are summarised below. Full detail is available in the report to the IJB on 21 September 2020.

Description	One off costs £000	Funding Source
Social Care Records Replacement System	1,421	320 Staffing 258 Transformation Fund <u>243</u> Prudential Borrowing 821  600 Council Contribution
WebEx Hosting licences	20	From travel & subsistence
VC Hardware for meeting rooms	5	Covid 19 LMP one off cost
Digital Apps/social media/online forms	15	Covid 19 LMP

This direction is effective from 21/09/2020.

## INVERCLYDE INTEGRATION JOINT BOARD

### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

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**Greater Glasgow & Clyde NHS Health Board** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

#### Detailed Request

The IJB approved the enclosed digital investment plan for 2020/21. The social care elements of this are summarised below. Full detail is available in the report to the IJB on 21 September 2020.

Description	One off costs £000	Funding Source
Community MH Laptops and Phones	67	Covid 19 LMP – plus £10k per annum from existing budgets for phones

In addition the IJB approved additional £40k covid related spend on IT equipment for social care. This will be reflected in the Local Mobilisation Plans. A detailed direction in relation to this spend has been passed to Inverclyde Council to action.

This direction is effective from 21/09/2020.