

PLEASE NOTE DATE AND TIME OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 17 March 2021

A meeting of the Inverclyde Integration Joint Board will be held on **Monday 29 March 2021 at 1pm.**

This meeting is by remote online access only through the videoconferencing facilities which are available to members of the Integration Joint Board and relevant officers. The joining details will be sent to participants prior to the meeting.

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

Please note that this meeting will be recorded.

Anne Sinclair
Interim Head of Legal Services

BUSINESS		
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ITEMS FOR ACTION:		
2.	Minute of Meeting of Inverclyde Integration Joint Board of 25 January 2021	p
3.	Minute of Meeting of Inverclyde Integration Joint Board of 2 March 2021	p
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5.	Financial Monitoring Report 2020/21 – Period to 31 December 2020, Period 9 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6.	Inverclyde IJB Budget 2021/22 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	Commissioning for Recovery Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

8.	Chief Officer's Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
9.	Emergency Powers Decision Log – to March 2021 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
10. **	Mental Health Strategy Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
ITEM FOR NOTING:		
11.	Minute of Meeting of IJB Audit Committee of 25 January 2021	p
The documentation relative to the following items 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 the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.		
12.	Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 25 January 2021 Para 1	p
13.	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

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

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 this meeting of the Integration Joint Board on public health grounds. It is considered 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.

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

INVERCLYDE INTEGRATION JOINT BOARD – 25 JANUARY 2021

Inverclyde Integration Joint Board

Monday 25 January 2021 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Ms P Speirs, Mr A Cowan, Ms D McErlean, Dr D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Ms M Moyse (for Mr H MacLeod), Ms C Elliott and Ms C Boyd.

Chair: Councillor Clocherty presided.

In attendance: Mr A Stevenson, Head of Health & Community Care, Ms A Malarkey, Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang and Ms D Sweeney (Legal & Property Services), Service Manager, Communications, Tourism and Health & Safety and ICT Services Manager.

The meeting took place via video-conference.

1 Apologies, Substitutions and Declarations of Interest

1

Apologies for absence were intimated on behalf of Dr H MacDonald, Mr S McLachlan and Mr H MacLeod, with Ms M Moyse substituting.

Ms C Boyd declared an interest in agenda item 11 (Reporting by Exception – Governance of HSCP Commissioned External Organisations).

2 Chief Officer's Report

2

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on a number of areas of work underway across the Health & Social Care Partnership and (2) appending the log of decisions taken with the approval of the IJB Chair, Vice-Chair and Chief Officer during the period 5 January to 20 January 2021.

Decided:

- (1) that the report be noted; and
- (2) that the operational decisions made under the powers delegated to the Chief Officer as detailed in Appendix 1 to the report be noted.

3 Inverclyde Integration Joint Board Decision-Making Arrangements

3

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership reviewing the current governance arrangements for the Inverclyde Integration Joint Board during the current COVID-19 pandemic.

Decided:

- (1) that the contents of the report be noted;
- (2) that the next meeting of the Integration Joint Board and IJB Audit Committee be on the basis of consideration of business-critical items only;
- (3) that agreement be given to the suspension of meetings of the Strategic Planning Group; and

INVERCLYDE INTEGRATION JOINT BOARD – 25 JANUARY 2021

(4) that the decision-making arrangements be reviewed at the next meeting of the IJB and at each meeting thereafter taking account of the circumstances at that time.

4 Minute of Meeting of the Inverclyde Integration Joint Board of 2 November 2020 4

There was submitted the minute of the meeting of the Inverclyde Integration Joint Board of 2 November 2020.

Decided: that the minute be agreed.

5 Rolling Action List 5

There was submitted a Rolling Action List of items arising from previous decisions of the Integration Joint Board.

Decided: that the Rolling Action List be noted.

6 Financial Monitoring Report 2020/21 – Period to 31 October 2020, Period 7 6

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 7 to 31 October 2020.

The IJB Chief Financial Officer provided the Board with a verbal update on the financial position to 31 December 2020, Period 9.

It was reported that estimated COVID costs were now £7.720m, a reduction of £0.771m from the last reported position. The main movement related to COVID vaccination clinic costs now being captured in the Health Board return rather than the individual IJB returns and a reduction in the Provider Sustainability forecast and other lines based on year to date actuals.

Health was still forecasting a break even position but Prescribing volumes had dropped further which suggested that it might be possible to transfer a further £0.100m to the Transformation Fund Earmarked Reserve in the current year.

There was also a possibility of additional funding being transferred to the HSCP in-year from the Health Board for GP premises underspends and funding for a seconded post.

This was still under discussion but if agreed could mean a further £200,000 to £300,000 transfer to Earmarked Reserves from Health. The final potential movement in Health at this stage would relate to the timing of COVID funding which might impact on the year-end position. This would be a timing issue and would not influence IJB decision-making and it would be reflected in the forecast once confirmed.

The Social Care Period 9 reports were still being finalised and at this stage, while there were some shifts in the forecasts, officers were not aware of a significant overall movement. If, following finalisation of the report, there was a significant shift, officers would work to address this and if any IJB level decisions were required as part of that action, this would be taken through the Chair/Vice-Chair fortnightly meetings in terms of the IJB emergency powers arrangements.

Decided:

(1) that it be agreed to note (a) the verbal update by the IJB Chief Financial Officer on the financial position to 31 December 2020, Period 9 and (b) the current Period 7 forecast position for 2020/21 as detailed in Appendices 1 to 3 of the report and that the projection assumes that all COVID costs in 2020/21 will be fully funded by the Scottish Government;

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- (2) that it be noted that in the event there are any gaps in funding for COVID costs, then the IJB will review the Reserves to meet this shortfall;
- (3) that it be noted that a report on IJB Reserves had been reported to the IJB Audit Committee earlier in the day;
- (4) that approval be given to the proposed budget realignments and virement at Appendix 4 and that Officers be authorised to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures set out in Appendix 5;
- (5) that approval be given to the planned use of the Transformation Fund as set out in Appendix 6;
- (6) that the current Capital position as set out in Appendix 7 be noted;
- (7) that the current Earmarked Reserves position as set out in Appendix 8 be noted; and
- (8) that it be agreed to accept the formal 2020/21 funding offer from NHS Greater Glasgow & Clyde which was in line with the indicative budget approved by the IJB in March 2020.

7 Infant Feeding Collective Impact: Sustainability Report

7

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update in relation to the utilisation of the Transformation Board and Programme for Government (Breastfeeding) Funding to create an Inverclyde Infant Feeding Team and (2) setting out the impact which these changes have had on local breastfeeding initiation and continuation rates and (3) seeking approval for continuation of the arrangements.

Decided:

- (1) that the positive outcomes from the initial project as set out in the report be noted;
- (2) that approval be given to continued investment in the Breastfeeding Lead and Infant Feeding Advisor posts to promote sustainable increases in breastfeeding with all the associated benefits.

8 Model Code of Conduct – Scottish Government Consultation

8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising that the Scottish Government on 19 October 2020 had commenced a public consultation on a major review of the Model Code of Conduct for Members of Devolved Public Bodies and that the views of all users and the public were invited by the closing date of 8 February 2021.

Decided:

- (1) that the consultation on the Model Code of Conduct, with the opportunity for individual responses by the closing date of 8 February 2021, be noted; and
- (2) that it be remitted to the Standards Officer to submit a corporate response on behalf of the IJB by the closing date, taking account of any comments submitted by IJB members.

9 Chief Social Work Officer Annual Report 2019/20

9

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Inverclyde Chief Social Work Officer Annual Report for the period 2019/20.

Decided: that the contents of the Inverclyde Chief Social Work Officer Annual Report 2019/20 be noted.

INVERCLYDE INTEGRATION JOINT BOARD – 25 JANUARY 2021

10 Minute of Meeting of IJB Audit Committee of 2 November 2020

10

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 2 November 2020.

Mr Alan Cowan, Chair of the IJB Audit Committee, provided a brief feedback on the main issues discussed at the Committee held at 1pm that day. These were:

Internal Audit Progress Report – 31 August to 18 December 2020

The regular progress report had been presented to the Committee. No audit reports had been finalised since the last report in September 2020 and the remaining work related to the provision of advice in respect of risk management which would be undertaken alongside the risk management training organised for 15 March 2021.

In relation to Internal Audit follow-up work, three actions were complete and the completion date in relation to the fourth action (Updating the IJB's Reserves Strategy) had been delayed to 30 September 2021 due to an agreed delay in completion of the revised Integration Scheme.

IJB Reserves

The IJB Audit Committee had considered a report providing information on the nature and purpose of the IJB Reserves which included an update on the potential impact of COVID-19 and the current year financial position on IJB Reserve balances.

The Audit Committee had agreed that it would be useful for the report to be shared with the wider IJB either as an item on the agenda for the March meeting or as the subject of a development session.

Status of External Audit Action Plans

The IJB Audit Committee had considered a report on the status of current actions from External Audit Action Plans at 30 November 2020.

One action (Best Value) had been completed by officers by 30 November and four others were currently being progressed. These included the Integration Scheme Review and the implementation of locality planning groups which it had not been possible to progress as a result of the COVID-19 second wave although reassurance had been given that communication with the localities was continuing.

External Audit – Proposed Audit Fee 2020/21

The IJB Audit Committee had given approval to the proposed audit fee for 2020/21 of £27,330.

Best Value Questionnaire

The IJB Audit Committee had been advised that the Best Value survey had been prepared and that once tested, would be issued to all members of the IJB Audit Committee and the wider IJB within a timescale which would enable inclusion in the report to the March Committee.

Decided:

- (1) that the minute of the IJB Audit Committee of 2 November 2020 be noted; and
- (2) that the feedback provided by the Chair in respect of the meeting of the IJB Audit Committee held earlier in the day be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following items on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.

INVERCLYDE INTEGRATION JOINT BOARD – 25 JANUARY 2021

Item	Paragraph(s)
Reporting by Exception – Governance of HSCP Commissioned External Organisations	6 and 9
Update on Mental Health Activity	1
11 Reporting by Exception – Governance of HSCP Commissioned External Organisations	11
<p>There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services.</p> <p>Ms Boyd declared a non-financial interest in this item as a Director of Inverclyde Carers' Centre. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision-making process.</p> <p>Decided:</p> <p>(1) that the governance report for the period 26 September to 27 November 2020 be noted; and</p> <p>(2) that Members acknowledge that Officers regard the control mechanisms in place through the governance meetings and Managing Poorly Performing Services Guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.</p>	
12 Update on Mental Health Activity	12
<p>There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a range of activity related to Inverclyde Mental Health Services and initiatives related to the wider Mental Health Strategy delivery.</p> <p>The IJB noted the report, approved the staffing issues detailed and agreed that a development session on mental health be held in February 2021, all as detailed in the appendix.</p> <p>(Mr Carr left the meeting during consideration of this item of business).</p>	
13 Ms Lesley Aird	13
<p>At the conclusion of the meeting, the Convener referred to the recent appointment of Ms Lesley Aird, IJB Chief Financial Officer to a promoted post within Finance Services at Greater Glasgow & Clyde Health Board from mid-April 2021. He expressed his thanks to Ms Aird for her work with the IJB and on behalf of Members, wished her every success in her new post.</p>	

INVERCLYDE INTEGRATION JOINT BOARD – 2 MARCH 2021

Inverclyde Integration Joint Board

Tuesday 2 March 2021 at 3pm

Present: Councillors J Clocherty, L Quinn L Rebecchi and E Robertson, Mr S Carr, Ms P Speirs, Mr A Cowan, Dr D McCormick, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Ms D McCrone, Ms C Boyd and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Ms A Malarkey, Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Ms A Sinclair, Interim Head of Legal Services, Ms S Lang and Ms D Sweeney (Legal Services), ICT Services Manager and Service Manager, Communications, Tourism & Health & Safety.

The meeting took place via video-conference.

10 **Apologies, Substitutions and Declarations of Interest** 10

Apologies for absence were intimated on behalf of Ms D McErlean, Dr H MacDonald, Dr C Jones and Ms C Elliott.

No declarations of interest were intimated.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in paragraph 1 of Part I of Schedule 7(A) of the Act.

11 **HSCP Senior Management Arrangements** 11

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing an update on the current position with regard to significant staff changes within the Health & Social Care Partnership and (2) seeking approval for the merging of the Chief Finance Officer and Head of Service post and the creation of additional nursing and management capacity.

(Ms P Speirs and Ms G Eardley entered the meeting during consideration of this item of business).

Decided:

- (1) that approval be given to the proposed senior management team structure within the HSCP as outlined in the report and it be agreed that a full review of the new structure be carried out in a year's time;
- (2) that the removal of the existing posts of Chief Finance Officer and Head of Services, Strategy and Support Services be noted;
- (3) that agreement be given to a new post of Head of Finance, Planning & Resources who will also be the IJB Chief Financial Officer;
- (4) that approval be given to the establishment of a full-time Chief Nurse;
- (5) that approval be given to the establishment of a Service Manager post to support planning;

INVERCLYDE INTEGRATION JOINT BOARD – 2 MARCH 2021

- (6) that approval be given to the establishment of a Finance Manager to support budgeting and financial planning across Social Care & Health; and
- (7) that it be noted that the Chief Officer will carry out an evaluation of the new arrangements relating to the HSCP finance structure and will report back to the IJB, Council and Health Board in the summer of 2022.

**INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST**

	In progress, will be done but maybe within another paper		Remove from rolling action list
	Possibly remove or include in CO brief instead		

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status	Open/Closed
23 June 2020 (Para 62(5))	Report on Care Homes including analysis of implications of COVID-19	Head of Health & Community Care	December		December 2020 Delay until pandemic over	Open Remain on list
23 June 2020 (Para 63(3))	Finalised Unscheduled Care Commissioning Plan	Head of Strategy & Support Services	March 2021	Glasgow HSCP led this work on behalf of GGC partnership.	March 2021 GG&C wide piece of work which is being progressed by Glasgow, will be June IJB	Open
2 November 2020 (Para 106(2))	Development Session on Child Poverty (early 2021)	Sharon McAlees	February 2021	To be added to agenda of February Development Session	Rearrange	Open
25 January 2021 (Para 3(4))	Review of Decision-Making Arrangements	Chief Officer	March 2021 (and each meeting thereafter)	Review paper to March IJB	In decision making report	Open

Annual Report Schedule

<u>March</u> <ul style="list-style-type: none">• Annual Budget• Digital Investment Plan	<u>June</u> <ul style="list-style-type: none">• Draft Annual Accounts• Annual Performance Report• Clinical & Care Governance• Workforce Update
<u>September</u> <ul style="list-style-type: none">• Audited Annual Accounts	<u>December</u> <ul style="list-style-type: none">• PCIP Update• Update Criminal Justice

Directions Register

- Hard Edges
- Care Homes

Report To: Inverclyde Integration Joint Board **Date:** 29 March 2021

Report By: Louise Long **Report No:** IJB/15/2021/LA
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

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

Subject: **FINANCIAL MONITORING REPORT 2020/21 – PERIOD TO 31
DECEMBER 2020, PERIOD 9**

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 9 to 31 December 2020.

2.0 SUMMARY

- 2.1 The detailed report outlines the financial position at Period 9 to the end of December 2020. The Covid-19 pandemic has created significant additional cost pressures across the Health & Social Care Partnership (HSCP). The figures presented include projected Covid costs and offset against that is confirmed Covid funding. It is anticipated that the balance of actual additional Covid costs will be received from the Scottish Government and funding has been projected on this basis.
- 2.2 The current year-end operating projection for the Partnership includes £7.734m of net Covid-19 costs for which full funding is anticipated from the Scottish Government through local mobilisation plans. At Period 9 there is a projected overspend of £0.690m in Social Care core budgets.
- 2.3 The IJB Audit Committee received a report in January on the reserves position which explained the purpose of IJB reserves and detailed how unfunded elements of Covid local mobilisation plan costs could potentially be covered. An extract of that report is enclosed at Appendix B for information, the full report is available through the IJB Audit Committee online agenda and papers.
- 2.4 As in previous years, the IJB has financial commitments in place in relation to spend against its Earmarked Reserves in-year for previously agreed multi-year projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and underspends. In February 2021 the IJB received over £4m of additional funding from Scottish Government relating to Covid 19, ADP, Action 15 and PCIP. This together with the in year underspend on Health means that, in line with many other IJBs, the IJB reserves are forecast to increase in year by a net £2.853m.
- 2.5 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that, as in previous years, any over or underspend is taken from or added to IJB reserves.

- 2.6 The report outlines the current projected spend for the Transformation Fund.
- 2.7 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £0.147m for 2020/21 with £0.106m actual spend to date.
- 2.8 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of this financial year were £7.709m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £8.450m. The projected year-end position is a carry forward of £11.303m. This is an increase in year due additional funding due to be received in February 2021.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the current Period 9 forecast position for 2020/21 as detailed in the report Appendices 1-3 and notes that the projection assumes that all Covid costs in 2020/21 will be fully funded by the Scottish Government,
 2. Notes that in the event that there are any gaps in funding for Covid costs, then the IJB will review the reserves to meet this shortfall,
 3. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
 4. Approves the planned use of the Transformation Fund and transfer of SWIFT system replacement funding to a separate Earmarked Reserve (Appendix 6);
 5. Notes the current capital position (Appendix 7);
 6. Notes the current Earmarked Reserves position (Appendix 8),
 7. Notes the key assumptions within the forecasts detailed at section 11, and
 8. Notes the extract from the IJB Audit Committee Reserves paper from January 2021 in Appendix B.

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB Budget for 2020/21 was set on 17 March 2020 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. On 2 November the NHS confirmed a funding offer for the IJB for the year which was in line with the indicative offer for core budgets. The IJB formally approved by the Health Board budget offer at its 25 January meeting. The table below summarises the agreed budget and funding together with the projected operating outturn for the year as at 31 December:

	Revised Budget 2020/21 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	70,271	70,961	690
Health Services	80,204	80,204	0
Set Aside	27,651	27,651	0
HSCP NET EXPENDITURE	178,126	178,816	690
FUNDED BY			
Transfer from / (to) Reserves	(6,073)	(5,383)	690
NHS Contribution to the IJB	132,106	132,106	0
Council Contribution to the IJB	52,093	52,093	0
HSCP FUNDING	178,126	178,816	690
Planned Use of Reserves	2,137	2,853	
Annual Accounts CIES Position (assuming Covid costs are covered in full)	2,137	2,853	

4.3 Updated Finance Position and Forecasting to Year-end

The timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. To address this, an updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards each year.

This ensures that the Board continues to receive the full detailed finance pack but is also updated on any substantive changes to the forecast position between the pack date and the meeting date. Appendix 1a details movements in forecasts since the last report. This year the majority of these are Covid-related as the pandemic response changes.

4.4 Covid-19 Mobilisation Plans

Local Mobilisation Plan (LMP) submissions are made regularly through the Health Board to the Scottish Government detailing projected and actual Covid costs on a month to month basis. This report reflects the current projected costs and confirmed income in relation to this.

- 4.5 Appendix 1B details the current projected Covid costs and confirmed income, this ties back with the latest LMP.
- Projected costs for the year based on the January submission are £7.734m (£5.592m Social Care and £2.142m Health).

- Full funding for 2020/21 has been received as has some advanced funding for some anticipated 2021/22 costs.
- £0.396m of the Health funding was for Hospices, this has been received and passed to the hospice.
- The table at the top of Appendix 1B details the projected spend across Social Care and Health on Employee costs, Supplies and Services etc.
- The second table on Appendix 1a shows a summary of the specific areas this spend is projected across.
- Actual costs to 31 January were £5.426m (£3.574m Social Care, £1.852m Health) The social care actuals include a pro rata share of the £0.9m offsetting cost reductions for care home beds now reflected in the Social Care figures.

4.6 The IJB has provided the Scottish Government with regular updates in relation to forecasted spend for all services and the cost of responding to the pandemic and this will be used by the Scottish Government in assessing future funding needs.

5.0 SOCIAL WORK SERVICES

5.1 The projected net Social Care Covid spend is £5.592m for this year with the biggest elements of that being provider sustainability. It is expected that all Covid costs will be funded by the Scottish Government through the remobilisation plan. Assuming all Covid costs are covered by the Scottish Government there is a £0.690m projected overspend for core Social Work services. In line with previous practice it is expected that any year-end overspend would be covered by the IJB free reserve.

5.2 The Social Work budget includes agreed savings of £1.044m. £0.050m of this related to income growth which, as a result of the Covid-19 pandemic, is not expected to be realised in full. This has been reflected within this report and the Mobilisation Plan which captures all Covid related spend and underspends. The Mobilisation Plan is updated and submitted to the Scottish Government monthly. It is anticipated that the remaining savings will be delivered in full during the year.

5.3 The core social care forecast overspend has increased by £0.317m since the last report from a projected overspend of £0.373m to a projected overspend of £0.690m.

5.4 Appendix 2 contains details of the Social Work outturn position. The main projected variances are linked to Covid. Key projected social work budget variances which make up the projected core budget overspend, excluding Covid costs, include the following:

Main areas of underspend are:

- A projected underspend of £0.055m within Residential and Nursing Care client commitments as a result of a reduction in the number of beds, projecting at 525 beds for the remainder of the year. A further £0.5m of this has been allocated as an offsetting cost reduction in the Covid LMP.
- A £0.470m projected underspend within External Homecare based on the invoices received, projecting up to the end of the year together with a reduced adjustment of £0.040m, which reflects that service delivery will continue to increase.
- A projected underspend with respite service across Older Peoples Service of £0.159m.
- Additional turnover savings being projected across services of £0.066m.

Main areas of overspend are:

- A projected overspend of £0.616m within Learning Disability Client commitments, which is a reduction of £0.077m from the position reported to the last Committee, this is mainly due to a reduction in the need for respite service.
- Within Criminal Justice a £0.337m projected overspend as a result of shared

client package costs with Learning Disabilities. It is anticipated that these costs will reduce further in 2020/21 and this will be reported to the next Committee, once Officers are able to project with better certainty.

- A projected overspend of £0.552m in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve.

Due to agreed interim reporting changes within Inverclyde Council a detailed analysis of the social care variances has not been prepared by the Council for Period 9. This would normally be reported in Appendix 2a

6.0 HEALTH SERVICES

6.1 For Health, Covid spend is projected to be £2.142m for the year with the biggest elements of that being additional staffing costs and support agreed nationally for Hospices. The projected outturn for health services at 31 December is a breakeven as a result of £5.957m transferring to Earmarked Reserves (EMRs) as detailed in Appendix 3B. This transfer to EMRS has significantly increased since the previous report due to additional in year funding from February for: 2021/22 Covid costs; ADP; Action 15, and PCIP. There are further offsetting movements within the Health projection as follows:

- Mental Health – £0.882m projected overspend for the year comprised £1.165m overspend relating to Inpatients linked to additional staffing and locum costs, partially offset by a £0.283m projected underspend on MH community
- Management & Admin - £0.882m underspend, £0.239m of which relates to early savings delivery and the balance to delays in filling vacancies in-year.
- Appendix 3a details the planned transfers to Earmarked Reserves of £5.957m, £4.004m of which relates to additional ringfenced Scottish Government funding received in February 2021.

6.2 The total budget pressure for Health for 2020/21 was £1.924m which was covered in full by the 3% funding uplift.

6.3 Mental Health Inpatients

When it was originally established, the IJB inherited a significant budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work has been ongoing locally to minimise this pressure. In addition, Mental Health provision across GG&C is under review and it is anticipated that this, together with local work, will address this budget pressure for this and future years.

6.4 At Period 9, the year to date net overspend on Mental Health is £0.488m.

6.5 The service has successfully addressed some elements of the historic overspend. This budget is closely monitored throughout the year and work will be done to ensure that the underlying budget is sufficient for core service delivery going forward.

6.6 Prescribing

Currently projected as in line with budget with £0.9m transferring to Earmarked Reserves. The final position for the year is still uncertain but any additional underspend will transfer to reserves. The underspend is due to an increase in tariff swap income for the year and prescribing volumes being lower than anticipated at the start of the year which is believed to be linked to the pandemic. The projection is based on latest advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to Reserves. It is proposed that £0.4m of the underspend this year is added to the existing Prescribing Smoothing Reserve to cover potential impacts of Brexit on this budget in 2021/22. The prescribing position will continue to be closely monitored

throughout the year.

6.7 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of this and prior year budgets to invest additional monies into prescribing. However, due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward. This year Covid-19 and Brexit have both added to the complexity around forecasting full year prescribing costs.

6.8 GP Prescribing remains a volatile budget; a drug going on short supply and the impacts of Covid and Brexit can have significant financial consequences.

6.9 Set Aside

- The Set Aside budget in essence is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including: A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward are heavily tied in to the commissioning/market facilitation work that is ongoing

Work is continuing across GG&C around Unscheduled Care to further refine the Set Aside position within GG&C for each HSCP. Further updates will be brought to the IJB as available.

6.10 Alcohol & Drug Recovery Service (ADRS)

There is a underspend on ADRS across both Health and Social Care, this is directly linked to the delay in implementing the finalised Addictions Review linked to Covid which led to delays in filling posts and commissioning services.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5. These require both the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

8.0 TRANSFORMATION FUND

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2018/19. The Fund has since been replenished from further year-end underspends. At the beginning of this financial year, the Fund balance was £2.045m. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At present there is £0.299m still uncommitted. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

8.2 Social Care Records System/SWIFT Replacement

Within the Transformation Fund £0.597m has been approved as part of the funding package for the new Social Care Records System which replaces the current SWIFT system. It is proposed to now transfer this funding and associated costs

from the Transformation Fund to a dedicated EMR for this project.

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget is £10.574m over the life of the projects with £0.147m budgeted to be spent in 2020/21. The overall budget includes the £0.501m IJB commitment to fund part of the replacement Social Care Records Management system.

9.2 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.
- Tenders were issued for the completion works in late December 2020 and are due for return mid-February 2021.
- A revised programme to completion will be advised post tender return and upon completion of evaluation.

9.3 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 12 March 2020. The Covid-19 situation 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. The progress to date is summarised below:

- Additional site information and survey work substantially complete. Further surveys to be planned at the appropriate stage of the design progression.
- Space planning and accommodation schedule interrogation work continues to be progressed through Technical Services and the Client Service to inform outline design in preparation for wider stakeholder consultation.
- Tenders for Design Consultants have been returned and evaluated.
- Work through Legal Services in connection with the re-appropriation of the Hector McNeil site is progressing with the drafting of the court action required for the next stage of the legal process.

9.4 Swift Upgrade

The project involves the replacement of the current Swift system. In March the Council and IJB approved initial spend of £0.843m for the system, £0.6m from the Council and £0.243m from prudential borrowing funded by the IJB. In September the IJB agreed to increase its contribution to £0.501m, with the additional funds coming from the IJB Transformation Fund into a new Social Care Records System

EMR. There was a delay going out to tender because of a legal challenge against Scotland Excel and the Covid-19 pandemic. The tender process is now recommencing and it is anticipated the project will be complete by 2023.

9.5 Port Glasgow Health Centre Car Park

Work is being commissioning on the car park at Port Glasgow Health Centre to address issues around the raised flower beds and the height differential between the NHS and Council carparks at the site. Confirmed cost is £26.4k which is being funded in year from the IJB EMR for Capital Projects. It is anticipated that the work will be concluded in 2020/21.

9.6 New Greenock Health & Care Centre

Work on the new Greenock Health and Care Centre on Wellington Street is nearing completion. The contractor is due to hand over the building mid March, thereafter there will be a 6-8 week commissioning period. A detailed transfer schedule has been developed in conjunction with the services moving to the new building to facilitate all services moving in over May and early June 2021.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and Unearmarked Reserves; these are managed in line with the IJB Reserves Policy.

- Total Earmarked Reserves available at the start of this financial year were £7.709m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £8.450m.
- To date at Period 9, £12.052m of new reserves are expected in year (an increase of £4.256m since the last report due mainly to addition monies from Scottish Government for Covid and other ringfenced projects in February 2021).
- £5.996m of the reserves funding has been spent in the year to date.
- Projected carry forward at the yearend is £11.303m.
- Spend on many EMR funded projects has slowed this year as a result of the pandemic.
- The projected movement in reserves for the year is an increase in reserves of £2.853m – (P7 report reflected anticipated use of reserves of £1.211m – the £4.080m swing is due to additional funding from Scottish Government confirmed in February 2021).
- Appendix 8 shows all reserves under the following categories:

	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
Ear-Marked Reserves				
Scottish Government Funding - funding ringfenced for specific initiatives	749	8,539	4,248	4,004
Existing Projects/Commitments - many of these are for projects that span more than 1 year	3,259	2,284	1,151	3,471
Transformation Projects - non recurring money to deliver transformational change	2,853	775	543	2,854
Budget Smoothing - monies held as a contingency for specific volatile budgets such as Residential Services and Prescribing to smooth out in year one off pressures	848	454	54	923
TOTAL Ear-Marked Reserves	7,709	12,052	5,996	11,252
General Reserves	741	0	0	741
In Year Surplus/(Deficit) going to/(from) reserves	0	0	0	(690)
TOTAL Reserves	8,450	12,052	5,996	11,303
Projected Movement (use of)/transfer in to Reserves				2,853

10.2 At its January meeting the IJB Audit Committee considered a report outlining the nature and use of the existing IJB Reserves. The Committee agreed at that time

that it would be beneficial if this report was shared with the wider IJB. An extract from that report is enclosed at Appendix B, the full report is available within the published IJB Audit Committee papers on the Inverclyde Council website.

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES) AND KEY ASSUMPTIONS WITHIN THE P9 FORECAST

11.1 The creation and use of reserves during the year, while not impacting on the operating position, will impact the year-end CIES outturn. For 2020/21, it is anticipated that as a portion of the brought forward £8.450m and any new Reserves are used the CIES will reflect a surplus. At Period 9, that CIES surplus is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 8.

11.2 Key Assumptions within the P9 Forecast

- These forecasts are based on information provided from the Council and Health Board ledgers
- The social care forecasts for core budgets and Covid spend are based on information provided by Council finance staff which have been reported to the Council's Health & Social Care Committee and provided for the Covid LMP returns.
- Prescribing forecasts are based on advice from the Health Board prescribing team using the latest available actuals and horizon scanning techniques.
- Additional salary awards agreed in year – the forecast does not include costs or the assumed income for either the £500 bonus payment agreed for 2020/21 or the early payment of the initial 2021/22 pay award which was announced 24 February 2021.

Payments are still being agreed and processed so actual costs are not yet known and it is understood that this will be fully funded by Scottish Government so while it will impact individual service expenditure lines it will have no impact on the bottom line for the IJB for the year.

High level estimates of the cost indicate that:

- the £500 pro rata for each HSCP staff member is estimated to cost around £828k, depending on final agreement nationally around eligibility criteria
- the early payment of the 2021/22 pay award for Health staff backdated to 1 December 2020 is estimated to cost around £121k again depending on eligibility
- Accounting Treatment of some Covid costs - There is an ongoing national debate regarding the accounting treatment of some Covid related costs in year. For the IJB the most significant of these relates to the treatment of the Provider Sustainability Payments and whether the IJB's are acting as agent or principal in relation to these payments.
 - LASACC has been asked for an urgent view of the matter.
 - At present the accounting treatment for the majority of IJBs assumes the IJB is acting as principal and on that basis the IJB's can carry forward any unspent funding at the end of the year.
 - If it is agreed that the IJB is acting as agent the IJB will be unable to carry any unspent monies forward and this will impact on the current forecasts in relation to Covid spend and the associated EMR.
- Capital Payment EMR – timing of some of this spend is still uncertain as for 2020/21 much of it relates to a handful of HSCP funded elements of the new Greenock Health Centre. Within this report £75k is forecast to be spent this financial year, due to timings of this and other projects the final outturn might be a little higher or lower but is covered within the overall reserve balance.

12.0 DIRECTIONS

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

13.0 IMPLICATIONS

13.1 FINANCE

All financial implications are discussed in detail within the report above.

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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

13.4 There are no equality issues within this report.

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.

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
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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

13.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

13.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
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 financial monitoring processes ensure resources are used in line with the

	Strategic Plan to deliver services efficiently
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14.0 CONSULTATION

14.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

15.0 BACKGROUND PAPERS

15.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 9: 1 April 2020 - 31 December 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	52,285	57,072	58,787	1,715	3.0%
Property Costs	1,095	1,108	1,306	198	17.9%
Supplies & Services	49,969	56,522	61,633	5,111	9.0%
Family Health Services	25,973	28,870	28,870	0	0.0%
Prescribing	18,535	18,508	18,508	0	0.0%
Transfer from / (to) Reserves	0	(6,073)	(6,073)	0	0.0%
Income	(3,970)	(5,532)	(6,889)	(1,357)	24.5%
Covid Funding	0	0	(4,977)	(4,977)	0.0%
HSCP NET DIRECT EXPENDITURE	143,887	150,475	151,165	690	0.5%
Set Aside	23,956	27,651	27,651	0	0.0%
HSCP NET TOTAL EXPENDITURE	167,843	178,126	178,816	690	0.4%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,095	2,253	2,250	(3)	-0.1%
Older Persons	30,253	30,842	33,691	2,849	9.2%
Learning Disabilities	12,241	12,334	12,871	537	4.4%
Mental Health - Communities	6,833	7,461	7,216	(245)	-3.3%
Mental Health - Inpatient Services	9,051	9,343	10,508	1,165	12.5%
Children & Families	14,013	14,606	16,037	1,431	9.8%
Physical & Sensory	3,009	2,916	3,035	119	4.1%
Alcohol & Drug Recovery Service	3,490	4,149	3,949	(200)	-4.8%
Assessment & Care Management / Health & Community Care	9,867	18,303	18,233	(70)	-0.4%
Support / Management / Admin	6,318	5,624	4,674	(950)	-16.9%
Criminal Justice / Prison Service **	0	63	373	310	0.0%
Homelessness	1,095	1,097	1,821	724	66.0%
Family Health Services	25,973	28,862	28,862	0	0.0%
Prescribing	18,744	18,696	18,696	0	0.0%
Contribution to Reserves	0	(6,073)	(6,073)	0	0.0%
Covid Funding	0	0	(4,977)	(4,977)	0.0%
Unallocated Funds	905	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	143,887	150,475	151,165	690	0.5%
Set Aside	23,956	27,651	27,651	0	0.0%
HSCP NET TOTAL EXPENDITURE	167,843	178,126	178,816	690	0.4%
FUNDED BY					
NHS Contribution to the IJB	91,598	104,455	104,455	0	0.0%
NHS Contribution for Set Aside	23,956	27,651	27,651	0	0.0%
Council Contribution to the IJB	52,289	52,093	52,093	0	0.0%
Transfer from / (to) Reserves	0	(6,073)	(5,383)	690	0.0%
HSCP NET INCOME	167,843	178,126	178,816	690	0.4%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	0.0%
Anticipated movement in reserves ***	(3,036)	2,137	2,853		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(3,036)	2,137	2,853		

** Fully funded from external income hence nil bottom line position.

*** See Reserves Analysis for full breakdown

INVERCLYDE HSCP**REVENUE BUDGET 2020/21 PROJECTED POSITION****Movement since last report**

OBJECTIVE ANALYSIS	Previous Projected Outturn 2020/21 £000	Current Projected Outturn 2020/21 £000	Increase/ (Decrease) in projected spend since last report £000	Notes
Strategy & Support Services	2,209	2,250	41	Back on target to spend agreed budget
Older Persons	33,162	33,691	529	Movement in Covid forecast
Learning Disabilities	12,945	12,871	(74)	Reduction in respite services spend
Mental Health - Communities	6,920	7,216	296	Additional Action 15 funding from Feb 2021 and recruitment issues leading to additional locum spend and covid cost
Mental Health - Inpatient Services	10,105	10,508	403	
Children & Families	16,123	16,037	(86)	Decreased overspend
Physical & Sensory	3,038	3,035	(3)	
Alcohol & Drug Recovery Service	3,582	3,949	367	Additional ADP funding from Feb 2021
Assessment & Care Management / Health & Community Care	15,496	18,233	2,737	Additional Covid Funding from Feb 2021
Support / Management / Admin	5,060	4,674	(386)	Movement in Covid forecast and delay in filling vacancies
Criminal Justice / Prison Service **	380	373	(7)	
Homelessness	1,823	1,821	(2)	
Family Health Services	28,201	28,862	661	Additional in year funding and spend
Prescribing	18,696	18,696	0	
Contribution to Reserves	(1,914)	(6,073)	(4,159)	Additional Covid, PCIP, Action 15 and ADP funding received late in year, Health service underspends and LD Hub
Covid-19 Unallocated & Unfunded costs (net)	(4,977)	(4,977)	0	
Unallocated Funds	0	0	0	
HSCP NET DIRECT EXPENDITURE	150,848	151,165	317	
Set Aside	27,651	27,651	0	
HSCP NET TOTAL EXPENDITURE	178,499	178,816	317	

INVERCLYDE HSCP - COVID 19**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 9: 1 April 2020 - 31 December 2020**

SUBJECTIVE ANALYSIS - COVID 19 based on November 2020 Mobilisation Plan submission and confirmed funding	Social Care Projected Out-turn 2020/21 £000	Health Projected Out-turn 2020/21 £000	TOTAL Projected Out-turn 2020/21 £000
Employee Costs	1,306	945	2,250
Property Costs	1	1	2
Supplies & Services	4,042	1,196	5,238
Family Health Services			0
Prescribing		0	0
Loss of Income	243		243
PROJECTED COVID RELATED NET SPEND	5,592	2,142	7,734

Summarised Mobilisation Plan	Social Care	Health	Revenue
H&SCP Costs	2020/21	2020/21	2020/21 £000
Delayed Discharge Reduction- Additional Care Home Beds	374		374
Personal protection equipment	499	29	528
Deep cleans	1	1	2
Additional staff Overtime and Enhancements	20	39	59
Additional temporary staff spend - Student Nurses & AHP		391	391
Additional temporary staff spend - Health and Support Care Workers	197	189	386
Additional costs for externally provided services (including PPE)	3,304		3,304
Social Care Support Fund- Costs for Children & Families Services	1,089		1,089
Mental Health Services		87	87
Additional payments to FHS contractors		340	340
Community Hubs		448	448
Loss of income	218		218
Other- Revenue Equipment and Supplies	75	173	248
Other- Homelessness and Criminal Justice	688		688
Hospices		396	396
Staffing support, including training & staff wellbeing	3		3
Winter Planning (Flu Vaccinations)	-	49	49
Offsetting savings - HSCP	(900)	-	(900)
Expected underachievement of savings (HSCP)	25		25
Total	5,592	2,142	7,734

SOCIAL CARE**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 9: 1 April 2020 - 31 December 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	28,573	29,941	30,774	833	2.8%
Property costs	1,090	1,103	1,301	198	18.0%
Supplies and Services	860	931	1,245	314	33.7%
Transport and Plant	376	376	282	(94)	-25.0%
Administration Costs	755	783	773	(10)	-1.3%
Payments to Other Bodies	41,285	41,269	47,052	5,783	14.0%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Income	(3,927)	(4,016)	(5,373)	(1,357)	33.8%
Covid Funding		0	(4,977)	(4,977)	0.0%
Transfer to Earmarked Reserves		(116)	(116)	0	0.0%
SOCIAL CARE NET EXPENDITURE	52,289	51,977	52,667	690	1.3%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Strategy & Support Services	1,590	1,722	1,719	(3)	-0.2%
Older Persons	30,253	30,842	33,691	2,849	9.2%
Learning Disabilities	11,732	11,783	12,320	537	4.6%
Mental Health	3,654	3,695	3,733	38	1.0%
Children & Families	10,766	10,932	12,363	1,431	13.1%
Physical & Sensory	3,009	2,916	3,035	119	4.1%
Alcohol & Drug Recovery Service	1,799	1,771	1,571	(200)	-11.3%
Business Support	2,788	2,861	2,793	(68)	-2.4%
Assessment & Care Management	2,326	2,706	2,636	(70)	-2.6%
Criminal Justice / Scottish Prison Service	0	63	373	310	0.0%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Homelessness	1,095	1,097	1,821	724	66.0%
Covid Funding	0	0	(4,977)	(4,977)	0.0%
Transfer to Earmarked Reserves		(116)	(116)	0	0.0%
SOCIAL CARE NET EXPENDITURE	52,289	51,977	52,667	690	1.3%

COUNCIL CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	52,289	52,093	52,093	0	
Transfer from / (to) Reserves	0	(116)	574	690	

HEALTH**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 9: 1 April 2020 - 31 December 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	23,712	27,131	28,013	882	3.3%
Property	5	5	5	0	0.0%
Supplies & Services	6,693	13,163	12,281	(882)	-6.7%
Family Health Services (net)	25,973	28,870	28,870	0	0.0%
Prescribing (net)	18,535	18,508	18,508	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
Income	(43)	(1,516)	(1,516)	0	0.0%
Transfer to Earmarked Reserves	0	(5,957)	(5,957)	0	0.0%
HEALTH NET DIRECT EXPENDITURE	91,598	98,498	98,498	0	0.0%
Set Aside	23,956	27,651	27,651	0	0.0%
HEALTH NET DIRECT EXPENDITURE	115,554	126,149	126,149	0	0.0%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,247	3,674	3,674	0	0.0%
Health & Community Care	7,541	15,597	15,597	0	0.0%
Management & Admin	3,530	2,763	1,881	(882)	-31.9%
Learning Disabilities	509	551	551	0	0.0%
Alcohol & Drug Recovery Service	1,691	2,378	2,378	0	0.0%
Mental Health - Communities	3,179	3,766	3,483	(283)	-7.5%
Mental Health - Inpatient Services	9,051	9,343	10,508	1,165	12.5%
Strategy & Support Services	505	531	531	0	0.0%
Family Health Services	25,973	28,862	28,862	0	0.0%
Prescribing	18,744	18,696	18,696	0	0.0%
Unallocated Funds/(Savings)	905	0	0	0	0.0%
Transfer from / (to) Reserves	0	(5,957)	(5,957)	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
HEALTH NET DIRECT EXPENDITURE	91,598	98,498	98,498	0	0.0%
Set Aside	23,956	27,651	27,651	0	0.0%
HEALTH NET DIRECT EXPENDITURE	115,554	126,149	126,149	0	0.0%

HEALTH CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	115,554	132,106	132,106	0	
Transfer from / (to) Reserves	0	(5,957)	(5,957)	0	

HEALTH**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 9: 1 April 2020 - 31 December 2020**

Significant Projected Variances	Over/ (Underspend) £000	Notes
MH Adult Inpatients	1,165	Overspend offset non recurringly by planned underspends on MH Community underspend, additional MH funding agreed at Jan 2020 IJB and early delivery of prior year Management & Admin saving along with £122k funded through the MH Transformation Fund
MH Adult Community	(283)	
Management & Admin	(882)	Saving agreed but not required for 19/20 £239k when the Health uplift was increased after the budget was set. Agreed to keep it to cover other pressures eg MH Inpatients. Balance from underspend due to delay in filling vacancies
Sub Total Over/(Under)spend	0	

Proposed transfers from the following services to Earmarked Reserves in year	Over/ (Underspend) £000	Notes
Alcohol & Drug Recovery Service	(238)	Delay in filling vacancies pending Review being finalised plus additional ADP money confirmed in Feb 21
Adult Community	(538)	Delay in filling vacancies £85k in Rehab rest small amounts across various teams
Children's Services	(262)	Delay in filling vacancies plus additional funding received in year
Learning Disabilities	(56)	Delay in filling vacancies
Business Support	(99)	£89k of this is earmarked for the new Health Centre rest is delay in filling vacancies
PHI & Strategy	(135)	Vacancies eg OD post not filled
GP Premises Improvement	(25)	New money no spend to date
Scot Govt Funded Projects	(1,214)	PCIP, Action 15, ADP - Funding committed but not yet drawn down was received against all of these funds in Feb 2021
Covid Funding	(2,490)	Additional funding received in Feb 2021 for 21/22 covid costs
Prescribing	(900)	Still awaiting info re Brexit impact and final projections. Projection based on latest available data. Underspend due to tariff swap income increasing in year and prescribing volumes reducing
Transfer to Reserves	5,957	Balance of underspends transferred to EMRs as outlined below
TOTAL Over/(Under)spend	(0)	

Proposed Health EMR In Year Allocations

Scot Govt Funded Projects EMRs		
PCIP	505	These funds are ringfenced by Scottish Govt. In February 2021 additional funding was received for each of these funds including significant funding against future Covid costs with the expectation that IJBs would ringfence and carry these funds forward.
ADP	431	
Action 15	278	
Community Living Charge	300	
Covid 19	2,490	
Other EMRs		
MH Transformation	300	Funding for MH services to support 5 year strategy and local MH planning. This will take the total fund to £0.620m or 3.7% of the current revenue budget
Staff Learning & Development Fund	204	The IJB agreed to put aside these funds from in year turnover savings to provide £100k of funding for the Staff Learning & Development Funding and the year 2 funding for the District Nursing Training Programme agreed in June 2020
Supplementary Fixed Term Staffing Fund	400	Transfer from turnover savings to create a fund to cover any short term shortfalls in additional external funding for fixed term posts eg Covid posts in the event that LMP funding does not cover the balance
Homelessness	200	Funding to support delivery of the Rapid Rehousing Transition Plan over the next 2 years
Primary Care Support	25	Projected underspend on GP premises funding received in year
Prescribing Smoothing Reserve	400	Prescribing underspend budget smoothing reserve for this volatile budget through the first year of Brexit to help reduce requirement for recurrent budget funding. This will create a total smoothing reserve of £0.7m or 3.7% of the current revenue budget
Addictions Review	94	Additional funding to support recovery pathway element of Addictions Review
Children & Families Residential Services	250	An additional reserve created to complement the additional one off monies Inverclyde Council is putting in for 2021/22 for C&F and LD services totalling £0.7m
Transformation Fund	80	Balance of funding to replenish the Transformation Fund and support future tests of change and service redesigns
	5,957	

Budget Movements 2020/21

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Transfers (to)/ from Earmarked Reserves £000	Revised Budget
	2020/21 £000	Inflation £000	Virement £000	Supplementary Budgets £000	2020/21 £000		
Children & Families	14,013	0	371	222	0	14,606	
Criminal Justice	0	0	0	63	0	63	
Older Persons	30,253	0	589	0	0	30,842	
Learning Disabilities	12,241	0	197	12	(116)	12,334	
Physical & Sensory	3,009	0	(93)	0	0	2,916	
Assessment & Care Management/ Health & Community Care	9,867	0	(802)	9,238	0	18,303	
Mental Health - Communities	6,833	0	152	476	0	7,461	
Mental Health - In Patient Services	9,051	0	314	(22)	0	9,343	
Alcohol & Drug Recovery Service	3,490	0	(15)	674	0	4,149	
Homelessness	1,095	0	2	0	0	1,097	
Strategy & Support Services	2,095	0	101	57	0	2,253	
Management, Admin & Business Support	6,318	0	(876)	182	0	5,624	
Family Health Services	25,973	0	330	2,559	0	28,862	
Prescribing	18,744	0	743	(791)	0	18,696	
Resource Transfer	0	0	0	0	0	0	
Unallocated Funds *	905	0	(905)	0	0	0	
Totals	143,887	0	107	12,670	(116)	156,548	

* Unallocated Funds are budget pressure monies agreed as part of the budget which at the time of setting had not been applied across services eg pay award etc

Virement Analysis

	Increase Budget £000	(Decrease) Budget £000
Budget Virements since last report		
Budget Virements agreed in previous reports	5,723	5,723
Social Care Budget - Reallocation to cover Children's Services Residential Costs		
	5,723	5,723

Supplementary Budget Movement Detail

£000

£000

Criminal Justice		63
Additional in year CJ Funding	63	
Children & Families		222
Non recurring Outline Framework funding CAMHS	200	
Non Recurring Breastfeeding funding	30	
Minor funding realignments	(8)	
Alcohol & Drugs Recovery Service		674
ADP Funding 2020/21	596	
Non recurring Drug Death Taskforce funding	78	
Health & Community Care		9,238
Additional SG funding for Hospices partially offset by RT adjust	326	
Non recurring adjustment	790	
PCIP Baseline Pharmacy Funding	146	
Covid 19 funding	7,019	
Dementia Care Coordinator - Non recurring funding	54	
PCIP Tranche 2 funding	903	
Learning Disabilities		12
Transfer of Non recurring funding from East Ren HSCP	12	
Mental Health - Communities		476
Action 15 funding 2020/21	515	
Transfer to Central Liaison Team	(39)	
Mental Health - Inpatient Services		(22)
Transfer to Central Liaison Team and other minor adjustments	(22)	
Strategy & Support Services		57
Non recurring funding for Eat Up project and Tobacco Prevention	57	
Management & Admin		182
Balance of uplift	407	
GP Premises funding	25	
Transfer to SIMD Deprivation Fund withing Inverclyde Council	(250)	
Prescribing		(791)
Tariff Reduction	(791)	
Family Health Services		2,559
Non Cash Limited Budget Adjustment	1,710	
Additional in year non recurring FHS funding	849	
		12,670

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

THE 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.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2020/21 £000
SOCIAL CARE	
Employee Costs	29,941
Property costs	1,103
Supplies and Services	931
Transport and Plant	376
Administration Costs	783
Payments to Other Bodies	41,269
Income (incl Resource Transfer)	(22,310)
Social Care Transfer to EMR	(116)
SOCIAL CARE NET EXPENDITURE	51,977
Health Transfer to EMR	(5,957)

OBJECTIVE ANALYSIS	Budget 2020/21 £000
SOCIAL CARE	
Strategy & Support Services	1,722
Older Persons	30,842
Learning Disabilities	11,783
Mental Health	3,695
Children & Families	10,932
Physical & Sensory	2,916
Alcohol & Drug Recovery Service	1,771
Business Support	2,861
Assessment & Care Management	2,706
Criminal Justice / Scottish Prison	63
Change Fund	0
Homelessness	1,097
Social Care Transfer to EMR	(116)
Resource Transfer	(18,294)
SOCIAL CARE NET EXPENDITURE	51,977

This direction is effective from 29 March 2021.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2020/21 £000
HEALTH	
Employee Costs	27,131
Property costs	5
Supplies and Services	13,163
Family Health Services (net)	28,870
Prescribing (net)	18,508
Resources Transfer	18,294
Unidentified Savings	0
Income	(1,516)
Transfer to EMR	(5,957)
HEALTH NET DIRECT EXPENDITURE	98,498
Set Aside	27,651
NET EXPENDITURE INCLUDING SCF	126,149

OBJECTIVE ANALYSIS	Budget 2020/21 £000
HEALTH	
Children & Families	3,674
Health & Community Care	15,597
Management & Admin	2,763
Learning Disabilities	551
Alcohol & Drug Recovery Service	2,378
Mental Health - Communities	3,766
Mental Health - Inpatient Services	9,343
Strategy & Support Services	531
Family Health Services	28,862
Prescribing	18,696
Unallocated Funds/(Savings)	0
Transfer to EMR	(5,957)
Resource Transfer	18,294
HEALTH NET DIRECT EXPENDITURE	98,498
Set Aside	27,651
NET EXPENDITURE INCLUDING SCF	126,149

This direction is effective from 29 March 2021.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 9: 1 April 2020 - 31 December 2020

Total Fund at 31/03/20	2,045,000
Balance Committed to Date*	1,746,223
Balance Still to be Committed	298,777

Current Projects List

*Balance Committed to Date excludes commitments funded in previous financial years

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
008	Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370	45,706	13,664
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000	0	70,000
010	TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340	17,910	4,430
012	Long Term Conditions Nurses - 2 x 1wte Band 5 nurses to cover Diabetes, COPD and Hyper-tension for a fixed term of one year.	Community Nursing	IJB	29/01/19	129,300	115,500	13,800
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000	0	150,000
014	Localities Engagement Officer - 2 years	Strategy & Support Services	IJB	27/03/19	121,000	89,922	31,078
015	Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100	27,800	23,300
018	CAMHS - Tier 3 service development - for 3 years	Children & Families	IJB	24/06/19	150,000	68,601	81,399
020	Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500	15,092	27,408
024	Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	TB	26/06/19	66,000	44,874	21,126
027	Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300	60,200	30,100
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000	43,434	156,566
030	Care Navigator Posts - Hard Edges report	Homelessness	IJB	17/03/20	100,000	1,620	98,380
031	Proud2Care - 18 months	Health & Community Care	IJB	23/06/20	110,000	0	110,000

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
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SWIFT Replacement Project - moved from Transformation Fund to separate EMR in IJB Accounts

022	SWIFT replacement project - extension of Project Manager contract by one year and employ fixed term Project Assistant for one year plus additional 12 mth extension agreed by IJB Sept 2020	Performance & Info	TB	26/06/19	225,240	103,200	122,040
032	SWIFT - deferred P&I Team Saving	Performance & Info	IJB	17/03/20	114,000	0	114,000
033	SWIFT - additional costs of Option 3 for replacement system	Performance & Info	IJB	21/09/20	258,000	0	258,000
					597,240	103,200	494,040

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2020/21

PERIOD 9: 1 April 2020 - 31 December 2020

<u>Project Name</u>	<u>Est Total Cost</u> £000	<u>Actual to 31/3/20</u> £000	<u>Revised Budget 2020/21</u> £000	<u>Actual YTD</u> £000	<u>Est 2021/22</u> £000	<u>Est 2022/23</u> £000	<u>Future Years</u> £000
SOCIAL CARE							
Crosshill Children's Home Replacement	1,730	1,359	60	52	291	20	0
New Learning Disability Facility	7,400	0	75	42	398	6,292	635
SWIFT Upgrade	1,421	0	0	0	600	821	0
Completed on site	23	0	12	12	0	11	0
Social Care Total	10,574	1,359	147	106	1,289	7,144	635
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	10,574	1,359	147	106	1,289	7,144	635

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 8

INVERCLYDE HSCP

PERIOD 9: 1 April 2020 - 31 December 2020

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Scottish Government Funding			749	8,539	9,288	4,248	5,284	4,004	
Mental Health Action 15	Anne Malarkey	31/03/2022	132	278	410	132	132	278	In year underspend will be carried forward earmarked for use on this SG initiative. Balance of funding received late in the year will be carried forward
ADP	Anne Malarkey	31/03/2022	93	431	524	93	93	431	In year underspend will be carried forward earmarked for use on this SG initiative. Balance of funding received late in the year will be carried forward
Covid-19	Louise Long	31/03/2022	400	7,025	7,425	3,899	4,935	2,490	SG funding received and spend to date for Covid-19 costs
PCIP	Allen Stevenson	31/03/2022	124	505	629	124	124	505	In year underspend will be carried forward earmarked for use on this SG initiative. Balance of funding received late in the year will be carried forward
Community Living Charge	Allen Stevenson	31/03/2022	0	300	300		0	300	New ringfenced funding received late in 20/21 to be used in 21/22
Existing Projects/Commitments			3,259	2,284	5,543	1,151	2,071	3,471	
Self Directed Support	Alan Brown	31/03/2021	43		43	0	43	0	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Lesley Aird	ongoing	24		24	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
Integrated Care Fund	Allen Stevenson	ongoing	81	959	1,040	665	897	143	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Allen Stevenson	ongoing	195	334	529	250	452	77	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
CJA Preparatory Work	Sharon McAlees	31/03/2021	112		112	57	68	44	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
Continuing Care	Sharon McAlees	ongoing	565		565	73	109	456	To address continuing care legislation.
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2021	83	200	283	0	45	238	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. Additional funding added by IJB in 20/21 to support overall progress in this areas
Dementia Friendly Inverclyde	Anne Malarkey	tbc once Strategy finalised	100		100	0	100	0	Now linked to the test of change activity associated with the new care co-ordination work.
Primary Care Support Contribution to Partner Capital Projects	Allen Stevenson	31/03/2021	272	25	297	30	42	255	Funding for GP premises spend etc carried forward at yearend.
	Lesley Aird	ongoing	632		632		75	557	Purpose of the reserve is to support in year capital works for the IJB including IJB required contributions to Partner Projects

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
LD Redesign	Allen Stevenson	31/03/2021	352	116	468	24	74	394	Balance of original £100k approved for spend to be spent in 2020/21. No further expenditure anticipated in year due to Covid. Quotes being sought. Will be fully spent. 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. Funding agreed by the IJB for a 2 year CAHMS post EMR covers the Tier 2 contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commenced 1 August 2020 thus no use of Tier 2 element of EMR anticipated in 2020-21. £62k re Children & Young People Wellbeing will be spent in 2020-21 An additional reserve created to complement the additional one off monies Inverclyde Council is putting in for 2021/22 for C&F and LD services totalling £0.7m New reserve set up to cover any potential shortfall in 2021/22 of covid funding linked to fixed terms posts brought in to tackle the pandemic
Older People WiFi	Allen Stevenson	31/03/2021	20		20	13	20	0	
Refugee Scheme	Sharon McAlees	31/03/2025	432		432	17	50	382	
CAMHS Post	Sharon McAlees	31/03/2022	90		90	22	33	57	
Tier 2 School Counselling	Sharon McAlees	31/07/2024	258		258	0	62	196	
Children & Families Residential Services	Sharon McAlees	31/03/2022	0	250	250	0	0	250	
Supplementary Fixed Term Staffing Fund	Louise Long	31/03/2022	0	400	400			400	
Transformation Projects			2,853	775	3,628	543	775	2,854	
Transformation Fund	Louise Long	ongoing	2,045	(517)	1,528	346	532	996	
Social Care Records Replacement System Project	Sharon McAlees	30/06/2023	0	597	597	59	79	519	
Mental Health Transformation	Louise Long	ongoing	610	300	910	96	122	788	
Addictions Review	Anne Malarkey	31/03/2022	198	94	292	42	42	250	
Children's Winter Plan	Sharon McAlees	31/03/2022	0	97	97		0	97	
Staff Learning & Development Fund	Sharon McAlees	ongoing	0	204	204			204	
Budget Smoothing			848	454	1,302	54	379	923	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	325		325	0	325	0	
Residential & Nursing Placements	Allen Stevenson	ongoing	223		223	0	0	223	
Advice Services	Lesley Aird	31/03/2022	0	54	54	54	54	0	
Prescribing	Louise Long	ongoing	300	400	700	0	0	700	
TOTAL EARMARKED			7,709	12,052	19,761	5,996	8,509	11,252	
UN-EARMARKED RESERVES									
General			741		741			741	
			741	0	741	0	0	741	

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
In Year Surplus/(Deficit) going to/(from) reserves								(690)	
TOTAL IJB RESERVES			8,450	12,052	20,502	5,996	8,509	11,303	

b/f Funding 8,450
 Earmark to be carried forward 11,303
 Projected Movement in Reserves 2,853

Extract from the Reserves Paper to IJB Audit Committee January 2021

4.0 BACKGROUND

- 4.1 Reserve Funds are established as part of good financial management. The purposes of reserve funds are:
- As a working balance to help cushion the impact of uneven cash flows
 - As a contingency to cushion the impact of unexpected events or emergencies and
 - As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

- 4.2 The Integration Scheme states:

“Where an underspend in an element of the operational budget ... this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan”

- 4.3 The Audit Scotland Report on Integration published November 2018 and Ministerial Steering Group Report and Recommendations around Integration published the following year both reinforce that IJBs must have reserves policies which *“ensure that reserves are identified for a purpose and held against planned expenditure with timescales identified for their use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.”* The IJBs Reserves policy was approved in 2016 and all IJB Reserves are held in line with this recommendation and reported in each IJB monitoring report.

- 4.4 In terms of the level of reserves and IJB should hold, CIPFA recommend that unallocated reserves balances should be between **2 and 4% of revenue expenditure**. At the end of 2019/20 the IJB reserves were £8.450m, 5.4% of revenue expenditure, with £0.741m unallocated 0.5% of revenue expenditure. However, within its earmarked reserves the IJB holds smoothing and transformation project reserves which help address the CIPFA recommendation in a different way.

5.0 IJB RESERVES

- 5.1 The IJB holds 4 specific types of earmarked reserves as well as its general reserves. A summary of what each of these relates to together with the balance on the reserves at 31/03/2020 is below:

- Scottish Government Funding – £0.749m
 - These reserves relate to specific, ring fenced government funded initiatives.
 - They are created through in year slippage on the specific project either through delays in filling vacancies funded by the project or delays in procuring services from external providers.
 - As part of the funding arrangement these must be carried forward for use in the following year against the agreed project.
 - Current projects within this category as at 31/03/2020 include: Mental

Health Action 15, Alcohol and Drug Partnership, Primary Care Improvement Plans and Covid funding

- All of these funds will be spent in year but further underspends on in year funding may require to be carried forward at the yearend.
- Anticipated balance at the end of 2020/21 - £0m
- Existing Projects and Commitments - £3.259m
 - This relates to a number of individual multi year projects which have already been committed to. This will include posts funded over a number of years or contracts awarded.
 - Each of these projects has an anticipated end date. Many finish the following financial year, others go on for a few years.
 - Some, such as the Integrated Care Fund and Delayed Discharge are rolling funds ie the brought forward balance is spent in full each year but new funds come in during the year which may not be spent in full by the yearend will be carried forward at the yearend.
 - During 2020/21 two new funds have been created under this category which are being funded from underspends due to delays in filling vacancies. These funds are:
 - Learning & Development Fund – money to support the future year costs of staff learning and development, including the District Nurse Training programme as agreed by the IJB in June 2020
 - Supplementary Fixed Term Staffing Fund – funding to cover any short term shortfalls in additional external funding for fixed term posts eg Covid related posts in the vent that LMP funding is discontinued
 - Anticipated balance at the end of 2020/21 - £3.656m
 - Transformation Projects - £2.853m.

There are 3 specific funds within this category:

 - IJB Transformation Fund
 - £2.045m at the start of the year but almost all of this is committed to specific projects which will incur costs over the next 3 years.
 - This is a rolling fund. Each year the IJB aims to replenish this fund through in year underspends when possible to ensure it retains funding to support long term service redesign and tests of change.
 - Mental Health Transformation Fund
 - £0.610m at the start of the year.
 - This was a new fund created in 2019/20 to support the Mental Health service as it was going through a time of transition.
 - It is anticipated this will be spent in full over the next 3 years.
 - Addictions Review
 - £0.198m at the start of the year
 - This was a new fund created in 2019/20 from underspends in the Addictions and Drug Recovery service (ADRS) due to delays in recruiting staff and delays in spend on commissioned services
 - The purpose of the fund is to support ADRS as it implements change over the next 2-3 years.
 - It is anticipated this will be spent in full over the next 3 years.
 - Anticipated balance at the end of 2020/21 - £2.188m
 - Budget Smoothing - £0.848m
 - These funds are held against specific, historically volatile budget lines such as Residential Services for Children & Families and Older People and Prescribing.
 - The funds are added to each year if these budget areas underspend and are drawn on in the years these budgets face one off pressures.
 - Residential services, particularly in Children & Young Peoples services can

- be very expensive and costs can fluctuate dramatically year on year.
- Rather than tying up budget against such volatile budgets smoothing reserves allow budgets to be set based on the norm to ensure resources aren't tied up where they might not be needed while also ensuring the IJB has funding available to cover additional costs that may occur.
- Anticipated balance at the end of 2020/21 - £0.923m

Report To:	Inverclyde Integration Joint Board	Date: 29 March 2021
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB16/2021/LA
Contact Officer:	Lesley Aird	Contact No: 01475 715381
Subject:	INVERCLYDE IJB BUDGET 2021/22	

1.0 PURPOSE

- 1.1 The purpose of this report is to agree the budget for the Inverclyde Integration Joint Board (IJB) for 2021/22 in line with the Strategic Plan.

2.0 SUMMARY

- 2.1 Inverclyde Council will set their 2021/22 budget on 18 March and then confirm a proposed funding allocation for this IJB for the year. Greater Glasgow & Clyde Health Board confirmed their funding allocation to the IJB for 2021/22 on 2 March.
- 2.2 As part of its 2021/22 settlement, the Scottish Government announced a 1.5% funding uplift for Health, with a stipulation that the same level of uplift should be passed to IJBs. Inverclyde's share of this has been confirmed as £0.926m. The Government also announced extra funding for councils for onward transmission to IJBs of £72.6m. A condition of the local authority grant settlement is that the 2021/22 contribution by councils to their IJBs should be no less than the recurring 2020/21 IJB contribution plus that council's share of the £72.6m. The IJB's uplift from Inverclyde Council linked to this is £1.222m.
- 2.3 There are cost pressures within both the Social Care and Health services which are detailed in this report. Anticipated cost pressures, funding changes and service development proposals for 2021/22 currently total £3.329m (£2.022m social care, £1.307m health). The paper proposed some efficiency related savings which together with the uplift will balance the budget for the year.
- 2.4 There is no anticipated cash shortfall relating to part year delivery of these proposals which would require to be funded through either early delivery of other efficiencies or on a non-recurring basis in year.
- 2.5 This budget assumes that all ongoing covid related costs will be continue to be funded in full by Scottish Government. Financial Plans relating to these costs were submitted to Scottish Government in February 2021.
- 2.6 Mental Health Inpatients and Prescribing represent ongoing areas of financial risk area within the IJB budget. These will be monitored closely throughout the year.
- 2.7 The proposed Set Aside budget for 2021/22 has been uplifted by 1.5% and is now

£28.066m.

2.8 Any in year over/underspends will be funded from/carried forward into IJB reserves.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the contents of this report;
2. Notes the anticipated funding of £53.971m from Inverclyde Council;
3. Notes the anticipated funding of £93.117m from Greater Glasgow & Clyde (GG&C) Health Board, including £28.066m for Set Aside;
4. Gives the Chief Officer delegated authority to accept the formal funding offers from the Council and Health Board;
5. Agrees indicative net revenue budgets of £72.363m, to Inverclyde Council and £102.790m, including the “set aside” budget, to NHS Greater Glasgow and Clyde and directs that this funding is spent in line with the Strategic Plan. These figures reflect the £18.393m of Resource Transfer from Health within Social Care;
6. Authorises officers to issue related Directions to the Health Board and Council;
7. Notes and approves the proposals relating to IJB reserves as per Appendix 5;
8. Approves the updated 5 year financial plan contained within the annual financial statement in Appendix 6, and
9. Notes the ongoing work in relation to the “set aside” budget.

Louise Long
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 From 1 April 2016 the Health Board and Council delegated functions and are making allocations to the IJB in respect of those functions as set out in the integration scheme. The Health Board also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB makes decisions on integrated services based on the strategic plan and the budget delegated to it. Now that the resources to be delegated have been proposed the IJB can set a 2021/22 budget, give directions and allocate budget where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.
- 4.3 This budget does not include any covid related costs and, in line with other IJBs, assumes that any covid costs incurred in year will be fully funded by Scottish Government. Financial Planning Returns were submitted by all HSCPs and Health Boards in February 2021 which detailed anticipated ongoing covid cost commitments. Initial funding for 2021/22 covid costs has already been received in 2020/21 and is being carried forward in a ringfenced earmarked reserve.

5.0 REVENUE FUNDING ALLOCATION FROM INVERCLYDE COUNCIL AND PROPOSED SAVINGS FOR SOCIAL CARE FOR 2021/22

- 5.1 The draft Local Government Finance Settlement was received on 28 January 2021. The condition set out by the Scottish Government for 2021/22 regarding the level of funding from Councils to the IJB was that the funding level provided by Councils must be greater than the 2020/21 contribution to the IJB plus the Council’s share of the additional £72.6m. This additional funding is intended to cover: payment of the Living Wage, Carers Act and the Free Personal Care uprating. The value of additional funding for Inverclyde is £1.222m.
- 5.2 On 18 March, the Council will agree its budget for 2021/22. Included within this, the Council is expected to agree £53.971m to be designated as the Council’s recurrent contribution to the IJB in line with the Integration Scheme. The estimated net cost in 2021/22 of providing these services as outlined in this report is £78.363m, including £18.393m of Resource Transfer funded expenditure.
- 5.3 There are a number of cost pressures in Social Care some of which are not yet confirmed which require to be funded from the new 2021/22 monies and agreed savings. Social Care pressures for 2021/22 are detailed below:

Estimated Cost Pressure	£000
Pay Award	tba
National Care Home Contract (NCHC) & other Inflation	tba
Living Wage	582
Carers Funding	488
Free Personal Care	152
Children & Families Residential	300
Learning Disabilities	350
Homelessness	150
Additional Resource Transfer Spend	99
	2,121

In addition there is a one off contribution of £0.700m to be passed to IJB Earmarked Reserves from Council Reserves to meet pressures totalling £0.950m on a non recurring basis in 2021/22 as follows:

- Children’s Residential Placements £0.600m
- Adults with Learning Disabilities £0.350m

The expectation around this additional one off funding is that the IJB would cover the

balance of £0.250m between the £0.950m estimated pressure and the £0.700m additional one off funding. A separate EMR has been set up to cover this within the IJB EMRs for the year.

- 5.4 The pressures outlined above are to be funded through a combination of new funding prior year agreed savings and new service efficiency proposals. These are detailed as follows:

New Funding/Savings Already approved	£000
Funding Increases	
Share of the additional £72.6m Social Care Funding	1,222
Children & Families Residential – additional funding agreed by IC Dec 2020	300
Learning Disabilities – additional funding agreed by IC Dec 2020	350
Homelessness – additional funding agreed by IC Dec 2020	150
Increased Resource Transfer Income	99
Savings and Efficiencies	
Impact of prior year agreed savings	107
Deletion of vacant posts	34
Increased turnover saving	80
Facilities saving	31
Income Growth through Debt Advice Fees	7
Savings through new Mobile Phone contracts	7
	2,387

Pay Award and NCHC inflation increases will be dependent on external agreements. Inverclyde Council is expected to fund these additional costs once the values have been confirmed.

- 5.5 The proposed budget for Social Care services based on the above is £53.971m. The net budget direction to the Council may be updated during the year.

6.0 REVENUE FUNDING ALLOCATION FROM GREATER GLASGOW & CLYDE (GG&C) HEALTH BOARD AND PROPOSED SAVINGS FOR HEALTH FOR 2021/22

- 6.1 The Health Board confirmed its funding allocation for 2021/22 on 2 March. The Inverclyde funding for 2021/22 for recurring budgets is indicatively confirmed to be £121.183m, including £28.066m for Set Aside and £18.393m Resource Transferred to social care. Health funding was uplifted by 1.5% for all recurring budgets. The Resource Transfer budget and funding was increased by £0.099m, this has been reflected in the Health and Social Care budgets and has a nil impact on the bottom line of the IJB. This uplift has helped reduce the overall anticipated budget pressure on health. A copy of the funding letter is enclosed at Appendix B.

- 6.2 Health anticipated cost pressures and funding changes are detailed below:

Estimated Cost Pressure	£000
Pay Award (including Agenda for Change)	888
Prescribing (3.5% less recurrent underspend from 2019/20)	259
Non Pay Inflation	60
Learning & Development Budget	100
	1,307
Funding Uplift 1.5%	926
Funding Gap	381
Assumed turnover efficiency generated in year	381
Overall Health Surplus/(Deficit)	0

- 6.3 The estimated increase linked to Pay Award assumes worst case scenario around Agenda for Change increases and makes no allowance for the in year turnover of staff

which in the past few years has generated an underspend of between £1-2m. Factoring in an amount of turnover savings within an already cautious Employee Cost budget balances the Health elements of the budget, reduces the impact of in year unplanned underspends and ensures no reductions in front line services.

- 6.4 In 2019/20 Health savings of £0.235m were agreed and implemented. After the indicative budget for the year was set, the Health Board increased the uplift it was passing over to the IJBs so the IJB agreed to use the £0.235m non recurrently against Mental Health Inpatient pressures. It's proposed to continue using that money in the same way again for 2021/22.
- 6.5 The notional "set aside" budget for large hospital services is indicatively confirmed as £28.066m for 2021/22 (£27.651m 2020/21). This figure represents the estimated actual usage of in scope Acute services.
- 6.6 The IJB has historically taken a very prudent approach to Prescribing budgets to allow for the high volume and cost pressures within the local area. For 2021/22 it is proposed to increase the Prescribing budget by 1.5% in line with the overall uplift received. The rationale for the proposed increase is:
- Anticipated overall price increase advised by the Prescribing Team is 3.5%
 - In the last three financial years the IJB has taken a cautious approach and followed the inflationary advice from that team. Due to circumstances occurring in year Prescribing has substantially underspent each year.
 - The anticipated 2021/22 uplift will be partially offset by the additional tariff swap income
 - Prescribing volumes have been lower than normal in 2020/21 as a result of the pandemic and this is expected to continue for at least part of 2021/22
 - There are a number of system wide prescribing efficiencies to be delivered by the prescribing team in 2021/22
 - In the event the budget is not sufficient to cover in year pressures the IJB has a £0.700m smoothing reserve in place to cover any short term cost fluctuations and ongoing issues around prices relating to short supply and Brexit

Prescribing is a very volatile budget area due to cost fluctuations in year which are out with IJB control. Since this area presents a significant risk to all IJBs it requires careful in year monitoring.

6.7 Mental Health Inpatients

Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. The IJB inherited a budget pressure around this area which had been funded non-recurrently since the IJB was established. The budget pressure is primarily linked to additional costs of covering medical vacancies through the difficulty of recruiting to these posts in Inverclyde.

- 6.8 There are ongoing discussions around the 5 Year Mental Health Strategy which is a GG&C wide exercise. This may change the way Inpatient services are delivered and funded across the system. On this basis it is proposed that the balance of the underlying cost pressure is covered non-recurrently again in 2021/22 as outlined in 6.3 above until the 5 year strategy work is concluded. This will remain an area of financial risk for the IJB until it is resolved and will be monitored closely until that time.
- 6.9 The proposed budget for Health services based on the above is £121.183m. The net budget direction to the Health Board may be updated during the year.

7.0 RESERVES

- 7.1 As per the Financial Monitoring reports issued throughout the year any over/under

spends in the final 2020/21 outturn will be offset against or added to reserves. An updated reserves position will be included in the IJB Revenue Monitoring reports issued throughout the year. Appendix 5 details the proposed carry forward of £11.303m to earmarked reserves based on the period 9 forecast information provided by the Council and Health Board.

- 7.2 In addition Inverclyde Council has agreed to transfer a further £0.700m of EMR to the IJB in 2021/22 to offset demand pressures in Children & Families Residential Services and Learning Disabilities Services. The total cost of the pressure is £0.950m, the £0.250m balance will be funded by an IJB EMR created for Children & Families Residential Services in 2020/21.

8.0 ANNUAL FINANCIAL STATEMENT

- 8.1 Appendix 6 contains the annual financial statement for the IJB. This shows the anticipated 2020/21 outturn, proposed 2021/22 budget and indicative budgets for the next 4 years to 2025/26. The indicative future year budgets are based on the 2021/22 budget adjusted for known variations and the same core assumptions and scenario planning that was used in developing the Medium Term Financial Plan to 2023/24 which was agreed by the IJB in March 2019 and the updated plan to 2024/25 which was agreed by the IJB in March 2020.

- 8.2 The statement indicates that based on current projections there is a potential budget gap of £7.336m by 2025/26. Work is ongoing to mitigate any financial risks and develop sustainable operational and budget plans for the future.

9.0 DIRECTIONS

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

10.0 IMPLICATIONS

FINANCE

- 10.1 The IJB is being asked to set an indicative 2021/22 budget at this stage in line with the recommendations above.

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	Other Comments
N/A					

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

10.4 There are no equality issues within this report.

10.4.1 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.

10.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
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

10.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no clinical or care governance issues within this report.

10.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
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.	Development of a robust budget and effective budget management can ensure that resources are used effectively

11.0 CONSULTATION

11.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

12.0 BACKGROUND PAPERS

12.1 None.

IJB BUDGET 2021/22

FINANCIAL APPENDICES - A

A1	Summary Budget
A2	Social Care Budget
A2a	Social Care Pressures
A2b	Social Care Savings
A3	Health Budget
A3a	Health Pressures
A4	Directions
A5	Reserves
A6	Annual Financial Statement

INVERCLYDE HSCP
REVENUE BUDGET 2021/22

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2021/22 £000
Employee Costs	53,280	888	(495)	53,673
Property Costs	1,108	0	0	1,108
Supplies & Services, Transport, Admin & PTOB	47,840	160	0	48,000
Family Health Services (net)	27,609			27,609
Prescribing (net)	18,486	259	0	18,745
Funding/Savings still to be allocated	0	2,121	(152)	1,969
Income	(4,016)	0	0	(4,016)
Notional Set Aside Expenditure *	27,651	415	0	28,066
	171,958	3,843	(647)	175,154

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2021/22 £000
Strategy & Support Services	2,239	100	0	2,339
Older Persons	30,964	1,222	0	32,186
Learning Disabilities	12,321	350	0	12,671
Mental Health - Communities	6,884	0	0	6,884
Mental Health - Inpatient Services	9,310	0	0	9,310
Children & Families	14,342	300	0	14,642
Physical & Sensory	2,916	0	0	2,916
Alcohol & Drug Recovery Service	3,527	0	0	3,527
Assessment & Care Management / Health & Community	9,126	0	0	9,126
Support / Management / Admin	5,213	0	0	5,213
Criminal Justice / Prison Service **	63	0	0	63
Homelessness	1,097	150	0	1,247
Family Health Services	27,609	0	0	27,609
Prescribing	18,695	259	0	18,954
Unallocated Funding/(Savings)	0	1,047	(647)	400
HSCP NET EXPENDITURE (DIRECT SPEND)	144,307	3,428	(647)	147,088
Notional Set Aside Expenditure *	27,651	415	0	28,066
HSCP NET EXPENDITURE	171,958	3,843	(647)	175,154

* Notional Set Aside was restated during 2019/20 based on estimated actual usage of in scope services

** Primarily funded from external income hence low/nil bottom line position.

PARTNERSHIP FUNDING/SPEND ANALYSIS	Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2021/22 £000
NHS Contribution to the IJB	119,743	1,440	0	121,183
Council Contribution to the IJB	52,215	1,756	0	53,971
HSCP NET INCOME	171,958	3,196	0	175,154
NHS Expenditure on behalf of the IJB	119,743	1,821	(381)	121,183
Council Expenditure on behalf of the IJB	52,215	2,022	(266)	53,971
HSCP NET EXPENDITURE	171,958	3,843	(647)	175,154
HSCP SURPLUS/(DEFICIT)	0			0

APPENDIX A2

SOCIAL WORKREVENUE BUDGET 2021/22

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2021/22 £000
SOCIAL WORK				
Employee Costs	30,063	0	(114)	29,949
Property costs	1,103	0	0	1,103
Supplies and Services	931	0	0	931
Transport and Plant	376	0	0	376
Administration Costs	783	0	0	783
Payments to Other Bodies	41,269	0	0	41,269
Resource Transfer	(18,294)	(99)	0	(18,393)
Funding/Savings still to be allocated	0	2,121	(152)	1,969
Income	(4,016)	0	0	(4,016)
SOCIAL WORK NET EXPENDITURE	52,215	2,022	(266)	53,971

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2021/22 £000
SOCIAL WORK				
Strategy & Support Services	1,722	0	0	1,722
Older People	30,964	1,222	0	32,186
Learning Disabilities	11,783	350	0	12,133
Mental Health	3,695	0	0	3,695
Children & Families	10,932	300	0	11,232
Physical & Sensory	2,916	0	0	2,916
Alcohol & Drug Recovery Service	1,771	0	0	1,771
Business Support	2,861	0	0	2,861
Assessment & Care Management	2,706	0	0	2,706
Criminal Justice / Scottish Prison Service	63	0	0	63
Homelessness	1,097	150	0	1,247
Resource Transfer	(18,294)	(99)	0	(18,393)
Budget Funding / (Savings) agreed but not allocated to specific services	0	99	(266)	(167)
SOCIAL WORK NET EXPENDITURE	52,215	2,022	(266)	53,971

COUNCIL CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Budget 2021/22 £000
Council Contribution to the IJB	52,215	1,756	0	53,971
Surplus/(Funding Gap)	0			0

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX A2a****Social Care Budget Pressures**

	2021/22 £000
Social Care Estimated Inflationary Pressures	
Pay Award	tba
NCHC & Other contractual inflation & Living Wage	tba
	0

	2021/22 £000
Social Care Estimated Demographic and Other Cost Pressures *	
Living Wage	582
Carers Funding	488
Free Personal Care	152
Children & Families Residential	300
Learning Disabilities	350
Homelessness	150
Additional Resource Transfer Funded Spend	99
	2,121
TOTAL PRESSURES	2,121

FUNDING

Funding Increases	
Share of the additional £72.6m Social Care Funding	1,222
Children & Families Residential – additional funding agreed by IC Dec 2020	300
Learning Disabilities – additional funding agreed by IC Dec 2020	350
Homelessness – additional funding agreed by IC Dec 2020	150
Increased Resource Transfer Income	99
Savings and Efficiencies	266
TOTAL FUNDING INCREASE	2,387

FUNDING STILL TO BE ALLOCATED/(FUNDING GAP)	266
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INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX A2b**

Social Care Savings 2021/22	2021/22 £000
Full Year impact of previously agreed savings	107
Deletion of vacant posts	34
Increased turnover saving	80
Facilities saving	31
Income Growth through Debt Advice Fees	7
Savings through new Mobile Phone contracts	7
TOTAL Social Care Savings	266

APPENDIX A3

HEALTH

REVENUE BUDGET 2021/22

SUBJECTIVE ANALYSIS	Recurring Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2021/22 £000
HEALTH				
Employee Costs	23,217	888	(381)	23,724
Property	5			5
Supplies & Services	4,481	160		4,641
Family Health Services (net)	27,609			27,609
Prescribing (net)	18,486	259		18,745
Resource Transfer	18,294	99		18,393
Income	0			0
HEALTH DIRECT NET EXPENDITURE	92,092	1,406	(381)	93,117
Notional Set Aside Expenditure *	27,651	415		28,066
HEALTH NET EXPENDITURE	119,743	1,821	(381)	121,183

OBJECTIVE ANALYSIS	Recurring Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2021/22 £000
HEALTH				
Children & Families	3,410			3,410
Health & Community Care	6,420		0	6,420
Management & Admin	2,352		0	2,352
Learning Disabilities	539			539
Alcohol & Drug Recovery Service	1,757		0	1,757
Mental Health - Communities	3,189			3,189
Mental Health - Inpatient Services	9,310			9,310
Strategy & Support Services	517	100		617
Family Health Services	27,609			27,609
Prescribing	18,695	259		18,954
Resource Transfer	18,294	99		18,393
Unallocated Savings Required				
Unallocated Funding/(Savings)	0	948	(381)	567
HEALTH DIRECT NET EXPENDITURE	92,092	1,406	(381)	93,117
Notional Set Aside Expenditure *	27,651	415		28,066
HEALTH NET EXPENDITURE	119,743	1,821	(381)	121,183

HEALTH CONTRIBUTION TO THE IJB	Recurring Budget 2020/21 £000	Other Budget Movements/ Pressures £000	Savings £000	Recurring Budget 2021/22 £000
NHS Contribution for Direct Services	92,092	1,025		93,117
Notional Set Aside Expenditure *	27,651	415		28,066
Total NHS Contribution to the IJB	119,743	1,440	0	121,183
Surplus/(Funding Gap)	0			0

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP
Health Budget Pressures

APPENDIX A3a

Health Estimated Inflationary Pressures	2021/22 £000
Pay Award incl Agenda for Change est circa 3.7%	888
Prescribing Uplift est at circa 3.5% increase per annum less 20/21 recurrent underspend linked to tariff swap	259
Non Pay Inflation Estimate	60
	1,207
Health Estimated Demographic and Other Cost Pressures	2021/22 £000
Learning & Development Budget	100
	100
TOTAL PRESSURES	1,307

FUNDING

1.5% budget uplift	926
Release of savings agreed but not required in 2019/20	0
Additional Funding/Savings Required	0
TOTAL FUNDING INCREASE	926
FUNDING STILL TO BE ALLOCATED/(FUNDING GAP)	(381)

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX A3b**

Health Saving Proposals	2021/22 £000	FTE
HSCP wide turnover saving for Health posts	381	0.0
		0.0
		0.0
		0.0
		0.0
TOTAL	381	0.0

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

THE 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.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2021/22 £000
SOCIAL WORK	
Employee Costs	29,949
Property costs	1,103
Supplies and Services	931
Transport and Plant	376
Administration Costs	783
Payments to Other Bodies	41,269
Income (incl Resource Transfer)	(18,393)
Income	(4,016)
Unallocated	1,969
SOCIAL WORK NET EXPENDITURE	53,971

OBJECTIVE ANALYSIS	Budget 2021/22 £000
SOCIAL WORK	
Strategy & Support Services	1,722
Older People	32,186
Learning Disabilities	12,133
Mental Health	3,695
Children & Families	11,232
Physical & Sensory	2,916
Alcohol & Drug Recovery Service	1,771
Business Support	2,861
Assessment & Care Management	2,706
Criminal Justice / Scottish Prison Service	63
Homelessness	1,247
Budget Funding / (Savings) agreed but not	(167)
Resource Transfer	(18,393)
SOCIAL WORK NET EXPENDITURE	53,971

This direction is effective from 29 March 2021

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2021/22 £000
HEALTH	
Employee Costs	23,724
Property costs	5
Supplies and Services	4,641
Transport and Plant	27,609
Administration Costs	18,745
Payments to Other Bodies	18,393
Income	0
HEALTH DIRECT NET EXPENDITURE	93,117
Set Aside	28,066
HEALTH NET EXPENDITURE	121,183

OBJECTIVE ANALYSIS	Budget 2021/22 £000
HEALTH	
Children & Families	3,410
Health & Community Care	6,420
Management & Admin	2,352
Learning Disabilities	539
Alcohol & Drug Recovery Service	1,757
Mental Health - Communities	3,189
Mental Health - Inpatient Services	9,310
Strategy & Support Services	617
Family Health Services	27,609
Prescribing	18,954
Resource Transfer	18,393
Unallocated Funding/(Savings)	567
HEALTH DIRECT NET EXPENDITURE	93,117
Notional Set Aside Expenditure *	28,066
HEALTH DIRECT NET EXPENDITURE	121,183

This direction is effective from 29 March 2021

INVERCLYDE HSCP Reserves

APPENDIX A5

Project	Planned Use	Anticipated EMR c/fwd into 2021/22
	By Date	£000
Scottish Government Funding		4,004
Mental Health Action 15	31/03/2022	278
ADP	31/03/2022	431
Covid-19	31/03/2022	2,490
PCIP	31/03/2022	505
Community Living Charge	31/03/2022	300
Existing Projects/Commitments		3,471
Growth Fund - Loan Default Write Off	ongoing	23
Integrated Care Fund	ongoing	143
Delayed Discharge	ongoing	77
CJA Preparatory Work	31/03/2022	44
Continuing Care	ongoing	456
Rapid Rehousing Transition Plan (RRTP)	31/03/2022	238
Primary Care Support	ongoing	255
Contribution to Partner Capital Projects	ongoing	557
LD Redesign	31/03/2022	394
Older People WiFi	31/03/2021	0
Refugee Scheme	31/03/2025	382
CAMHS Post	31/03/2022	57
Tier 2 School Counselling	31/07/2024	196
Children & Families Residential Services	31/03/2022	250
Supplementary Fixed Term Staffing Fund	31/03/2022	400
Transformation Projects		2,854
Transformation Fund	ongoing	996
Social Care Records Replacement System Project	30/06/2023	519
Mental Health Transformation	ongoing	788
Addictions Review	31/03/2022	250
Children's Winter Plan	01/04/2022	97
Staff Learning & Development Fund	ongoing	204
Budget Smoothing		923
C&F Adoption, Fostering Residential Budget Smoothing	ongoing	0
Residential & Nursing Placements	ongoing	223
Advice Services	31/03/2022	0
Prescribing	ongoing	700
TOTAL EARMARKED		11,252
General Reserves		51
TOTAL IJB RESERVES carrying forward into 2021/22		11,303
Additional EMRs to be created during 2021/22 via transfers from Inverclyde Council		
Children & Families Residential		350
Learning Disabilities Services		350
		700
TOTAL IJB RESERVES available in 2021/22		12,003

INVERCLYDE HSCP**ANNUAL FINANCIAL STATEMENT 2020/21 to 2025/26**

OBJECTIVE ANALYSIS	Anticipated Outturn 2020/21 £000	Proposed Budget 2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
Strategy & Support Services	2,250	2,339	2,339	2,339	2,339	2,339
Older Persons	33,691	32,186	32,186	32,186	32,186	32,186
Learning Disabilities	12,871	12,671	12,971	12,971	12,971	12,971
Mental Health - Communities	7,216	6,884	6,884	6,884	6,884	6,884
Mental Health - Inpatient Services	10,508	9,310	9,310	9,310	9,310	9,310
Children & Families	16,037	14,642	15,292	15,292	15,292	15,292
Physical & Sensory	3,035	2,916	2,916	2,916	2,916	2,916
Alcohol & Drug Recovery Service	3,949	3,527	3,527	3,527	3,527	3,527
Assessment & Care Management / Health & Community Care	13,256	9,126	9,781	9,781	10,281	10,781
Support / Management / Admin	4,674	5,213	5,058	5,058	5,058	5,058
Criminal Justice / Prison Service **	373	63	63	63	63	63
Homelessness	1,821	1,247	1,247	1,247	1,247	1,247
Family Health Services	28,862	27,609	27,609	27,609	27,609	27,609
Prescribing	18,696	18,954	19,619	20,308	21,020	21,757
Resource Transfer	0	0	0	0	0	0
Carried Forward to Reserves	(6,073)					
Unallocated Expenditure	0	1,047	2,543	4,736	6,982	9,281
Unallocated Savings	0	(647)	(2,620)	(3,821)	(5,559)	(7,336)
HSCP NET EXPENDITURE (DIRECT SPEND)	151,165	147,088	148,726	150,406	152,127	153,886
Set Aside	27,651	28,066	28,908	29,775	30,668	31,588
HSCP NET EXPENDITURE	178,816	175,154	177,634	180,181	182,795	185,475

PARTNERSHIP FUNDING/SPEND ANALYSIS	Anticipated Outturn 2020/21 £000	Proposed Budget 2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
NHS Contribution to the IJB	132,106	121,183	123,663	126,210	128,824	131,504
Council Contribution to the IJB	52,093	53,971	53,971	53,971	53,971	53,971
Transfer to Reserves	(6,073)	0	0	0	0	0
HSCP NET INCOME	178,126	175,154	177,634	180,181	182,795	185,475
HSCP SURPLUS/(DEFICIT)	(690)	0	0	0	0	0

Greater Glasgow and Clyde NHS Board

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Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH
Tel. 0141-201-4444
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Date:
Our Ref: JH

Enquiries to: James Hobson
Direct Line: 0141-201-4774
E-mail: James.Hobson@ggc.scot.nhs.uk

Dear Louise

2021/22 Financial Allocation to Inverclyde Health and Social Care Partnership

Further to the Scottish Budget I can now confirm the Board's allocation to the HSCP for 2021/22. This will be updated further when the out-turn for the 2020/21 financial year has been finalised.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2021/22 is 1.5% totalling £33.7m.

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 28 January 2021 states that *"In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £13.1m based on the recurring budget at 31 January 2021 and the partnership's share of this allocation is included in **Appendix 1**.

Set Aside Budget

During 2020/21 work has continued to identify the actual budgets and costs of unscheduled care services and these will be used as the basis for the set aside allocation for 2021/22. However, until the final out-turn for 2020/21 is confirmed the current value has been uplifted by 1.5%. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

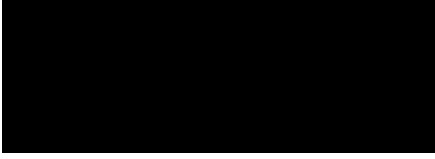
Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2021/22:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely



James Hobson
Assistant Director of Finance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2021/22

Spend Categories	Inverclyde Hscp
	£000s
Family Health Services *	28,518
Fhs Income*	(910)
Family Health Services Budget (Net)	27,608
Prescribing & Drugs	18,938
Non Pay Supplies	2,563
Pay	23,217
Other Non Pay & Savings	19,865
Other Income	(0)
Budget - HCH incl Prescribing	64,582
Total Rollover budget - NET	92,191
Adjustments:	
Non Recurring bud allocated to base	(76)
Budget Eligible for HCH & Prescribing uplift	64,507
<u>Uplifts</u>	
Scottish Government allocation	968
West of Scotland Sexual Assault & Rape Service (Topsliced)	(42)
West of Scotland Sexual Assault & Rape Service (Hosted)	
Total Uplift	926
Revised Budget	93,117
Set Aside Budget	
2020/21 value	27,651
Uplift at 1.5%	415
2021/22 value	28,066

Report To: Inverclyde Integration Joint Board **Date:** 29 March 2021

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/14/2020/AM

Contact Officer: Anne Malarkey
Head of Mental Health, ADRS and
Homelessness **Contact No:** 715284

Subject: COMMISSIONING FOR RECOVERY

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Inverclyde Integration Joint Board on the current test of change commissioned services in the Alcohol and Drug Partnership (ADP) and to approve plans for commissioning for recovery going forward.

2.0 SUMMARY

- 2.1 During 2020 / 2021 it was agreed that ADP funding would be used to commission three different tests of change that are all fundamental to underpinning recovery and developing recovery communities in Inverclyde.
- 2.2 In taking this decision, it was also recognised that Inverclyde ADP was supporting and building on the local third sector assets and capacity.
- 2.3 Your Voice was successful in securing the first tender. The focus of this funding was to employ a Recovery Development Coordinator to coordinate the development of recovery communities and develop peer volunteer mentors.
- 2.4 Moving On was successful in securing the second tender. The remit of this funding is to provide early intervention and work in partnership with the statutory Alcohol and Drug Recovery Services as part of a Recovery Orientated System of Care.
- 2.5 The third tender intended to provide a formalised Peer Support service. Unfortunately, following two attempts, there were no applicants for this funding. In light of this an alternative approach is being considered focusing on employability and meaningful activity.
- 2.6 Bearing in mind that the two successful tenders were implemented during 2020 in the midst of covid-19, Your Voice and Moving On adapted and demonstrated a high level of flexibility in ensuring safe service delivery.
- 2.7 Overall, good progress has been made in each test of change and there has been valuable learning for the ADP in going forward.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is requested to:

- a. Note the progress made in each of the tests of change commissioned.
- b. Approve commissioning intentions of preparing a full tender for a recovery model.
- c. Note the new announcement of additional drug funding from the Scottish Government
- d. Approve the use of the Addictions Review Earmarked Reserve to fund the commissioning for recovery element of the Addictions Review in 2021/22 until formal confirmation of additional ADP funding has been received, noting that thereafter this cost will be baselined from the new ADP funding.

4.0 BACKGROUND

4.1 Two very different tests of change were commissioned by the ADP in 2020 to help build a strong recovery community in Inverclyde. The following is an update of each test of change.

4.2 Recovery Development Coordinator

4.3 The specification for this service included:

- Build the capacity of the local recovery community across the six HSCP localities e.g. fellowship groups, cafes etc.
- Support should reflect the local demographic e.g. age, gender.
- Appropriate recovery activities over 7 days and evening across Inverclyde.
- Establish no fewer than 30 peer volunteer mentors across Inverclyde.
- Support the development of a peer volunteer mentor support network across Inverclyde Alcohol and Drugs Partnership (ADP).
- Promote and support active participation in local community recovery activities including community-based recovery groups and volunteering opportunities.
- Recruiting peer volunteer mentors and providing them with induction, support, supervision and mentoring.
- Be responsible for the ongoing training, support and development of peer volunteer mentors in a voluntary role.
- Work with statutory and voluntary organisations to promote the role and activities of peer volunteer mentors.
- Establish and maintain professional working relationships with service users, recovery communities, local services, community groups and other stakeholders to be able to work as part of a multi-disciplinary team.
- Will be part of the recovery pathway framework and be an integral part of the Inverclyde Alcohol and Drug Recovery Service.

4.4 The Recovery Development Coordinator funding commenced on 1st April 2020 and is a twelve month contract. The specification for this tender has been revised and is currently in the procurement process.

4.5 Key achievements include:

- The development of a Lived Experience Network;
- 29 individuals were recruited as peer mentors;
- 24 people completed the peer mentor training;
- 13 people completed the PVG process;
- People with lived experience and peer mentors accessed a wide range of training;
- 120 people were referred to the project with the majority of whom received vital support during covid-19;
- People with lived experience and peer mentors were able to signpost people to other community supports as well as provide assertive outreach;
- Strong links were made with local Recovery Cafes;
- 5 active peer mentors currently providing wellbeing telephone support;
- 3 peer mentors are in paid employment.

4.6 The impact of covid-19 includes:

- 6 peer mentors had to step back to focus on their own recovery and health and wellbeing;
- 2 peer mentors stepped back to care for family members;
- 5 peer mentors stepped back as they found it difficult to support people remotely;

- 4 peer mentors did not engage following receiving the training.

4.7 Feedback from a peer mentor includes:

'I find volunteering as a peer mentor is a fulfilling role. It's good to feel that you are helping someone else, and sharing similar experiences helps to identify that we are not alone, and we can overcome and recover – power of example.'

4.8 **Early Intervention Service**

4.9 The specification for this service included:

- To provide enhanced early intervention and support to people in Inverclyde who meet the stability criteria to receive psycho-social support interventions from Moving On Inverclyde (MOI).
- To prepare people who wish to progress to engagement in the phased MOI programme.
- To work in partnership with the ADRS and other local services to ensure seamless service provision across partners.

4.10 Expected outcomes include:

- Improved emotional health and wellbeing
- Improved physical health and wellbeing
- Improved recovery skills and resilience
- Improved life skills
- Improved links with the local community and the wider resources available
- Readiness to engage in MOI 4-phase programme
- Engagement with other services

4.11 Two part time Early Intervention Workers commenced post on 1st October 2020 and attend twice weekly ADRS allocation meetings to discuss suitable referrals. A variation letter is being prepared to extend this contract until 31st March 2022.

4.12 As at 17th December 2020:

- Between 13/10/20 and 17/12/20, there were 131 people discussed;
- 24 resulted in referrals to Moving On (an average of 3 per week);
- 8 assessments completed;
- 11 assessments ongoing (awaiting paperwork from ADRS or assessment date);
- 5 could not be contacted;
- 1 decided not to access the service.

4.13 Progress and outcomes are charted through six-weekly progress reviews.

4.14 Covid-19 has had an impact, for example, in the ability to visit services for promotional and networking purposes as well as during lockdown offering telephone contact and zoom meetings.

4.15 ADP Funding

Scottish Government agreed a 3 year funding package for ADP which runs from 2018/19 to 2020/21. This amounted to £278k per annum for Inverclyde. The previously confirmed funding is now committed and unspent balances are being ring-fenced and carried forward to cover those commitments. In 2020/21 further funding linked to reducing drug deaths was announced which totalled £159.9k. Given recent Addictions reports and the associated Scottish Government focus on Addictions, it is anticipated that further funding packages will be confirmed over the coming months. While the value of these is not known, it is anticipated that they will as a minimum be in line with

the previous 3 year funding package.

5.0 GOING FORWARD

5.1 Overall learning from these tests of change to date is that there is a recognised need for each element and that there is an existing strong infrastructure in place to enable these tests of change to be implemented during covid-19. These tests of change are contributing towards our ambition of developing recovery communities.

5.2 The Scottish Government's strategy "Rights, Respect and Recovery" (2018) refers to the "No One Left Behind: Next Steps for the Integration and Alignment of Employability Support in Scotland" (2018). These reports recognise the need for integration and alignment of employability support, including the role for ADPs in developing stronger links with employability services.

5.3 Recovery Pathways

A third key element in building a strong recovery community is ensuring there are clear pathways to enable people to move on to. This may include volunteering, education and participating in the range of employability programmes and supports already available in our community. However, in order to help to break down any barriers in accessing these, there is a need for a navigator role to act as a bridge into these supports.

5.4 In going forward it is the intention to prepare a full tender to commission an overarching recovery model that will reflect the learning from the tests of change and will also include more specialist employability support. Preparatory work is already underway.

5.5 The ADP overall target would be to support 300 people in the various elements of recovery and this will require an up-scaling from the existing tests of change to a more comprehensive recovery model. The anticipated annual cost of this provision would be £250k which is it anticipated would be funded longer term from new ADP monies due to be announced shortly. In the meantime, rather than delaying until the new monies are confirmed, it is proposed to commission this service now for an initial 12 months with provision to extend. Funding for this first year would initially be through the IJB's Addictions Review Earmarked Reserve which would be replaced by the new monies once agreed. The Addictions Review EMR anticipated balance at 31/03/2021 is £250k.

6.0 IMPLICATIONS

FINANCE

6.1 Due to the high prevalence of addiction issues within Inverclyde HSCP there is an expectation that pending awards will come from the Scottish Government via the Alcohol and Drug Partnership. In order to commit to the expansion of the recovery element of the service £250k will be allocated from the Addictions Review EMR in order to start the process of commissioning a recovery service. Any future additional ADP funding awards will be used to offset this cost from the EMR and baseline this service for future years.

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
Additions Review EMR	Recovery Community	01.04.22	£250k		This would be a contribution towards the overall commissioning contract and is expected to be replaced by new ADP funding in 21/22

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 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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact –It will ensure access and new pathways to services for all individuals
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact- It will ensure service users with alcohol and drug issues are not discriminated against
People with protected characteristics feel safe within their communities.	Positive impact- It will offer community support
HSCP staff understand that the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact- Training needs procured to ensure staff are aware of their values and beliefs to ensure non-discrimination
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.	Positive Impact –It will ensure people accessing support and Inverclyde communities are not discriminated against
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CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Staff will provide a ROSC approach to ensure people have access to a range of local supports and promoting a Recovery focused ethos
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	Staff will provide a holistic approach, assessing the needs of the individual and referring to appropriate services
People who use health and social care services have positive experiences of those services, and have their dignity respected.	It aims to provide new pathways for people to improve engagement and Recovery
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	It will ensure people have access to an evidence based service which will meet their needs
Health and social care services contribute to reducing health inequalities.	It will ensure people have access to community supports
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.	The model will ensure responsive and flexibility to meet and accommodate the needs of the individual
People using health and social care services are safe from harm.	It will support the reduction in alcohol and drug use
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.	Staff will be encouraged to raise opinions and views on service improvements models via sub group discussions
Resources are used effectively in the provision of health and social care services.	It will ensure people get the right care, at the right time, in the right place and from the right service and profession.

7.0 DIRECTIONS

7.1

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	

8.0 CONSULTATION

8.1 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.

9.0 BACKGROUND PAPERS

9.1 None

Report To: Inverclyde Integration Joint Board **Date:** 29 March 2021

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/11/2021/LL

Contact Officer: Louise Long **Contact No:** 712722

Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work. As part of the response to Covid the Chief Officer provides a summary across the services.

2.0 SUMMARY

- 2.1 The report details updates on work underway across the Health and Social Care Partnership to deal with Covid and to support the delivery of health and social care services.

3.0 RECOMMENDATIONS

- 3.1 That the IJB notes the vaccination update.
- 3.2 That the IJB notes the Greenock Health Centre completion date and community benefits.
- 3.3 That the IJB agrees that the learning disability day centre remains open at 20% capacity.
- 3.4 That the IJB notes the revised Strategic Plan priorities as agreed by the Strategic Planning Group (SPG).
- 3.5 That the IJB agrees that SPG meetings restart once current lockdown arrangements lift.
- 3.6 That the IJB notes the use of Winter Grant monies.
- 3.7 That the IJB notes the drug deaths and actions taken to address these issues.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, particular with HSCP response to Covid19 by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Covid 19 Response

All front line Health & Social Care Staff had been advised that they can access their first Covid vaccination via the staff mass vaccination programme managed by NHS GG&C. Appointments were available for up to Saturday 30th January and these were delivered across a number of locations across the Board area including Inverclyde Royal Hospital. Follow up sessions for second doses of the Covid vaccine are underway at the GG&C vaccination sites. Mop up sessions for first doses are being arranged across GG&C one day a month to allow staff who missed out on their first dose to receive them.

Covid vaccinations for those over 75 are underway in GP practices and housebound service users are being vaccinated by the HSCP team in line with the mid February target date.

5.2 HSCP Recovery Plan

The Recovery Plan agreed at the beginning of the pandemic has now been fully implemented and the IJB's Strategic Plan has been reprioritised to reflect the emerging and changing priorities. The HSCP Recovery Group continues to meet on a fortnightly basis to oversee recovery actions as required. This group will continue to meet while Covid restrictions remain in place. Going forward recovery planning will be managed through the Recovery Group until the recovery activities have been merged within the strategic plan thereafter the Strategic Planning Group will monitor progress. A review of Strategic Plan is underway and will report to SPG in May and IJB in June.

5.3 Care Homes

All 14 Older People's Care Homes have received their first Covid Vaccination for the available service users, with staff vaccinations completed by 20th January for their first vaccination. The HSCP commenced the second vaccination of care home residents on 15th February 2020. Uptake in older people's care homes so far has been 98% of service users and 78% of care home staff. Plans are in place to begin vaccination of the seven adult care homes in Inverclyde in March 2021.

A daily Care Huddle chaired by the Head of Health & Community Care continues to support the Older People's and Adult Care homes in terms of a Covid response with Infection Control, testing, PPE and staffing. This is in conjunction with a weekly meeting with care home managers from older people and adult care homes.

Inverclyde HSCP Personal Protective Equipment (P.P.E) Hub continues to support commissioned providers with P.P.E where they have been unable to source P.P.E. To date, the Hub has supplied 2 million items of P.P.E.

Lateral Flow Testing (LFT) training and deliveries have commenced for all Adult Community Nursing & Allied Health Professional Staff, Social Care Staff entering Care Homes, Sheltered Housing/Houses of Multiple Occupancy and Personal assistants who provide care. Polymerase Chain Reaction Testing (PCR) will

commence with care at home staff when test kits are delivered to the HSCP in mid February 2021.

Covid Testing via the National Test & Protect programme remains in place at the mobile test centre at Parklea and the walk in test centre at Crawfordsburn.

Mass vaccination for the priority groups is underway coordinated with Inverclyde Council in terms of the national programme for Covid Vaccination via the national priority list.

5.4 Flu

The majority of Inverclyde's flu vaccinations were delivered within community venues to enable social distancing and ensure delivery of the anticipated increased demand. The venues used were Gamble Halls, Port Glasgow Town Hall, Greenock Town Hall and Kilmacolm Community Centre. The HSCP delivered all vaccinations for those over the age of 60 and those over 18 who are housebound. Care home staff delivered vaccinations within older people's nursing care homes. More than 13,000 vaccinations were delivered to those over 60, representing an uptake of 82%. Historic uptake is around 73%. General Practices delivered the majority of vaccines for those in the under 65 at risk cohorts achieving an uptake of 53%, again higher than the historic uptake. Childhood pre-school flu vaccinations were also delivered via the community venues through the NHS GG&C dedicated team. The learning from this programme has now been used in the planning of the mass Covid vaccination centres.

Vaccine supply meant that the staff flu programme was challenging due to social distancing requirements and the HSCP achieved just below the 60% target. A further session is being planned for any remaining staff still wishing a vaccination. Social Care staff from commissioned providers were provided vaccination opportunities at local pharmacies across Inverclyde.

5.5 Learning Disability

Development of the new Learning Disability Community Hub continues governed by the Learning Disability Programme Board who meet on-line every 3 weeks, Financial reporting and Risk management are in situ and vital to the governance and accountability of the Programme.

The Programme of works is on schedule currently and will conclude the Concept Design phase, around March 21.

The programme of Communication and engagement facilitated by 'The Advisory Group' (TAG) continues and feedback from this engagement has been fundamental in contributing to the design of the Hub. An eight weekly accessible Newsletter is distributed to all stakeholders providing an update on progress and showcasing partnership work and community developments in Learning Disability and Autism and is distributed to wider community via social media platforms.

5.6 New Greenock Health Centre

The project has progressed well, despite Covid restrictions causing some details. The building is due to be handed over 18th March and commissioning is expected to take 6-8 weeks with services due to move into the new facility from mid May onwards. The centre is expected to be fully operational by June 2021. Pictures of the new development are available on the HSCP webpages.

www.inverclyde.gov.uk/health-and-social-care/new-greenock-health-and-care-centre

One of the stipulations of the contract was around community benefits. Over the life of the contract, the contractor has delivered:

- 11 new employment opportunities including 1 graduate employment
- 9 work experience placements
- 25 Apprenticeships – 12 of which completed during the project
- Various educational opportunities including contractor led training for 16 local people

In addition, a Legacy Garden has been created in the central courtyard with benches, pathways and assorted planting. This garden will be for community use and the intention is that this will be maintained by local community groups.

5.7 IJB Strategic Plan

Due to the pandemic, officers within the HSCP reviewed the existing Strategic Plan priorities and agreed a revised priority list to reflect new Covid related priorities such as Test and Trace and Vaccinations and to reflect the deliverability of existing priorities in the midst of a pandemic.

The revised plan was approved by the Strategic Planning Group on 6th November 2020 and is enclosed at Appendix A.

Officers will continue to monitor performance against the revised plan and will phase back in other previously agreed priorities where possible over the coming year. Much of this will be dependent on the pandemic, national lockdown and other factors outwith Inverclyde IJB's direct control.

Updates will go through the Strategic Planning Group and IJB throughout the coming year.

5.8 Strategic Planning Group

The Strategic Planning Group and a number of other meetings have been paused since the latest Covid restrictions came into force to free officers up to focus on delivering key services within lockdown. It is proposed that the Strategic Planning Group restarts once current lockdown restrictions lift.

5.9 Winter Grant

The Scottish Government are allocating £22,000,000 in grant funding to local authorities as part of the winter plan for social protection and for the first time parts of this resource are earmarked to support Vulnerable Children & Young People. The grant is targeted to address the pressures around residential care for children and young people as a result of Covid19, to address the extra social work demands posed by children's hearings recovery plans and to support services for vulnerable children and young people. The funds will be distributed per SIMD indicators and Inverclyde has been allocated £387,686. £80,052 is allocated to residential care, £179,808 for the children's hearings recovery impact and £127,826 for vulnerable children and young people.

Following an exploration of needs, the service has plans to utilise the funds apportioned to residential care to ensure continuity of care within our residential services. As our children's houses are above capacity, there are significant additional staffing and overtime costs and this grant will ease some of the budget pressures upon this service. The service plans to utilise the further funds to directly benefit disadvantaged children, young people and their families, kinship carers and foster carers in the provision of direct aid and support. The funds will provide additional scaffolding for families to significantly improve the child's wellbeing outcomes and prevent a situation at home deteriorating, shall be used to stabilise kinship and foster placements, reducing placement breakdown which will reduce the likelihood of a child becoming accommodated and divert cases from the hearing system.

5.10 Promise

On 5th February 2020, the Independent Care Review published its vision for Scotland. The Promise Partnership is an investment of £4m from Scottish Government intended to deliver change in line with Scotland's commitment to creating capacity in the care system and the provision of holistic family support ensuring that families who require support in order that they can stay together get that support, and children and young people who cannot stay at home get the care, protection and love they need to thrive.

The Corra Foundation will administer The Promise Partnership of approximately £3m. Up to £50k will be available to organisations to help create capacity and work towards cultural shift and collaboration across the care system. A further funding stream of up to £200K can be applied by invite only from organisations which have an existing relationship with The Promise Team, can demonstrate how they are already implementing changes and can demonstrate existing collaborative approaches. Inverclyde has received an invitation to apply for this funding. The aim of this funding is to enable organisations working collaboratively to re-think current approaches and re-design service delivery aligned to the Scottish approach to service design .

This is a very exciting opportunity for the HSCP in collaboration with 3rd Sector partners to create capacity to focus on redesign development and implementation, making significant changes to the way we deliver services to families across Inverclyde.

5.11 Drug Deaths

The National Records for Scotland published the 2019 Drug Related Deaths in Scotland Report on 15th December 2020. This report is usually published in July however it was delayed due to toxicology issues.

In Scotland in 2019, 1264 people sadly lost their life to a drug related death. This was an increase of 6.6% from 2018 and continued the trend seen over the past few years.

In 2019 in Inverclyde 33 people lost their life to a drug related death. This is an increase of 9 people from 2018 which equates to a 37.5% increase. Every death affects the wider Inverclyde community as they are friends or family.

When comparing prevalence rates per 1,000 population (averaged over 2015 – 2019) Inverclyde is the 3rd highest area in Scotland.

- Dundee City (0.36)
- Glasgow City (0.35)
- Inverclyde (0.29)

Initial analysis of the data is available at a Scottish and at NHSGGC level, with more limited information currently available at an Inverclyde level. The NHSGGC Drug Death Research Analyst will be providing more detailed analysis and will provide a briefing to elected members and the Alliance Board.

The Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focusses on actions related to the national Drug Death Taskforce priorities:

- 1 – Targeted distribution of naloxone
- 2 – Immediate response pathway for non-fatal overdose
- 3 – Medication-Assisted Treatment
- 4 – Targeting the people most at risk
- 5 – Public Health Surveillance
- 6 – Equity of Support for People in the Criminal Justice System

The Scottish Government has announced additional funding to tackle drug related deaths and the ADP will oversee the application for this funding.

6.0 IMPLICATIONS

FINANCE

6.1	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

6.2 There are no legal implications within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Tracking impact on services through data dashboard.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Maintain levels of services for people who are vulnerable.
People with protected characteristics feel safe within their communities.	Increased risk on mental health wellbeing due to Covid19 impact due to isolation.
People with protected characteristics feel included in the planning and developing of services.	Survey being undertaken with community and those using services.

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The paper is based on Inverclyde's response to Covid19.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Learning disability hub is maximising opportunities for those with learning disabilities.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Mobile Testing Unit and Assessment to ensure early access in Inverclyde.
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	Link Learning Disability Hub.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Undertaking surveys with people to understand their experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Focus on centred care throughout Covid19.
Health and social care services contribute to reducing health inequalities.	Access to services in Inverclyde to all groups to reduce inequalities.
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.	Services to vulnerable people monitored through dashboard.
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.	Engaged with staff in developing services in response to Covid19.
Resources are used effectively in the provision of health and social care services.	Costs contained within mobilisation plan.

7.0 DIRECTIONS

7.1

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	

8.0 CONSULTATION

- 8.1 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.

9.0 BACKGROUND PAPERS

- 9.1 None.

INVERCLYDE HSCP STRATEGIC PLAN- 6 BIG ACTIONS 2020/2021 EMERGING KEY PRIORITIES

Executive Summary

1.0 Introduction

Due to the Covid pandemic a number of areas of work have had to be paused and reviewed while at the same time other areas have emerged as critical areas of work for the coming year.

It is recognised that the HSCP cannot maintain activity across the totality of the strategic plan next year.

The HSCP SMT have reviewed the current strategic plan and actions due for delivery in 2020/21 and developed an executive summary of the high level priorities during 2020/2021 while we manage the significant ongoing pressures presented by the on-going global pandemic.

This short executive summary covers two specific areas;

1. There are a number of key overarching themes emerged as a result of the pandemic. These are in section 1.
2. Section 2 captures the key areas of work by service that are now being prioritised for action in the remainder of 2020/2021 and beyond. We are narrowing our scope of activity to focus on the key areas of work that are critical to the sustained delivery and improvement of services. This will also ensure we focus on “Improving Lives” by focussing on improving outcomes for the people who require support.

2.0 Overarching Themes

Themes	Narrative
Covid 19 Live	We will need to plan for ongoing work relating to Covid assessment work and testing moving forward through the winter period and beyond. Flu and Track and Trace responsibilities
Covid 19 recovery	Out teams will continue to implement recovery steps were appropriate and taking account of any local or national lockdown arrangements.
Anti-Poverty work	£1m from anti poverty fund to be invested
Readiness of third sector to bid for contracts	Seeking advice from procurement about this issue and Market Facilitation Group to review this potential issue

3.0 Service Specific Priorities

Health & Community Care	
------------------------------------	--

Access 1 st	We will complete our review of the Access 1 st test of change by March 2021.
Care at Home	We will commence our review of our internal care at home service by the spring of 2021
Unscheduled Care	We will work whole system to ensure we put plans in place to offer alternatives for the Inverclyde population to reduce unscheduled care pressures across the system
Flu and Winter Planning	We will be working to ensure our normal winter period is planned for and we make best use of the resources we have. We will also be working to deliver the most significant immunisation for Flu across Inverclyde this winter.
OOH review	We will work with Out of Hours team to develop a local solution for the OOH review.
New Learning Disability Hub	We will work to ensure we deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.
Mental Health, Addictions & Homelessness	
Homelessness Vision	We will work with a range of partners to implement year 2 of the 5 year RRTP with particular focus on implementation of Housing First; review of temporary accommodation and scope supported accommodation requirements.
Alcohol and Drugs	We will complete the review of alcohol and drugs with a clear focus on building recovery communities and We will work with our ADP partners to delivery key actions of the Inverclyde Drug Related Death Prevention Strategy.
ADRS Redesign	We will implement the ADRS workforce redesign and implementation by December 2020 (dependent on Organisation Change process being agreed)
Mental Health Assessment Unit	We will work with the wider NHSGGC system and partners to determine the appropriate model for Inverclyde MHAU to meet local and national needs
Distress Brief Interventions (DBI)	We will work with partners to develop and implement The Distress Brief Intervention (DBI) initiative within Inverclyde
Children, Families & Criminal Justice	
Care Review	Implement Promise from national review, develop action plan.

Kinship and Fostering	Review Kinship/Fostering rates and support in line with national guidance.
Women's Project for Justice	Big Lottery funded project, engaging women in the justice system in communities.
Development of the wellbeing service	£15m new monies nationally approximately £250k for service for children in Inverclyde.
Clinical and Care Governance	
Track and Trace	Support track and trace to ensure appropriately staffed
Develop Action Plan for Clinical & Care Governance strategy	
Strategy and Support Services	
Digital Development	Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic. Work needs to continue on this to ensure services can continue to be delivered safely and efficiently.
Capital Development including Health Centre	We have a number of live capital projects (new Greenock Health Centre and new LD Hub) that are key to service delivery. Work is able to progress, despite the pandemic, albeit at a slightly closer pace due to social distancing requirements. It is important that these projects continue to be delivered.
Replacement of the Social Care Records Management System (SWIFT) Development	<p>A robust social care record management system is vital to deliver services safely and effectively. The new system will ensure this can be delivered longer term and will also bring a number of additional benefits to services and service users as outlined in the Business Case and funding request reports to the IJB in March and Sept 2020.</p> <p>This IT project was agreed pre covid but has been further delayed as result of the pandemic. It is anticipated that Scotland Excel will finalise and publish the procurement framework for the system in Oct/Nov and work can recommence locally to procure and implement the system once that framework is available.</p>
Commissioning support to Care Homes	Care Homes have faced unprecedented challenges during the pandemic.

	<p>Governance and scrutiny of practices is heightened. Linked to this the Strategic Commissioning Team will continue to be required to provide support and enhanced monitoring to the sector for the duration of the pandemic.</p> <p>Looking at developing/building local care home hub.</p>
Locality Planning	Establish virtual locality planning structures. Your Voice taking forward pilot in Port Glasgow
National Adult & Care Review	Consider report from national review adult care. Report due Jan 2021

Report To: Inverclyde Integration Joint Board **Date:** 29 March 2021

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/13/2021/LL

Contact Officer: Louise Long **Contact No:** 712722

Subject: EMERGENCY POWERS DECISION LOG – TO MARCH 2021

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Inverclyde Integration Joint Board (IJB) on decisions taken under emergency powers due to the Covid 19 pandemic.

2.0 SUMMARY

- 2.1 The IJB emergency powers allow for the Chief Officer, Chair and Vice Chair of the IJB to take decisions on behalf of the IJB in between formal Board meetings. These decisions are then reported to the next formal meeting of the Board.
- 2.2 There has been one decision taken under these power between the last meeting on 21 January and 28 February 2021.

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to note the operational decisions made since the last Board meeting under the powers delegated to the Chief Officer detailed at Appendix 1.
- 3.2 The IJB is asked to acknowledge the Scottish Government road map and improving picture that the IJB moves away from the current arrangements and returns to the usual committee and decision-making.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 In light of the latest national lockdown and current infection levels across the country from January 2021, the IJB reverted to extended use of emergency powers, as agreed at the May 2020 IJB. Under these powers the Chair, Vice Chair and Chief Officer have delegated authority to make urgent decisions on behalf of the IJB. This allows the service to respond promptly to emerging situations rather than waiting for the next formal IJB meeting.
- 4.2 In order to ensure that there is transparency around this process, the Appendix to this report contains a summary of decisions taken in this way. This will be updated and reported to each IJB meeting while emergency powers are still being used.
- 4.3 The report enclosed details those decisions taken, the financial impact of those decisions and any directions to partner bodies during the period 5th January to 20th January 2021. The IJB is asked to note the use of the powers delegated to the Chief Officer as summarised at Appendix 1 and supporting report Appendix 2.
- 4.4 Given the roadmap to recovery has now been produced and the improving pictures it feels appropriate to stop these arrangements and move back to the IJB cycle of meetings for decisions to be made.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

Financial implications as detailed in the report and tables below.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Health Visitors	Salaries	21/22	120	Covid Funding through LMP	Covid related costs

Annually Recurring Costs

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

LEGAL

- 5.2 There are no legal implications within this report.

HUMAN RESOURCES

- 5.3 There are no specific 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.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
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.	Use of emergency powers ensures the IJB can continue to function effectively during the pandemic

6.0 DIRECTIONS

6.1

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

8.0 BACKGROUND PAPERS

8.1 None.

IJB Emergency Powers Decision Log

Summary of Urgent Decisions Taken with the approval of the IJB Chair, Vice Chair and Chief Officer under emergency powers from 21st January to 28th February 2021.

The IJB is asked to note and ratify these decisions and resultant directions to the Council and Health Board.

Date Approved	Summary of Decision	Financial Impact	Direction(s)
11.02.21	<p><u>Additional covid staffing within Children's Services</u> Recruitment of 2 additional Health Visitors (HV) Band 7 on fixed term contracts for 12 months. Dependent on the pandemic there may be a requirement to extend this further.</p> <p>These additional staff will support overall service capacity and sustainability during the pandemic and support the release of an experienced HV to undertake some targeted Child Protection (CP) and vulnerability work across the teams with highest CP rates, thereby increasing capacity and supporting better outcomes for children at risk.</p>	approx. £120k per annum including on costs.	NHS GGC

Covid Emergency – IJB Use of Delegated Powers

Request Title: Additional Health Visitor

Request By: Sharon McAlees

Date: 1st February 2021

1/	<p><u>Issue to be addressed</u></p> <p>Covid-19 and the socio-economic ramifications associated to covid is having negative impact on children and families in relation to poverty, risk and vulnerability (Gender Based Violence, alcohol and drug misuse and mental health and neglect). In response Health Visitors (HVs) caseloads have increased in complexity and the number of children on the Child Protection (CP) register has increased threefold during 2020 when compared to CP rates in 2019. Even in caseloads that do not typically have high levels of vulnerability, there is increased expressed need related to the impact of isolation, anxiety and mental health concerns. In addition, there is significant staffing pressure within the Children’s Health Visiting service due to the pandemic and the unpredictability of infection rates from COVID-19. Stability within this service is a vital element of safeguarding children and their families. SBAR with full details attached.</p>
2/	<p><u>Action Proposed</u></p> <p>The recruitment of 2 additional Health Visitor Band 7 on a fixed term contract for 12 months, with this being extended further dependent on the pandemic. This additional staff member would support overall service capacity and sustainability during the pandemic and support the release of an experienced HV to undertake some targeted CP and vulnerability work across the teams with highest CP rates, thereby increasing capacity and supporting better outcomes for children at risk.</p>
3/	<p><u>Implications:</u></p> <p>Service Delivery: A positive impact on service delivery, enabling the service to provide continuity of care from a workforce who are suitably skilled and dependable.</p> <p>Financial: Costs of approx. £120k per annum including on costs.</p> <p>HR: Management of fixed term contracts as per HR policy.</p> <p>Legal: Nil of note</p> <p>Communications: Recruitment of staff will be expedited by tapping into the existing arrangements for the deployment of newly qualified HVs due to take place on 22 February 2021.</p>
4/	<p><u>IJB Consideration</u></p> <p>The service currently requires an additional Health Visitor to ensure the service can continue to be delivered safely during the pandemic. The IJB is asked to approve an additional Health Visitor Band 7 post be recruited for 12 months, funding via the Covid LMP.</p>

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

Direction issue date:	01/02/2021
Direction Name:	2 additional Health Visitor (12 months)
Direction Ref No:	IJB-20210201-01

Increased Demand of Health Visiting Services in relation to Vulnerability and Risk in the context of Covid

SBAR: Contingency Request: 12 January 2021

1.0 Situation

- 1.1 Covid-19 and the socio-economic ramifications associated to covid are having a negative impact on children and families in relation to poverty, risk and vulnerability (Gender Based Violence, alcohol and drug misuse and mental health and neglect); in addition some children will be at an increased risk due to inherent difficulties such as disability. In response Health Visitors (HVs) caseloads have increased in complexity and the number of children on the CP register has increased threefold during 2020 when compared to 2019. Even in caseloads that do not typically have high levels of vulnerability, there is increased expressed need related to the impact of isolation, anxiety and mental health concerns. This is having a negative impact on staff containment and contributing to capacity related stresses in some teams.
- 1.2 In addition to this increase in demand and complexity, HVs continue to deliver the revised universal pathway (8 contacts in the 1st year and another 3 between 13 months and 4-5 years). and at a time when other services are less present in family homes due to covid restrictions and /or capacity issues, which puts another dimension of demand on the service.
- 1.3 The longer-term impact of covid on infants and children is still to be realised.

2.0 Background

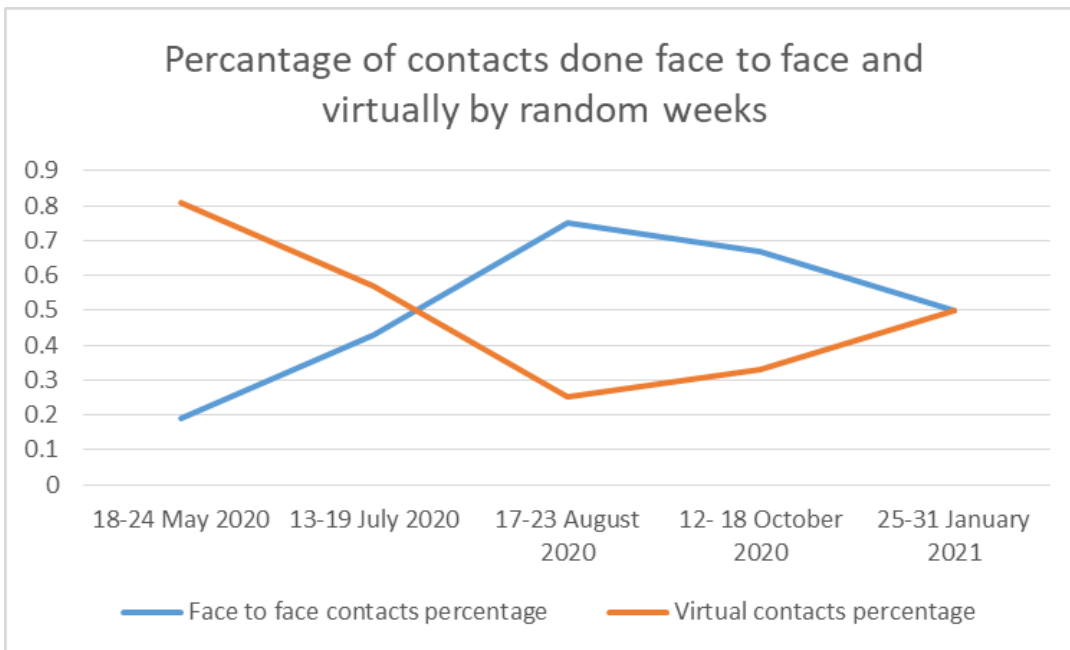
- 2.1 Since March 2020, many involved services have been unable to continue their typical in home and face to face support. Health Visitors (HVs) although mainly delivering the full revised universal pathway throughout, have had periods of reduced face to face contact and periods of under resource due to deployment to other priority areas including the Covid Assessment Centre, immunisations, Test and Protect and Critical Care.
- 2.2 Shielding and isolation or absence impact on the ability of the service to run optimally and despite only a few staff initially being absent, the new covid strain appears to be contributing to increased isolation and covid positive staff and shielding has been reinstated. Unlike many other services who provide some home visiting, Health visiting is 1st and foremost a home

visiting service designed to develop place based connections that build therapeutic relationships and understand the ecological and social influences on health through direct observation. During covid-19, HVs have continued to offer the full Revised Universal Pathway to all pre-5 children and a good deal of this activity has remained face to face following covid risk assessment. The table and graph below demonstrate the levels of both face to face activity (mainly home, a few clinic contacts) and virtual activity in 5 random weeks between May 2020 and January 2021 presented as total numbers and percentages of total contacts*. Professional meetings such as Child Protection meetings are not included in the data but just RUP contacts and contacts for additional need.

2.4

Dates/ Contact Type	18-24 May 2020	13-19 July 2020	17-23 August 2020	12- 18 October 2020	25-31 January 2021
Total number of contacts*	471	329	278	211	581
Face to face contacts total	90	143	209	142	290
Face to face contacts %	19%	43%	75%	67%	50%
Virtual contacts total	381	186	69	69	291
Virtual contacts %	81%	57%	25%	33%	50%

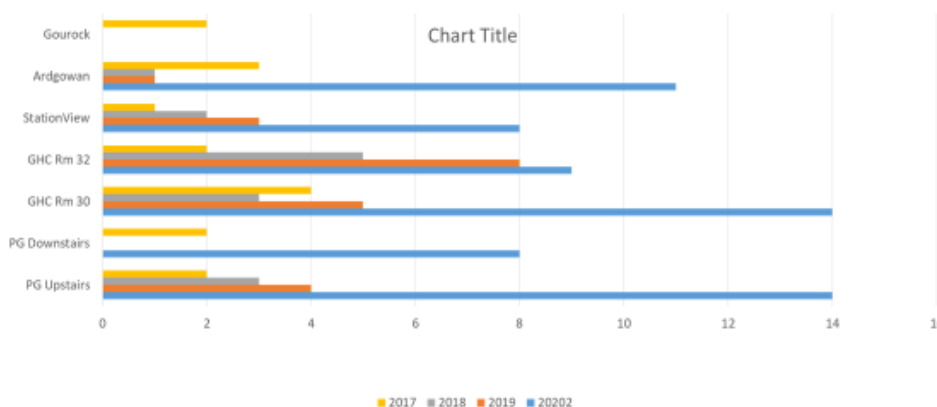
2.5



2.6 Child protection trends by HV team demonstrate an increased total number of children on the CP register when compared to pre-2020 data. Overall data pulled from EMIS electronic recording system on 11 December 2020 demonstrates the increase in children registered between 2019 and 2020 for children under 5 (from 21 overall in 2019 to 64 in 2021). Demonstrated in CP registration trends by team below in 2.5 and 2.6.

2.7

CP Registration Trends 2017-2020 by Team



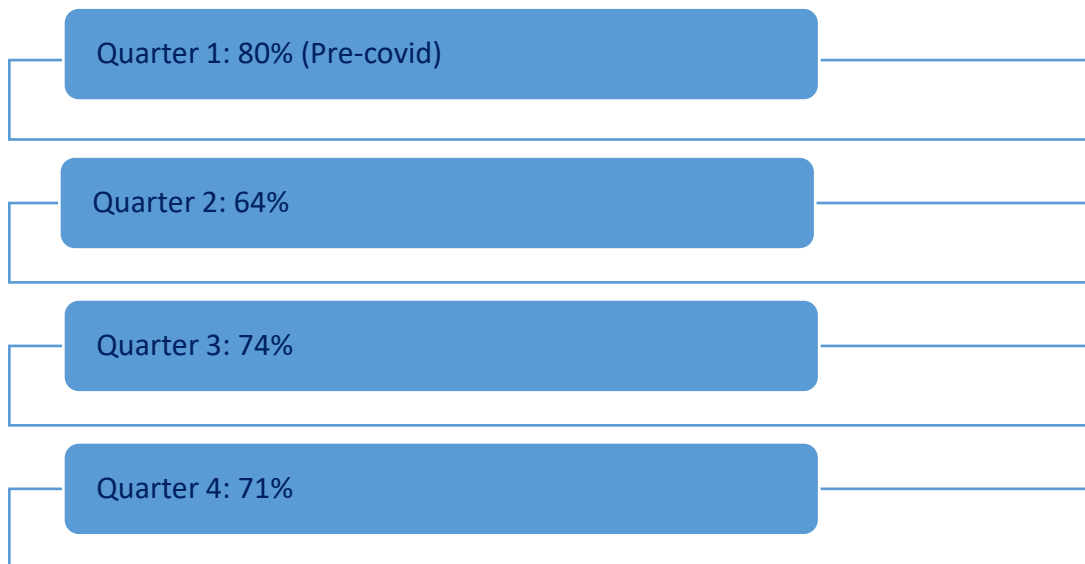
3

3.0 Assessment

3.1 The anticipated impact on children from physical distancing include mental health, socialisation and attachment (particularly for younger children)

includes “cognitive, emotional and behavioural functioning and may require significant intervention over the medium and longer term” (Scottish Government, 2020). The short-term and also long-term impact on children and infants will require additional time and effort in order to identify and support covid sequelae. Child Health Surveillance (CHS) data demonstrates that 80% of Inverclyde children show no developmental concerns at 27-30 months in quarter 1 of 2020 and subsequent data from April to December is presented below. Dashboard data is not available in this format for pre-2020. Communication concerns show the highest increase. CHS data will be monitored over the coming years to identify any trends in difficulties and concerns.

3.2 Diagram: Percentage of Children with no Developmental concerns at 27-30 months by quarter (January- December 2020).



3.4 The increase in CP and children around the CP threshold puts additional demand on the HV service who are also responding to universal and additional support needs. Apart from 1 team, all HV teams have seen an increase in CP workload and are experiencing children below the threshold of CP but with significant needs; in addition, children and families traditionally in core caseload and only requiring the universal pathway contacts, are experiencing increased needs in relation to isolation, anxiety and mental health difficulties.

4.0 Recommendations

4.1 A short-term (12 month) contract for an additional 2.0 WTE HVs in order to provide capacity in relation to this covid-19 specific additional need, specifically in relation to vulnerability, child protection and early intervention. The soon to qualify HV cohort could be utilised to provide caseload cover. One placed in a team to reduce overall caseload sizes and the other placed in a caseload in order to release an experienced HV to work across the teams with the highest burden of vulnerability and CP and would hold a wholly additional high caseload.

This would provide 2 developmental posts for:

1. 2 newly qualified HV to be embedded within an established teams and to gain valuable HV experience for 12 months.
2. For one Inverclyde HV to be released from caseload to focus on vulnerability and child protection with some additional training e.g. in CP supervision and could support collaborative working across Social Work and Health including joint chronology and care planning activity. This post would focus predominately on vulnerability and CP.

4.2 The new HV resource would be on-boarded on a fixed term contract of 12 months. At this point the caseload holder would return to caseload following the end of the development opportunity. The HV on fixed term contact would enter transitions (previously redeployment) 3 months before fixed-term completion. This approach would best support a fluid return to the end point in HV resource as the additional resource would not be absorbed and unseen, but visible within the newly created post working across teams in a support function, rather than lost within the existing team. In the event that a HV leaves post e.g. due to retirement or a new post, the new HV would be in a good position to apply for any vacancy during the fixed-term period.

4.3 The Newly created CP post would provide both enhanced assessment, care planning and joint working opportunities and would be recruited through an internal expression of interest and interview process. This would constitute a 12 month secondment and would be framed as a project and development post. This post would provide additional contingency in relation both to additional CP need within the system in the under 5's and provide some safety net in the event of higher levels of vulnerability related to covid.

4.4 The cost for 2.0 wte Band 7 would be in the region of £120,000 when on-boarding costs are incorporated. This resource would support teams with higher CP and vulnerability for the next 12 months that would afford more

capacity for early intervention and interventions for change. The timeline is mid-March 2021 for the graduation of the newly qualified HVs.

Reference



Adobe Acrobat
Document

Scottish Government (2020). Vulnerable Children Report

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 JANUARY 2021

Inverclyde Integration Joint Board Audit Committee

Monday 25 January 2021 at 1pm

Present: Councillors L Rebecchi and E Robertson, Mr A Cowan, Ms P Speirs and Ms G Eardley.

Chair: Mr Cowan presided.

In attendance: Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms L Aird, IJB Chief Financial Officer and Interim Head of Strategy & Support Services, Ms S McAlees, Head of Children's Services and Criminal Justice, Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang and Ms D Sweeney (Legal & Property Services) and Mr A MacDonald, ICT Services Manager.

The meeting was held by video-conference.

1 Apologies, Substitutions and Declarations of Interest 1

No apologies for absence or declarations of interest were intimated.

2 Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 2 November 2020 2

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 2 November 2020.

(Councillor Robertson entered the meeting during consideration of this item of business)
It was noted in relation to the issue of the Best Value questionnaire referred to at paragraph 23 of the minute, that the survey had been prepared and that, once tested, this would be issued to all members of the IJB Audit Committee and the wider IJB within a timescale which would enable the inclusion of responses in the report to the March Committee.

Decided: that the minute be agreed.

3 IJB Audit Committee Rolling Action List 3

There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.

Decided:

- (1) that the Rolling Action List be noted;
- (2) that it be agreed to include the action relative to the Best Value survey referred to above within the Rolling Action List with a timescale of March 2021 and for closure thereafter; and
- (3) that the action relative to External Audit Action Plans progress be removed from the Rolling Action List.

4 IJB Audit Committee Rolling Annual Workplan 4

There was submitted a Rolling Annual Workplan for the IJB Audit Committee.

Decided:

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 JANUARY 2021

- (1) that the Rolling Annual Workplan be noted;
- (2) that the update on the IJB Risk Register be removed from the 22 March 2021 list of reports for submission to the following meeting of the IJB Audit Committee; and
- (3) that the Directions Update be included in the list of reports for the September 2021 meeting of the IJB Audit Committee.

5 Internal Audit Progress Report – 31 August to 18 December 2020

5

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 31 August to 18 December 2020.

The Chief Internal Auditor presented the report, being the regular progress report, and advised as follows:

- (1) No Audit reports had been finalised since the last report in September 2020. The remaining work related to the provision of advice in respect of risk management which would be undertaken alongside the risk management training organised for 15 March 2021;
- (2) In relation to Internal Audit follow-up work, four actions were due for completion by 30 November 2020. Three of these actions were complete and the completion date in relation to the fourth action (updating the IJB's Reserves Strategy) had been delayed to 30 September 2021 due to an agreed delay in completion of the revised Integration Scheme;
- (3) The Reserves Strategy work was one of two current actions being progressed by officers, the other being the specifying of governance arrangements within the Integration Scheme, with an interim report due on 31 March 2021 and a final report on 31 March 2022;
- (4) Since the September 2020 meeting of the IJB Audit Committee, a number of Internal Audit reports relevant to the IJB Audit Committee had been reported to Inverclyde Council (Monitoring and Minimising Off-Contract Spend and Using the Financial Management System (FMS) to Manage Off-Contract Spend) and to NHS Greater Glasgow & Clyde (Nursing and Midwifery Council Referrals and Digital Strategy). Actions had been agreed with management and Internal Audit within Inverclyde Council and NHS GG&C to undertake follow-up actions in accordance with agreed processes and to report on progress to the respective Audit Committees. Any concerns regarding progress would be reported to the IJB Audit Committee.

During the course of discussion on this item, it was agreed that due to the work still to be undertaken in relation to the completion of the revised Integration Scheme, the September 2021 deadline for updating the IJB's Reserves Strategy was too ambitious.

It was also agreed in relation to the minor improvements required under items reported to NHS Greater Glasgow & Clyde, that it would be useful for members to have sight of the NHS GG&C Audit Committee report and the Corporate Director confirmed that she would contact the Board with a view to including this in the next progress report.

Decided: that the progress made by Internal Audit in the period 31 August to 18 December 2020 be noted.

6 IJB Reserves

6

There was submitted a report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing additional information on the nature and purpose of the IJB's Reserves together with an update on the potential impact of COVID-19 and the current year financial position on IJB Reserve balances.

The report advised that as at 31 October 2020, the projected balance on IJB Reserves

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 JANUARY 2021

at the end of the current financial year was expected to be £7.239m (£6.498m Earmarked and £0.741m General Reserves). Inverclyde's Earmarked Reserves were mainly for multi-year projects sub-categorised into (a) Scottish Government Funded Ringfenced Projects, (b) Existing Projects and Commitments, (c) Transformation Project Funding and (d) Budget Smoothing. The Transformation Project Funding included earmarked amounts for support for the Mental Health Service and the Addictions Review, both of which were anticipated to be spent in full over the next 3 years during the period of recovery from the COVID-19 pandemic.

While the financial impacts of COVID-19 were still being quantified, Ms Aird confirmed that she remain confident, based on indications from the Scottish Government, that all HSCP COVID costs would be met in full in 2020/21. It was, however, anticipated that elements of this funding would continue into 2021/22 and as a precautionary measure within Inverclyde, funds were being set aside from in-year underspends resulting from delays in filling vacancies to provide cover through an Earmarked Reserve for any 2021/22 costs relating to temporary COVID response posts appointed in 2021 with costs rolling into 2021/22.

Decided:

- (1) that the report be noted; and
- (2) that the report be shared with the wider IJB either as an item on the agenda for the March meeting or as the subject of a development session, possibly in February.

7 Status of External Audit Action Plans at 30 November 2020

7

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 30 November 2020.

It was reported that one action due for completion by 30 November 2020 (Best Value) had been reported as completed by officers and four current External Audit actions (Financial Plan; Savings Proposals; Integration Scheme Review; Implementation of Locality Planning Groups) were currently being progressed by officers.

In relation to the implementation of Locality Planning Groups, it was noted that the arrangements put in place for the Port Glasgow Locality Planning Group had been stepped back as a result of the COVID-19 second wave although communication with the localities was continuing.

Decided: that the progress to date in relation to the implementation of External Audit actions be noted.

8 External Audit – Proposed Audit Fee 2020/21

8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of Audit Scotland's proposed External Audit fee for 2020/21 of £27,330.

Decided: that approval be given to the proposed audit fee for 2020/21.

9 Ms Lesley Aird

9

Prior to the conclusion of the meeting, reference was made to the appointment of Ms Lesley Aird, IJB Chief Financial Officer to a promoted post within Finance Services at Greater Glasgow & Clyde Health Board with effect from mid-April 2021. On behalf of the Committee, the Chair thanked Ms Aird for her contribution to the work of the IJB Audit Committee and expressed his best wishes to her in her new post.