Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 22 October 2021

A meeting of the Inverclyde Integration Joint Board will be held on Monday 1 November 2021 at 2pm.

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.

Information relating to the recording of meetings can be found at the end of this notice.

Anne Sinclair
Interim Head of Legal Services

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
ITEMS FOR ACTION:		
2.	**Minute of Meeting of Inverclyde Integration Joint Board of 20 September 2021**	**p**
3.	**Financial Monitoring Report 2021/22 – Period to 31 August 2021, Period 5** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
4.	**Inverclyde ADRS – Conclusion of Service Redesign** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
ITEMS FOR NOTING:		
5.	**Non-Voting Membership of the Integration Joint Board** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6.	**Unscheduled Care Commissioning Plan** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7.	**Inverclyde Wellbeing Service** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

8.	**Chief Officer's Report** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
9.	**Proposed Approach – 2022/23 IJB Budget** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**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.	
ITEMS FOR ACTION:		
10.	**Advanced Clinical Practice Proposal** **Para 1** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the developments, proposals and finance to support a new management structure for the Senior Management Team.	**p**
11.	**Homeless Service – Development of Rapid Rehousing Support Provision September 2021** **Para 1 & 6** Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the finance and management structure in relation to a proposal to provide intensive, wraparound support to those with complex housing needs.	**p**
12.	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** **Para 6 & 9** Report by Interim 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**
13.	**Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 20 September 2021** **Para 1**	**p**

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

Please note that the meeting will be recorded for publishing on the Inverclyde Council's website. Inverclyde Council is a Data Controller under UK GDPR and the Data Protection Act 2018 and data collected during any recording will be retained in accordance with Inverclyde Council's Data Protection policy, including, but not limited to, for the purpose of keeping historical records and making those records available.

By entering the online recording please acknowledge that you may be filmed and that any information pertaining to you contained in the video and oral recording of the meeting will be used for the purpose of making the recording available to the public.

Enquiries to – **Diane Sweeney** - Tel 01475 712147

Inverclyde Integration Joint Board
Monday 20 September 2021 at 1pm

PRESENT:

Voting Members:

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Jim Clocherty (Vice Chair)	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Simon Carr	Greater Glasgow and Clyde NHS Board
Dorothy McErlean	Greater Glasgow and Clyde NHS Board
Paula Speirs	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Allen Stevenson	Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Anne Glendinning	On behalf of Sharon McAlees, Chief Social Worker, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Deirdre McCormick	Chief Nurse, NHS GG&C
Dr Chris Jones	Registered Medical Practitioner

Non-Voting Stakeholder Representative Members:

Gemma Eardley	Staff Representative, Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Heather Davis	On behalf of Hamish MacLeod – Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Christina Boyd	Carer's Representative

Additional Non-Voting Members:

Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

Also present:

Emma Cumming	Service Manager, Primary Care, Inverclyde Health & Social Care Partnership
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Anne Malarkey	Interim Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership

Andrina Hunter	Service Manager, Corporate Policy, Planning and Performance, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
George Barbour	Corporate Communications Manager, Inverclyde Council

Chair: Alan Cowan presided

The meeting took place via video-conference.

58 Apologies, Substitutions and Declarations of Interest **58**

Apologies for absence were intimated on behalf of:

Sharon McAlees	Chief Social Worker, Inverclyde Health & Social Care Partnership (with Anne Glendinning substituting)
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group (with Heather Davis acting as proxy)

Councillor Clocherty declared an interest in agenda item 10 (Covid-19 Recovery Plan 2020 Health & Community Care Older People's Day Service).

Prior to the commencement of business the Chair acknowledged that this was Dr McCormick's last meeting and thanked her for her contribution to the IIJB.
The Chair also advised that agenda item 6 (CPC Annual Report 2018-2020) should now be considered as a noting report after discussion with Mr Stevenson.

59 Minute of Meeting of Inverclyde Integration Joint Board of 21 June 2021 **59**

There was submitted the Minute of the Inverclyde Integration Joint Board of 21 June 2021.
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed

60 Minute of Meeting of Inverclyde Integration Joint Board of 17 August 2021 **60**

There was submitted the Minute of the Inverclyde Integration Joint Board of 17 August 2021.
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
The Chair made the following comments on the Minute:
Paragraph 56 – Appointment of Interim Chief Officer – the Chair advised of the following correction:

'There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership confirming the *appointment* of the Inverclyde Integration Joint Board's Interim Chief Officer…' this should read
'There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership confirming the *selection* of the Inverclyde Integration Joint Board's Interim Chief Officer…', this being in compliance with the remit of the IIJB.
Paragraph 57 - Future Meetings - the Chair advised that he had agreed with Mr Stevenson that any consideration of returning to face-to-face meetings was premature given the current public health situation and that, for the time being, meetings would continue to be held by video-conference.
Decided: that the Minute be agreed, subject to the correction of Paragraph 56 as detailed above.

61 Financial Monitoring Report 2021/22 – Period to 30 June 2021, Period 3 **61**

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 3 to 30 June 2021.
The report was presented by Mr Given and noted that the Covid-19 pandemic had created significant additional cost pressures across the HSCP and that the figures presented included projected Covid costs offset against confirmed Covid funding. The report advised that at Period 3 there was a projected overspend of £0.554m in Social Care core budgets and that this, with the IJB financial commitments, mean that the IIJB reserves are forecast to decrease in year by a net £5.772m.
The Board referred to the statement at paragraph 5.3 of the report *'The SMT are currently carrying out a detailed review of all care packages with the aim to provide the most accurate commitments in each instance'* and sought reassurance that this was not being done with the specific aim of reducing care packages. Officers assured that this was not the purpose of the review as it was necessary to ensure that care packages were set at the correct level, and that any resultant evidence-based changes would be made in consultation with clients and their families.
The Board requested an explanation on the statement at paragraph 6.5 of the report *'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'*. Mr Stevenson provided an overview of the work of the Market Facilitation Group to improve relationships across the third sector and with partners, and the tendering process for contracts. Mr Stevenson advised that there would be a future report presented to the IIJB on Unscheduled Care and the work that Inverclyde HSCP are undertaking in that regard.
The Board sought further detail on the overspends detailed at paragraph 5.3 of the report relating to Children's Residential Placements, Foster, Adoption and Kinship and Criminal Justice, which was provided by Mr Given. Mr Stevenson advised that 'spend to save' options were being developed for pressure areas within the service, and that an update would be given at a future meeting. The Chair requested that future reports contain greater detail on overspends, and Mr Stevenson and Mr Given agreed to this.

The Board sought reassurance that all PPE equipment supplied to Inverclyde HSCP was of a good standard and that there was a procedure in place for dealing with faulty equipment. Mr Stevenson confirmed that he could recall only one instance of staff receiving sub-standard equipment and this was dealt with in a timeous and efficient manner, and advised that PPE was obtained through a national procurement framework.

There was discussion on the set aside monies and Earmarked Reserves noted in the report and Mr Given provided reassurance that they were being managed.

The Chair requested that Mr Given issue a guidance note to Board members briefly explaining the financial terms commonly used in the finance report.

Decided:

(1) that the current Period 3 forecast position for 2021/22 as detailed in the report at appendices 1-3 be noted and that it be noted that the projection assumes that all Covid costs in 2021/22 will be fully funded by the Scottish Government;

(2) that it be noted 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) that the proposed budget realignments and virement as detailed in appendix 4 to the report be approved and that officers be authorised to issue revised directions to Inverclyde Council and/or the Health Board as required on the basis of the revised figures as detailed in appendix 5 to the report;

(4) that the planned use of the Transformation Fund as detailed in appendix 6 to the report be approved;

(5) that the current capital position as detailed in appendix 7 to the report be noted;

(6) that the current Earmarked Reserves position as detailed in appendix 8 to the report and the addition of £0.164m worth of funding transferring from Inverclyde Council for Autism Friendly be noted;

(7) that the key assumptions within the forecasts as detailed in paragraph 11 of the report be noted; and

(8) that it be remitted to Mr Given to provide IIJB members with a guidance note explaining the financial terms commonly used within the finance reports.

62 Annual Performance Report **62**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Inverclyde Health and Social Care Partnership Annual Performance Report 2020-2021 (the Report) and providing an update on the overall performance of Inverclyde Health & Social Care Partnership.

The report was presented by Ms Hunter and advised that the Public Bodies (Joint Working) (Scotland) Act 2014 required that an Annual Performance Report is produced and presented to Integration Joint Boards, highlighting performance on delivering the nine National Wellbeing Outcomes and the National Children & Families and Criminal Justice outcomes. Ms Hunter provided an overview of the data contained within the report, highlighting that work is now underway to develop a performance scorecard which will embed a range of both national and local targets into reports, and that it is planned to report on this biannually to the IIJB.

The Board commented on the figures at National Integration Indicator 8 (page 45 of the Report) *'I feel supported to continue caring'*, noting that although Inverclyde was above the whole of Scotland figure there was a persistent and disappointing downward trend, and that the Carers Centre received complaints from clients about the reduction in care packages. It was also noted that the Carers Centre did not receive sight of the report prior to its publication. Ms Hunter provided the Board with reassurance that partner agencies were consulted in the preparation of the report, but that not all information could be captured and she would note the comments when preparing future reports of this nature. Mr Stevenson added that Inverclyde HSCP and the Carers Centre had a good working relationship and provided a brief overview of the role of the Social Work department in assessing care packages, emphasising that this was not connected to the role of the Carers Centre.

The Board commented that an analysis of the information contained within the Report would have been beneficial, citing the Alcohol Specific Deaths figures (page 64 of the Report) as an example where the work being done in this area was not referenced or examined in the report, and that therefore no conclusions could be made. Officers confirmed that this was the intended direction of travel for future reports and the Chair welcomed this, noting that the data could be used to effectively manage services.

There was discussion on the future usefulness of the performance scorecard and the importance of taking ownership of information.

The Board sought clarity on the roadmap from an analogue to a fully digital service in providing Technical Enabled Care, and the overarching strategy for achieving this, and Mr Stevenson assured that work was ongoing on this matter. Mr Best advised that a report would be brought to the Board on this matter at a future date.

In closing discussion on this report the Chair noted that before submitting the Annual Performance Report to Government, both constituent parties (Inverclyde Council and NHS GG&C) should be consulted and have the opportunity to comment. The Chair further welcomed the officer's ambition to provide greater analysis of information and thanked the author of the report and all staff who contributed.

Decided: that the 2020/21 Annual Performance report be noted and its submission to the Scottish Government be approved.

63 Update on Implementation of Primary Care Improvement Plan **63**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on progress and the financial plans associated with the implementation of the Primary Care Improvement Plan.

The report was presented by Ms Cummings and provided updates on (a) the Vaccination Transformation Programme, (b) Pharmacology Services, (c) Community Treatment & Care Services, (d) Urgent Care (Advanced Practitioners), (e) Additional Professionals – Advanced Physiotherapy Practitioners, (f) Additional Professionals – Mental Health, and (g) Community Link Workers.

The Chair commented that the Primary Care Implementation plan was being de-scoped as the resources received were less than expected to run it, and expressed concern about any possible resultant risk, giving the example of the role Advanced Physiotherapists play in preventing hospital admissions. There was discussion on the impact of Covid, and the practicalities of service delivery and using staff in the most efficient way. The need for investment in, and support of, the Primary Care sector was emphasised. The impact on Acute Services was also discussed, with an overview provided on the current state of this service.

The Board sought clarity on the figures provided in the report for Pharmacotherapy Services, and requested detail on the impact on service provision. Ms Cumming provided an overview of the service structure, the impact on the Level 3 Service and the importance of having a practical and pragmatic approach to providing this service. Ms Cumming further advised that a previous request to the Scottish Government for additional funding had been refused.

The Board noted that the changes within the Vaccination Transformation Service would hopefully enable the workforce to be used in the most efficient way.

The Board noted that more information on the impact on outcomes from the measures detailed in the report would be useful. Mr Stevenson provided assurances that HSCP would continue to engage with GPs, and that an update would be provided to the Board in Spring 2022.

Decided:

(1) that the update and plans for financial balance be noted; and

(2) that the current plans for implementation of the Primary Care Improvement Plan be agreed.

64 Child Protection Committee Annual Report 2018-2020 **64**

There was submitted a report by the Interim Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of the publication of Inverclyde Child Protection Committee's Annual Report 2018-2020 and to requesting that the Board consider the report's findings in relation to Inverclyde Child Protection Committee's (CPC) duty to provide an annual update of child protection business.

The report was presented by Ms Glendinning and explained that one of the key functions of a CPC was to provide an annual business report, and that the two year span of this report was due to a vacancy in the Child Protection Lead Officer role. It was noted that the report had been presented to and accepted by Inverclyde Child Protection Committee on 14 March 2021, Inverclyde Chief Officer's Group on 20 March 2021 and Inverclyde Council's Health & Social Care Committee on 19 August 2021. The report referenced the 'Barnahus' pilot, which is a 'one stop' location providing a safe interview and support space for children, and the Up2U programme, for people who use domestically abusive and unhealthy behaviours in their relationships.

The Board requested clarification on the work of the Up2U programme and Ms Glendinning provided an overview of the referral and assessment process and the focus on child protection in the operation of the programme.

The Chair conveyed his thanks to all staff who are connected with these services, acknowledging the standard of care they provide and the difficult nature of the work, and commented that the figure at page 12 of the CPC report (The Inverclyde Profile) for the number of children on the Child Protection Register was notably higher than previous years. Ms Glendinning provided reassurance that the current figure was 31 and that the anomaly was created by changes in the referral process.

Ms Speirs left the meeting during consideration of this item.

Decided:

(1) that the content of the report be noted; and

(2) that thanks be conveyed on behalf of the Board to all staff connected with the provision of Child Protection services within Inverclyde.

65 Drug Related Deaths 2020 and ADP Update **65**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting (1) details from the recently published Drug Related Deaths in Scotland in 2020 figures published by the National Records of Scotland, and (2) providing an update on the Inverclyde Alcohol and Drug Partnership.

The report was presented by Ms Malarkey who emphasised that behind every piece of data are people who have sadly lost their lives and left behind family and friends. The report noted that in 2020 there were 1339 drug related deaths in Scotland as a whole, of which 444 were within the NHS GG&C area, and of that 33 in Inverclyde. The report provided an analysis of these figures and an overview of key services and priorities which will tackle the issue.

There was discussion on tackling drug abuse as a health and not criminal justice issue, and on how to destigmatise addiction, with campaigns and intervention programmes at Court level.

Ms Malarkey advised the Board that Police Scotland now publish suspected drug related death figures quarterly and not yearly, which allowed greater analyses and quicker responses to emerging issues.

There was discussion on collaborative learning with partner agencies and other authorities, and Ms Malarkey advised that ADP co-ordinators meet nationally, and that they work closely with each other and share best practice and learning.

The Board asked for clarification on how prescribed Scottish Government funding was for the HSCP and if there was flexibility in how it could be used, acknowledging that funding was received for specific projects. Ms Malarkey reassured that there was scope for discussion with the Scottish Government.

In concluding discussion on this report the Chair emphasised the importance of working with partner agencies.

Decided:

(1) that the Drug Related deaths in Scotland be noted; and

(2) the work being driven through the Inverclyde Alcohol and Drug Partnership in relation to drug death prevention be approved.

66 Minute of Meeting of IJB Audit Committee of 29 March 2021 **66**

There was submitted the Minute of the Inverclyde Integration Joint Board of 17 August 2021

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the minute be agreed

67 Minute of Meeting of IJB Audit Committee of 21 June 2021 **67**

There was submitted the Minute of the Inverclyde Integration Joint Board of 21 June 2021
The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
Councillor Robertson, Chair of the IJB Audit Committee, provided a brief feedback on the main issues discussed at the Committee meeting held at 1pm, and advised that the IJB Audit Committee would soon be progressing with work on risk appetite through a short-life working group, with a provisional conclusion date of January 2022. It was also noted that there had been discussion on the participation of Health Board audit officers on the Committee and that this would be discussed further.
Decided:
(1) that the minute be agreed
(2) that the feedback provided by the Chair of the IJB Audit Committee in respect of the meeting of the IJB Audit Committee held earlier in the day be noted.

68 IJB Directions Annual Report – 2020/21 **68**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IJB to Inverclyde Council and NHS GGC for the period March 2020 to August 2021.
The report was presented by Ms Pollock and advised that a revised IJB Directions Policy and Procedure was approved by the IJB in September 2020, and as part of the agreed procedure IJB Audit had assumed responsibility for maintaining an overview of Directions issued. As part of the review of the IJB Directions Policy, Inverclyde Council's Chief Internal Auditor recommended that the IJB be provided with an annual report summary on the use of Directions and this report was the first such report.
The Chair observed that although content for the report to be noted at this stage that the Board should be mindful of how the report should be scrutinised in the future.
Councillor Robertson, Chair of the IIJB Audit Committee, agreed, advising that this was discussed at their earlier meeting.
Decided: that the content of the report be noted.

69 Covid-19 Recovery Plan 2020 Health & Community Care Older People's Day Service **69**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising on the impact of Covid-19 on the delivery of Day Services for Older People and detailing the planned service recovery.
Councillor Clocherty declared a non-financial interest in this item as the spouse of an employee within Hillend Day Services. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence at the meeting or his participation in the decision-making process.
The report was presented by Mr Best and advised that all day services have now reopened on a restricted basis, with necessary measures having been taken to minimise risk. Local day services and HSCP assessment teams have worked collaboratively, adopting new models of service delivery to continue to provide support in response to critical and substantial need.
The Chair commented that services resuming was a positive step.

Decided:
(1) that progress within the Recovery Plan for Older People's Day Services while ensuring priority for critical services be noted;
(2) that it be noted that Hillend Day Services has reopened two community groups while continuing an outreach service, the priority for the HSCP continuing to be critical care at home;
(3) that it be noted that commissioned services will continue to re-establish building based service within Government guidance in addition to the current outreach and virtual contact, this being targeted at priority service users to provide a break for carers; and
(4) that day services are now open to accept new referrals.

70 Chief Officer's Report **70**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership.
The report was presented by Mr Stevenson and provided updates in relation to (a) the Dementia Care Co-ordination Programme, (b) Inverclyde Macmillan Improving the Cancer Journey, (c) District Nursing Workforce, and (d) Unscheduled Care Commissioning Plan.
Decided: that the service updates be noted and that future papers will be brought to the IIJB as substantive agenda items.

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.

Item	**Paragraph(s)**
Implementation of Management Review	**1**
Reporting by Exception – Governance of HSCP Commissioned External Organisations	**6 & 9**

71 Implementation of Management Review **71**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the developments, proposals and finance to support a new management structure for the Senior Management Team within the Health and Social Care Partnership.
The report was presented by Mr Stevenson and advised that HSCP undertook a Management review in 2019 to ensure that services were properly aligned to provide an effective service delivery. Mr Stevenson advised the Board that this report was the conclusive report on the review.
The Board noted the report and approved the staffing issues detailed, all as detailed in the appendix.

72 Reporting by Exception – Governance of HSCP Commissioned External Organisations **72**

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 for the reporting period 27 March to 16 July 2021.

The report was presented by Mr Stevenson and appended the mandatory Reporting by Exception document which highlighted changes and updates in relation to quality gradings, financial monitoring or specific service changes or concerns identified through submitted audited accounts, regulatory inspection and contract monitoring.

Updates were provided on establishments and services within Older People, Adult and Children's Services.

The Chair requested that officers provide an update to him and Councillor Clocherty on the matter referred to at paragraph 5.1.1 of the report in advance of the next meeting.

Decided:

(1) that the Governance report for the period 27 March to 16 July 2021 be noted; and

(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.

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**1 November 2021**
Report By:	**Allen Stevenson Interim Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/48/2021/CG**
Contact Officer:	**Craig Given Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**FINANCIAL MONITORING REPORT 2021/22 – PERIOD TO 31 AUGUST 2021, PERIOD 5**		

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 5 to 31 August 2021.

2.0 SUMMARY

2.1 The detailed report outlines the financial position at Period 5 to the end of August 2021. 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 £6.586m of net Covid-19 costs for which full funding is anticipated from Scottish Government through local mobilisation plans and current Covid Earmarked reserves. At Period 5 there is a projected overspend of £0.522m in Social Care core budgets. Without a further reduction in costs this overspend would be met from within our existing free reserves.

2.3 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. This together with the in year overspend means that the IJB reserves are forecast to decrease in year by a net £5.872m.

2.4 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.

2.5 The report outlines the current projected spend for the Transformation Fund.

2.6 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 £1.728m for 2021/22 with £0.080m actual spend to date.

2.7 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 £14.191m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £14.932m. The projected year-end position is a carry forward of £9.060m. This is a decrease in year due to anticipated spend of funding on agreed projects.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 5 forecast position for 2021/22 as detailed in the report Appendices 1-3 and notes that the projection assumes that all Covid costs in 2021/22 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 (Appendix 6);
5. Notes the current capital position (Appendix 7);
6. Notes the key assumptions within the forecasts detailed at section 11.

Allen Stevenson
Interim Chief Officer

Craig Given
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 2021/22 was set on 29 March 2021 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The table below summarises the agreed budget and funding together with the projected operating out turn for the year as at 30 June:

	Revised Budget 2021/22 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	73,008	73,530	522
Health Services	80,005	80,005	0
Set Aside	28,177	28,177	0
HSCP NET EXPENDITURE	**181,190**	**181,712**	**522**
FUNDED BY			
Transfer from / (to) Reserves	685	1,207	522
NHS Contribution to the IJB	125,791	125,791	0
Council Contribution to the IJB	54,714	54,714	0
HSCP FUNDING	**181,190**	**181,712**	**522**
Planned Use of Reserves	(5,872)	(5,872)	
Annual Accounts CIES Position (assuming Covid costs are covered in full)	**(5,872)**	**(5,872)**	

4.3 Updated Finance Position and Forecasting to Year-end

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.

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 July submission are £6.586m (£5.266m Social Care and £1.302m Health).
- 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.

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. The IJB expects these costs to be fully funded from a combination of Scottish Government funding and the existing £2.89m Covid 19 Earmarked Reserve carried forward from last year.

5.0 SOCIAL WORK SERVICES

5.1 The projected net Social Care Covid spend is £5.266m 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 £0.522m 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. In order to get to this projected outturn position, Inverclyde Health and Social Care Partnership needs to use £0.810m of its smoothing reserves.

5.2 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 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 overspend are:

- A projected overspend of £0.706m in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the £0.350m smoothing Earmarked Reserve. Plans are in place to resume the request for Assistance team in order to help reduce this overspend. At Period 5 there is a projected net overspend of £0.110m in Continuing Care. This is being funded out of the smoothing Earmarked Reserve

- Within Criminal Justice a £0.256m projected overspend as a result of client package costs.

- A projected overspend of £0.184m within Residential and Nursing Care other client commitments, which reflects an anticipated overspend against direct payment, a projected £0.251m overspend on Employee costs within Homecare. Within the Older Persons budget this is offset by a projected £0.387m within External Homecare based upon invoices received.

Main areas of underspend are:

- The projected underspend in Learning Disabilities mainly relates to £0.219m against employee costs due to vacant posts within day services resulting in additional turnover being projected.

  Any over / underspends on Learning Disability client commitments are transferred to the earmarked reserve at the end of the year. The opening balance on the Learning Disability client commitments reserve is £0.350m. At period 3 there is a projected net overspend of £0.368m of which £0.350m

would be funded from the earmarked reserve at the end of the year it if continues, leaving an overspend against Core of £18,000 across these services.

- The projected £0.134m underspend in Alcohol & Drugs underspend is against employee costs and due to a combination of delays in reviewing roles following the restructure together with slippage filling posts.

- A projected underspend in Mental Health services of £0.079m due to vacancies and slippage in filling post.

- The projected underspend in Business Support of £0.112m due to vacancies and slippage in filling posts.

A detailed analysis of the social care variances has been prepared by the Council for Period 5. This is seen in Appendix 2.

An ongoing exercise is taking place to review the overall Children and Families Services looking at spend to save options to reduce the overall pressure on the service.

6.0 HEALTH SERVICES

6.1 For Health, Covid spend is projected to be £1.302m for the year with the biggest elements of that being additional staffing costs.

The projected outturn for health services at 31 August is in line with the revised budget. At Period 5 an underspend of £0.232m is being reported. The current underspend is detailed as follows:

- Alcohol & Drug Recovery – £0.050m underspend mainly due to vacancies as the service currently recruits for the redesign.
- Adult Community Services - £0.050m underspend mainly due to vacancies in Management posts and nursing. These are currently being recruited to.
- Adult Inpatients - £0.370m overspend mainly due to the use of premium agency in the service.
- Children's Community Services - £0.097m underspend mainly due to Health visiting vacancies. These are also being recruited to.
- Prescribing - £0.033m underspend. Please see below for more details.
- Planning & Health Improvement - £0.091m underspend mainly due to Vacancies. This will improve following the recent Management Restructure.
- Financial Planning - £0.129k underspend. This is mainly contingency funding which has been used to date.
- Management & Admin - £0.095m underspend due to vacancies mainly in Finance Services and Admin.

In line with previous years an underspend at year-end with will transferred to reserves.

6.2 <u>Prescribing</u>

Currently projected at an underspend of £0.033m. The prescribing position will continue to be closely monitored throughout the year, at present no significant pressures have been identified which will have an impact or require the use of the Prescribing smoothing reserve.

6.3 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.

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

6.5 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
- The current budget is based upon cost book information to calculate the set – aside calculation. This is consistent with the requirements of Scottish Government for preparing accounting estimates for inclusion in Health Board and IJB accounts. At present within the all the Greater Glasgow IJB's actual costs of unscheduled care vastly overspend on their budget and are balanced overall at Board level. Work has been ongoing for a number of years now to try and find a methodology which could see these costs better split into IJB areas. To date there is no clear view and no national guidance which has led to this remaining as a notional budget in the IJB's accounts with budget equally expenditure based on figures from Greater Glasgow.
- At present the set-aside calculation is very complex and requires significant manual intervention. This needs to be streamlined at Health Board level.
- Current set aside position is not a balanced budget therefor the IJB would not accept charges as per actual usage as this would put most IJB's into a deficit position.
- Work is currently ongoing at Board level to continue to review this with the onus being on the Health Board to produce a set aside mechanism which is fair, transparent and of no financial detriment to the Inverclyde IJB before it is accepted.

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. At the beginning of this financial year, the Fund balance was £1.085m. 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 £0.519m still uncommitted. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget is £10.829m over the life of the projects with £1.728m budgeted to be spent in 2021/22

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 original Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018 and had been behind programme when the Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration. The Administrators confirmed that the Council would require to progress a separate completion works contract to address the outstanding works and a contract termination notice was issued for the original contract.
- The COVID-19 situation impacted the progression of the completion works tender which was issued in late December 2020 and returned mid-February 2021. Approval to accept the lowest acceptable tender was granted through emergency powers in March 2021. The completion work recommenced on 4 May 2021 with a contractual completion date in early November 2021.
- Works are progressing on site with external render repairs in progress and with roof tile repairs to follow. Photovoltaic roof panels have been installed. The replacement of the foul drainage system will commence when the scaffolding has been removed. Internally the electrical works are in progress with internal wall lining installation to follow.
- The contractor is currently projecting completion at the end of November.

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 Heath & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th March 2020.The COVID-19 situation has impacted the progression of the project. The progress to date is summarised below:

- As previously reported the initial site information and survey work has been completed including flood risk assessments of the site. Supplementary site surveys are currently being progressed to provide more detail on the shallow rock substrate across the site to inform the design for drainage.
- Space planning and accommodation schedule interrogation work has been progressed through Property Services and the Client Service to inform the developing design with the Design Team focus on concluding the concept design to Architectural Stage 2. As part of the Stage 2 works an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the impending zero carbon building standards.
- Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.

9.4 Swift Upgrade

The project involves the replacement of the current Swift system. The March Policy

& Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid. An update report will be brought to the Committee later in 2021/22.

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 £14.191m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £14.932m.
- To date at Period 5, £4.219m of new reserves are expected in year (mainly due to addition monies from Scottish Government for ringfenced projects). This also includes the addition of the new Earmarked Reserve of £0.164m for Autism Friendly transferring from the Council and £0.215m for Covid related projects transferring from the Council. Plans are currently being developed for this project and will be detailed in a future Earmarked Reserve report.
- Projected carry forward at the yearend is £9.060m.
- Appendix 8 shows all reserves under the following categories:

Ear-Marked Reserves	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
Scottish Government Funding - funding ringfenced for specific initiatives	4,798	3,653	2,208	2,006
Existing Projects/Commitments - many of these are for projects that span more than 1 year	4,807	523	295	3,977
Transformation Projects - non recurring money to deliver transformational change	2,888	43	324	1,878
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	1,698	0	0	980
TOTAL Ear-Marked Reserves	**14,191**	**4,219**	**2,827**	**8,841**

General Reserves	**741**	**0**	**0**	**741**
In Year Surplus/(Deficit) going to/(from) reserves				(522)

TOTAL Reserves	**14,932**	**4,219**	**2,827**	**9,060**
Projected Movement (use of)/transfer in to Reserves				**(5,872)**

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES) AND KEY ASSUMPTIONS WITHIN THE P3 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 2021/22, it is anticipated that as a portion of the brought forward £14.932m and any new Reserves are used the CIES will reflect a surplus. At Period 3, 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 P5 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.

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**
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

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.

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2021/22 PROJECTED POSITION

PERIOD 5: 1 April 2021 - 31 August 2021

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	52,863	59,278	59,030	(248)	-0.4%
Property Costs	1,002	1,021	994	(27)	-2.6%
Supplies & Services	49,292	50,569	51,562	993	2.0%
Family Health Services	28,629	29,616	29,616	0	0.0%
Prescribing	18,508	19,314	19,314	0	0.0%
Transfer from / (to) Reserves	0	0	0	(0)	0.0%
Income	(2,440)	(6,785)	(6,981)	(196)	2.9%
Funding/Savings still to be allocated	0	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	**147,854**	**153,013**	**153,535**	**522**	**0.3%**
Set Aside	28,177	28,177	28,177	0	0.0%
HSCP NET TOTAL EXPENDITURE	**176,031**	**181,190**	**181,712**	**522**	**0.3%**

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,166	2,253	2,243	(10)	-0.4%
Older Persons	22,548	22,962	23,003	41	0.2%
Learning Disabilities	8,974	8,991	8,772	(219)	-2.4%
Mental Health - Communities	4,098	4,388	4,309	(79)	-1.8%
Mental Health - Inpatient Services	9,310	9,839	9,839	0	0.0%
Children & Families	13,905	14,427	15,249	822	5.7%
Physical & Sensory	2,461	2,461	2,483	22	0.9%
Alcohol & Drug Recovery Service	2,717	2,830	2,697	(133)	-4.7%
Assessment & Care Management / Health & Community Care / Business Support	14,072	15,438	15,271	(167)	-1.1%
Criminal Justice / Prison Service	75	118	372	254	0.0%
Homelessness	1,218	1,218	1,209	(9)	-0.7%
Family Health Services	28,649	29,607	29,607	0	0.0%
Prescribing	18,695	19,502	19,502	0	0.0%
Contribution to Reserves	0	0	0	0	0.0%
Funding/Savings still to be allocated	573	685	685	0	0.0%
Unallocated Funds	0	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	**147,854**	**153,013**	**153,535**	**522**	**0.3%**
Set Aside	28,177	28,177	28,177	0	0.0%
HSCP NET TOTAL EXPENDITURE	**176,031**	**181,190**	**181,712**	**522**	**0.3%**
FUNDED BY					
NHS Contribution to the IJB	93,202	97,614	97,614	0	0.0%
NHS Contribution for Set Aside	28,177	28,177	28,177	0	0.0%
Council Contribution to the IJB	54,652	54,714	54,714	0	0.0%
Transfer from / (to) Reserves	0	685	1,207	522	0.0%
HSCP NET INCOME	**176,031**	**181,190**	**181,712**	**522**	**0.3%**
HSCP OPERATING SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0**	**0.0%**
Anticipated movement in reserves *	0	(5,872)	(5,872)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	**0**	**(5,872)**	**(5,872)**		

* See Reserves Analysis for full breakdown

APPENDIX 1b

INVERCLYDE HSCP - COVID 19

REVENUE BUDGET 2020/21 PROJECTED POSITION

PERIOD 3: 1 April 2021 - 30 June 2021

SUBJECTIVE ANALYSIS - COVID 19 based on Q1 Mobilisation Plan submission	Social Care Projected Out-turn 2021/22 £000	Health Projected Out-turn 2021/22 £000	TOTAL Projected Out-turn 2021/22 £000
Employee Costs	1,555	1,055	3,236
Property Costs	0	0	0
Supplies & Services	3,419	247	3,089
Family Health Services			0
Prescribing		0	0
Loss of Income	243		243
PROJECTED COVID RELATED NET SPEND	**5,266**	**1,302**	**6,568**

SUMMARISED MOBILISATION PLAN	Social Care 2021/22 £'000	Health 2021/22 £'000	Revenue 2021/22 £'000
COVID-19 COSTS HSCP			
Additional PPE	400	5	405
Contact Tracing			
Testing			
Covid-19 Vaccination			
Flu Vaccination			
Scale up of Public Health Measures		85	85
Additional Community Hospital Bed Capacity			
Community Hubs		309	309
Additional Care Home Placements	163		163
Additional Capacity in Community			
Additional Infection Prevention and Control Costs			
Additional Equipment and Maintenance	50		50
Additional Staff Costs	535		535
Staff Wellbeing	25		25
Additional FHS Prescribing			
Additional FHS Contractor Costs		46	46
Social Care Provider Sustainability Payments	1,867		1,867
Social Care Support Fund Claims			
Payments to Third Parties			
Homelessness and Criminal Justice Services	92		92
Children and Family Services	1,646		1,646
Loss of Income	218		218
Other		5	5
Covid-19 Costs	**4,995**	**450**	**5,445**
Unachievable Savings	25	0	25
Offsetting Cost Reductions		0	
Total Covid-19 Costs - HSCP	**5,020**	**450**	**5,470**
REMOBILISATION COSTS - HSCP			
Adult Social Care			
Reducing Delayed Discharge	197		197
Digital & IT costs	48	37	85
Primary Care			
Other		815	815
Total Remobilisation Costs	**245**	**853**	**1,098**
Total HSCP Costs	**5,265**	**1,303**	**6,568**

APPENDIX 2

SOCIAL CARE

REVENUE BUDGET 2021/22 PROJECTED POSITION

PERIOD 5: 1 April 2021 - 31 August 2021

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	29,677	31,860	31,612	(248)	-0.8%
Property costs	997	996	969	(27)	-2.7%
Supplies and Services	805	853	897	44	5.2%
Transport and Plant	378	350	339	(11)	-3.1%
Administration Costs	723	767	795	28	3.7%
Payments to Other Bodies	42,904	42,726	43,658	932	2.2%
Resource Transfer	(16,816)	(18,294)	(18,294)	0	0.0%
Income	(4,016)	(4,544)	(4,740)	(196)	4.3%
Funding/Savings still to be allocated	0	0	0	0	0.0%
SOCIAL CARE NET EXPENDITURE	**54,652**	**54,714**	**55,236**	**522**	**1.0%**

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Strategy & Support Services	1,649	1,675	1,665	(10)	-0.6%
Older Persons	22,548	22,962	23,003	41	0.2%
Learning Disabilities	8,435	8,435	8,216	(219)	-2.6%
Mental Health	939	939	860	(79)	-8.4%
Children & Families	10,494	10,494	11,316	822	7.8%
Physical & Sensory	2,461	2,461	2,483	22	0.9%
Alcohol & Drug Recovery Service	960	871	738	(133)	-15.3%
Business Support	3,157	3,279	3,167	(112)	-3.4%
Assessment & Care Management	2,716	2,262	2,207	(55)	-2.4%
Criminal Justice / Scottish Prison Service	75	118	372	254	0.0%
Resource Transfer		0		0	0.0%
Unallocated Funds		0		0	0.0%
Homelessness	1,218	1,218	1,209	(9)	-0.7%
SOCIAL CARE NET EXPENDITURE	**54,652**	**54,714**	**55,236**	**522**	**1.0%**

COUNCIL CONTRIBUTION TO THE IJB	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	**54,652**	**54,714**	**54,714**	**0**	
Transfer from / (to) Reserves			**522**		

APPENDIX 3

HEALTH

REVENUE BUDGET 2021/22 PROJECTED POSITION

PERIOD 5: 1 April 2021 - 31 August 2021

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	23,186	27,418	27,418	0	0.0%
Property	5	25	25	0	0.0%
Supplies & Services	4,482	5,873	5,873	0	0.0%
Family Health Services (net)	28,629	29,616	29,616	0	0.0%
Prescribing (net)	18,508	19,314	19,314	0	0.0%
Resource Transfer	18,393	18,294	18,294	(0)	0.0%
Income	(1)	(2,241)	(2,241)	0	0.0%
Transfer to Earmarked Reserves	0	0	0	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**93,202**	**98,299**	**98,299**	**0**	**0.0%**
Set Aside	28,177	28,177	28,177	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**121,379**	**126,476**	**126,476**	**0**	**0.0%**

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,411	3,933	3,933	0	0.0%
Health & Community Care	6,420	8,053	8,053	0	0.0%
Management & Admin	1,779	1,844	1,844	0	0.0%
Learning Disabilities	539	556	556	0	0.0%
Alcohol & Drug Recovery Service	1,757	1,959	1,959	0	0.0%
Mental Health - Communities	3,159	3,449	3,449	0	0.0%
Mental Health - Inpatient Services	9,310	9,839	9,839	0	0.0%
Strategy & Support Services	517	578	578	0	0.0%
Family Health Services	28,649	29,607	29,607	0	0.0%
Prescribing	18,695	19,502	19,502	0	0.0%
Unallocated Funds/(Savings)	0	0	0	0	0.0%
Transfer from / (to) Reserves	573	685	685	0	0.0%
Resource Transfer	18,393	18,294	18,294	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**93,202**	**98,299**	**98,299**	**0**	**0.0%**
Set Aside	28,177	28,177	28,177	0	0.0%
HEALTH NET DIRECT EXPENDITURE	**121,379**	**126,476**	**126,476**	**0**	**0.0%**

HEALTH CONTRIBUTION TO THE IJB	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	**121,379**	**125,791**	**125,791**	**0**	
Transfer from / (to) Reserves	**0**	**685**	**685**	**0**	

Budget Movements 2021/22

Appendix 4

Inverclyde HSCP	Approved Budget	Movements				Revised Budget
Service	2021/22 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	2021/22 £000
Children & Families	13,905	0	329	192	0	14,426
Criminal Justice	75	43	0	0	0	118
Older Persons	22,548	414	0	0	0	22,962
Learning Disabilities	8,974	0	17	0	0	8,991
Physical & Sensory	2,461	0	0	0	0	2,461
Assessment & Care Management/ Health & Community Care	9,136	(454)	256	1,378	0	10,316
Mental Health - Communities	4,098	0	22	268	0	4,388
Mental Health - In Patient Services	9,310	0	524	5	0	9,839
Alcohol & Drug Recovery Service	2,717	0	(107)	220	0	2,830
Homelessness	1,218	0	0	0	0	1,218
Strategy & Support Services	2,166	26	20	41	0	2,253
Management, Admin & Business Support	4,936	372	(185)	0	0	5,123
Family Health Services	28,649	0	0	958	0	29,608
Prescribing	18,695	0	316	490	0	19,501
Resource Transfer	18,393	0	(99)	0	0	18,294
Unallocated Funds *	573	1,587	(1,432)	(42)	0	686
Transfer from Reserves						
Totals	147,854	1,988	(338)	3,510	0	153,014

* 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

Social Care Budgets	Approved Budget	Movements				Revised Budget
Service	2021/22 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2021/22 £000
Children & Families	10,494					10,494
Criminal Justice	75	43				118
Older Persons	22,548	414				22,962
Learning Disabilities	8,435					8,435
Physical & Sensory	2,461					2,461
Assessment & Care Management	2,716	(454)				2,262
Mental Health - Community	939					939
Alcohol & Drug Recovery Service	960		(89)			871
Homelessness	1,218					1,218
Strategy & Support Services	1,649	26				1,675
Business Support	3,157	372	(250)			3,279
Resource Transfer	0					0
Unallocated Funds	0					0
Totals	54,652	401	(339)	0	0	54,714
						54,714

Health Budgets	Approved Budget	Movements				Revised Budget
HEALTH Service	2021/22 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2021/22 £000

Children & Families	3,411		329	192		3,932
Learning Disabilities	539		17			556
Health & Community Care	6,420		256	1,378		8,054
Mental Health - Communities	3,159		22	268		3,449
Mental Health - Inpatient Services	9,310		524	5		9,839
Alcohol & Drug Recovery Service	1,757		(18)	220		1,959
Strategy & Support Services	517		20	41		578
Management, Admin & Business Support	1,779		65			1,844
Family Health Services	28,649			958		29,607
Prescribing	18,695		316	490		19,501
Resource Transfer	18,393		(99)			18,294
Unallocated Funds/(Savings)	0					0
Transfer from Reserves	573	1,587	(1,432)	(42)		686
Totals	93,202	1,587	0	3,510	0	98,299

Virement Analysis

Budget Virements	Increase Budget £000	(Decrease) Budget £000
Pay award funding	455	
Transfer from Reserves		455
Funding from Fin Planning re Infant Feeding posts	55	
Transfer from Reserves		55
Anticipated funding re Ardgowan uplift from Fin Planning	22	
Transfer from Reserves		22
Move funding for ADP Manager from ADRS to Fin Planning	(52)	
Transfer from Reserves		(52)
HOS MH funding from Fin Plann to MH	97	
Transfer from Reserves		97
RT Budget to Financial Planning	(99)	
Transfer from Reserves		(99)
Pay Uplift	639	
Transfer from Reserves		639
	1,117	1,117

Supplementary Budget Movement Detail	£000	£000
Criminal Justice		**0**
Children & Families		**192**
NR School Nurse Funding	74	
CAMCHP 49 Breastfeeding PFG Funding	118	
Alcohol & Drugs Recovery Service		**220**
ADP National Drugs Mission funding (CAMCHP22)	220	
Health & Community Care		**1,377**
PCIP 1st Tranche Allocation (CAMCHP20)	1,137	
CAM31 Associate Improvement Advisor Funding	63	
CAM27 PCIP Pharmacy Baseline Funding	151	
CAM18 District Nurse funding 1st Tranche	76	
CAMCHP50 DD to Acute Ecan Nurse	(50)	
Learning Disabilities		**0**
Mental Health - Communities		**53**
Funding from Ren HSCP re OT Lead post	7	
Re-Align OT Budgets	43	
CAM19 Action 15 funding 1st Tranche	261	
OT Budget Adjustment NR	5	
Amalgamate OT budgets	(263)	
Mental Health - Inpatient Services		**220**
Re-Align OT Budgets	(43)	
Amalgamate OT budgets	263	
OT Budget Adjustment NR	(5)	
CAMPCHP59 OU Student Q3&4	5	
Strategy & Support Services		**0**
Planning & Health Improvement		**41**
CAMPCHP66 Smoking Prevention funding	41	
Prescribing		**806**
CAM from Acute Q1 - Apremilast	34	
Budget uplift	316	
FHS Other to HSCP budgets	456	
Family Health Services		**958**
Gms X Chg Hscp Covid MI 6701	2	
HSCP Ncl 2021 Red Dent Inc	452	
HSCP Ncl adj Gds Budget	61	
HSCP Ncl adj Gos Budget	75	
HSCP Ncl adj Gps Budget	342	
Gms X Chg Hscp Covid MI 6701	2	
Gms X Chg Hscps Covid Locum	8	
Gms X Chg Hscp Covid MI 6701	14	

Gms X Chg Hscp Covid MI 6701	3
Homelessness	**0**
Integrated Care Fund	**0**
Prescribing	**0**
Resource Transfer	**0**
	3,867

APPENDIX 5

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 CARE	
Employee Costs	31,860
Property costs	996
Supplies and Services	853
Transport and Plant	350
Administration Costs	767
Payments to Other Bodies	42,726
Income (incl Resource Transfer)	(22,838)
Unallocated Funds	0
SOCIAL CARE NET EXPENDITURE	**54,714**

Health Transfer to EMR	0

OBJECTIVE ANALYSIS	Budget 2021/22 £000
SOCIAL CARE	
Strategy & Support Services	1,675
Older Persons	22,962
Learning Disabilities	8,435
Mental Health	939
Children & Families	10,494
Physical & Sensory	2,461
Alcohol & Drug Recovery Service	871
Business Support	3,279
Assessment & Care Management	2,262
Criminal Justice / Scottish Prison	118
Unallocated Funds	0
Homelessness	1,218
Social Care Transfer to EMR	
Resource Transfer	0
SOCIAL CARE NET EXPENDITURE	**54,714**

This direction is effective from 1 November 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	27,418
Property costs	25
Supplies and Services	5,873
Family Health Services (net)	29,616
Prescribing (net)	19,314
Resources Transfer	18,294
Unidentified Savings	0
Income	(2,241)
Transfer to EMR	0
HEALTH NET DIRECT EXPENDITURE	**98,299**
Set Aside	28,177
NET EXPENDITURE INCLUDING SCF	**126,476**

OBJECTIVE ANALYSIS	Budget 2021/22 £000
HEALTH	
Children & Families	3,933
Health & Community Care	8,053
Management & Admin	1,844
Learning Disabilities	556
Alcohol & Drug Recovery Service	1,959
Mental Health - Communities	3,449
Mental Health - Inpatient Services	9,839
Strategy & Support Services	578
Family Health Services	29,607
Prescribing	19,502
Unallocated Funds/(Savings)	0
Transfer to EMR	685
Resource Transfer	18,294
HEALTH NET DIRECT EXPENDITURE	**98,299**
Set Aside	28,177
NET EXPENDITURE INCLUDING SCF	**126,476**

This direction is effective from 1 November 2021.

APPENDIX 6

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 5: 1 April 2021 - 31 August 2021

Total Fund at 31/03/21	1,085,000
Balance Committed to Date*	566,443
Balance Still to be Committed	518,557

Current Projects List

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

Project No	Project Title	Service Area	Service Manager	Approved IJB/TB	Council/ Health Spend	Updated Agreed Funding
008	Sheltered Housing Support Services Review	Health & Community Care	Joyce Allan	TB	Council	99,970
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	Debbie Maloney	TB	Council	70,000
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	Andrina Hunter	IJB	Both	150,000
020	Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	Helen Watson	TB	Council	25,219
024	Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	Helen Watson	TB	Council	66,000
027	Autism Clinical/Project Therapist. 18 month post.	Specialist Children's Services	Fiona Houlihan	TB	Health	153,600
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	Helen Watson	IJB	Council	110,537
030	Care Navigator Posts - Pilot to develop a care co-ordinated response to clients with multiple complex issues.	Homelessness	Andrina Hunter	IJB	Council	100,000
031	Proud2Care to enable the continued partnership with Your Voice over 18 months to support continued Proud2Care activity.	C&F	Sharon MacAlees	IJB	Council	110,000

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2020/21

PERIOD 5: 1 April 2021 - 31 August 2021

Project Name	Est Total Cost £000	Actual to 31/3/21 £000	Revised Budget 2021/22 £000	Actual YTD £000	Est 2022/23 £000	Est 2023/24 £000	Future Years £000
SOCIAL CARE							
Crosshill Children's Home Replacement	2,315	1,489	720	74	106	0	0
New Learning Disability Facility	7,400	67	406	6	6,292	635	0
SWIFT Upgrade	1,101	0	600	0	501	0	0
Completed on site	13	0	2	0	11	0	0
Social Care Total	**10,829**	**1,556**	**1,728**	**80**	**6,910**	**635**	**0**
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	**10,829**	**1,556**	**1,728**	**80**	**6,910**	**635**	**0**

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 8

INVERCLYDE HSCP

Period 5: 1 April - 31 August 2021

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2020/21 £000	New Funding 2021/22 £000	Total Funding 2021/22 £000	YTD Actual 2021/22 £000	Projected Net Spend 2021/22 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Scottish Government Funding			**4,798**	**3,653**	**8,451**	**2,208**	**6,445**	**2,006**	
Mental Health Action 15	Anne Malarkey	31/03/2022	343	522	865	343	687	178	Ongoing expenditure. Unspent budget will be carried into 22/23.
ADP	Anne Malarkey	31/03/2022	423	439	862	423	360	502	Any remaining balance will be carried forward into 22/23.
Covid-19	Louise Long	31/03/2022	2896		2,896	846	2,896	0	Balance of Covid -19 funding received in 2020-21. Will be spent in 2021-22
IJB Covid Sheilding SC Fund	Louise Long	31/03/2022	34	0	34	34	34	0	Balance of Covid -19 funding received in 2020-21. Will be spent in 2021-22
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2022	136		136	2	60	76	RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan
IJB DN Redesign	Louise Long	ongoing	86	(51)	35		35	0	£35K to fund DN. £51k reallocated to Supplimentary Fixed Term Staffing
PCIP	Allen Stevenson	31/03/2022	560	2528	3088	560	2,158	930	Any remaining balance will be carried forward into 22/23.
Covid Recovery - Establish Inverclydes Board and Memorial	Allen Stevenson	31/03/2022		40	40	0	40	0	Approved P&R 25/05/21 - Covid Recovery Plans
Covid Recovery - Provide Passes for leisure access for physical activity	Allen Stevenson	31/03/2022		50	50	0	50	0	Approved P&R 25/05/21 - Covid Recovery Plans
Covid Recovery - Support participation in groups and to re engage with Communities	Allen Stevenson	31/03/2022		60	60	0	60	0	Approved P&R 25/05/21 - Covid Recovery Plans
Covid Recovery - Develop Food to Fork project to promote growing strategy	Allen Stevenson	31/03/2022		30	30	0	30	0	Approved P&R 25/05/21 - Covid Recovery Plans
Covid Recovery - Develop Wellbeing Campaign	Allen Stevenson	31/03/2022		35	35	0	35	0	Approved P&R 25/05/21 - Covid Recovery Plans
Community Living Charge	Allen Stevenson	31/03/2022	320		320		0	320	LD money for 3 years only for Placements.
Existing Projects/Commitments			**4,807**	**523**	**5,330**	**295**	**1,353**	**3,977**	
Self Directed Support	Alan Brown	31/03/2022	43	-43	0		0	0	Now reallocated to SWIFT Project.
Growth Fund - Loan Default Write Off	Craig Given	ongoing	24		24		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 2021/22. Possibly added to Capital or LD Hub

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2020/21 £000	New Funding 2021/22 £000	Total Funding 2021/22 £000	YTD Actual 2021/22 £000	Projected Net Spend 2021/22 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Integrated Care Fund	Allen Stevenson	ongoing	109		109		0	109	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	88	334	422	160	414	8	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £414k is expected for 2021-22.
Autism Friendly	Allen Stevenson	ongoing	0	164	164		0	164	Plans currently being developed.
CJA Preparatory Work	Sharon McAlees	31/03/2022	88		88	0	13	75	Funding community justice Third sector work, £13k along with funding shortfall in prison income and shortfall of turnover savings against core grant in 21/22
Continuing Care	Sharon McAlees	ongoing	425		425	36	110	315	To address continuing care legislation. Based on Pperiod 5 projections it is assumed £110k of the EMR will be utilised in 2021/22.
Children & Young Person Mental Health & Welbeing	Sharon McAlees	ongoing	329		329	7	202	127	Plan and implement a programme aimed at supporting children and young people whose life chances are negatively impact through community mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, two FTE staff from Barnardo's, one FTE research assistant based in Educational Psychology and 0.2 Educational Psychologist to act as development Officer with backfill. CAHMS Tier 2 now added to this.
Dementia Friendly Inverclyde	Anne Malarkey	ongoing	100		100		30	70	Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group.
Primary Care Support	Allen Stevenson	31/03/2022	274		274	87	87	187	Requires a spend plan to be created
Contribution to Partner Capital Projects	Craig Given	ongoing	610		610		0	610	This is a shared reserve & is coded to 94017. £130k was set up by L Aird at 17/18 & 18/19 year ends from health CFCR and Primary Care Reserve; £15k from the Council re Wellpark Centre. Full spend expected for Wellpark Centre. £310k complex care monies added to EMR at 2019-20 year end.
Welfare	Craig Given	ongoing	297		297		0	297	For IDEAS Plan
Anti Poverty - Community Support Fund	Craig Given	31/03/2022	0	17	17		17	0	£7k NDR relief Tail O The Bank, £10k HSCP Digital Devices
LD Redesign	Allen Stevenson	31/03/2022	383		383	5	22	361	To be developed further
Older People WiFi	Allen Stevenson	31/03/2022	7		7		7	0	Work has been carried out with balance looking to be fully spent this year.
Refugee Scheme	Sharon McAlees	31/03/2025	737		737	0	341	396	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.
CAMHS Post	Sharon McAlees	31/03/2022	68		68		68	0	IJB reserve to be allocated
Tier 2 School Counselling	Sharon McAlees	31/07/2024	375		375	0	41	334	EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020.
Children & Families Residential Services	Sharon McAlees	31/03/2022	250		250		0	250	Potentially to be moved to smoothing reserve.
IJB Homelessness	Louise Long	ongoing	200		200		0	200	IJB reserve to be allocated

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2020/21 £000	New Funding 2021/22 £000	Total Funding 2021/22 £000	YTD Actual 2021/22 £000	Projected Net Spend 2021/22 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Supplementary Fixed Term Staffing Fund	Louise Long	31/03/2022	400	51	451		0	451	IJB reserve to be allocated
Transformation Projects			**2,888**	**43**	**2,931**	**324**	**1,053**	**1,878**	
Transformation Fund	Louise Long	ongoing	1,085		1,085	153	566	519	Based on latest Transformational Board.
Social Care Records Replacement System Project	Sharon McAlees	30/06/2023	374	43	417	40	94	323	Project ongoing. £43k reallocated from Self Directed Support.
Mental Health Transformation	Louise Long	ongoing	788		788		126	662	IJB reserve to be allocated
Addictions Review	Anne Malarkey	31/03/2022	250		250		0	250	IJB reserve to be allocated
Children's Winter Plan	Sharon McAlees	31/03/2022	187		187	131	187	0	The winter pressure Fund funding has been allocated to a number of projects, direct awards to families and enhanced family support, additional staff to meet demands of additional workload associated with outstanding referrals, deferred children's hearing orders etc. This will be spent in full in 21/22
Staff Learning & Development Fund	Sharon McAlees	ongoing	204		204		80	124	So far £76k practice teachers to be funded from this EMR.
Budget Smoothing			**1,698**	**0**	**1,698**	**0**	**718**	**980**	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	350		350		350	0	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. The projection assumes that the EMR will be fully utilised in 2021/22.
LD Client Commitments	Allen Stevenson	ongoing	350		350		350	0	Smoothing Reserve to aid in overspend pressure within LD Client Commitments. The projection assumes that the EMR will be fully utilised in 2021/22.
Residential & Nursing Placements	Allen Stevenson	ongoing	617		617		0	617	Smoothing Reserve to aid in overspend pressure within Residential/Nursing Client Commitments
Advice Services	Craig Given	31/03/2022	18		18	0	18	0	Smoothing reservce to aid the £105k 19/20 savings within advice service to be fully achieved by 21/22
Prescribing	Allen Stevenson	ongoing	363		363		0	363	Unlikely to be needed in 21/22 based on current projections
TOTAL EARMARKED			**14,191**	**4,219**	**18,410**	**2,827**	**9,569**	**8,841**	
UN-EARMARKED RESERVES									
General			741		741		0	741	IJB reserve to be allocated
			741	**0**	**741**	**0**	**0**	**741**	
In Year Surplus/(Deficit) going to/(from) reserves								(522)	
TOTAL IJB RESERVES			**14,932**	**4,219**	**19,151**	**2,827**	**9,569**	**9,060**	

b/f Funding	14,932
Earmark to be carried forward	9,060
Projected Movement in Reserves	**(5,872)**

Reserves Summary Sheet for Covering Report

Ear-Marked Reserves	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
Scottish Government Funding - funding ringfenced for specific initiatives	4,798	3,653	2,208	2,006
Existing Projects/Commitments - many of these are for projects that span more than 1 year	4,807	523	295	3,977
Transformation Projects - non recurring money to deliver transformational change	2,888	43	324	1,878
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	1,698	0	0	980
TOTAL Ear-Marked Reserves	**14,191**	**4,219**	**2,827**	**8,841**

General Reserves	**741**	**0**	**0**	**741**
In Year Surplus/(Deficit) going to/(from) reserves				(522)

TOTAL Reserves	**14,932**	**4,219**	**2,827**	**9,060**
Projected Movement (use of)/transfer in to Reserves				**(5,872)**

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**1 November 2021**
Report By:	**Allen Stevenson Interim Chief Officer Inverclyde HSCP**	**Report No:**	**IJB/52/2021/AM**
Contact Officer:	**Anne Malarkey Interim Head of Mental Health, Alcohol and Drug Recovery and Homelessness Services**	**Contact No:**	**01475 715284**
Subject:	**INVERCLYDE ADRS – CONCLUSION OF SERVICE REDESIGN**		

1.0 PURPOSE

1.1 The purpose of this report is to provide the IJB with a final overview of the work progressed within the Inverclyde Alcohol and Drug Recovery Service to conclude service redesign.

2.0 SUMMARY

2.1 Inverclyde Alcohol and Drug Recovery Service (ADRS) has undergone a service review over the past 2-3 years. The final phase – the implementation plan of service redesign was put on hold at the start of the Covid – 19 pandemic and recommenced again in September 2020. Four sub-groups have taken forward this work, reporting to a steering group.

2.2 We are in the final phase of the implementation plan, with all required elements of the workplan completed.

2.3 There is no longer a requirement for the continuation of the sub-groups therefore the role of the ADRS Steering Group has been fulfilled.

2.4 Ongoing service development will continue within a service operational plan, as national and board wide initiatives are developed and rolled out into practice.

3.0 RECOMMENDATIONS

3.1 The IJB is asked to:

- note the level and activity undertaken as part of the service redesign as detailed in the attached report (Appendix 1);
- agree to conclude the ADRS Steering Group and associated sub groups; and
- agree that future work will be delivered as part of the service operational plan and that future reports will be scheduled through the Alcohol and Drug Partnership.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The ADRS Steering Group has overseen the implementation plan, taken forward across a range of sub groups to develop the new service model.

4.2 *Workforce Subgroup*

Amendments to the staffing model, identified during the pandemic have been fully implemented. A number of posts are being recruited to in order to conclude this element of the workplan. Ongoing engagement and wellbeing events are held with staff to support them in the change.

4.3 *Care and Treatment Subgroup*

We have developed, implemented and adapted a range of standard operating procedures to ensure safe, effective governance of new interventions and practice. By working alongside Board wide ADRS colleagues to support equity of access to emerging new treatments and ways of working against MAT Standards.

4.4 *Performance and Information Subgroup*

Implementation of DAISy reporting system is underway. The service will continue to review against other reporting arrangements in order to report on waiting times and provide service activity updates.

4.5 *Prevention and Education*

Moved out of ADRS as part of redesign to ensure wider community education.

5.0 PROPOSALS

5.1 This report seeks approval to conclude the ADRS Steering Group and associated workstreams. Ongoing service development will continue at operational level with regular reporting on activity via the Alcohol and Drug Partnership.

6.0 IMPLICATIONS

Finance

6.1 No financial implications
Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

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

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 (see attached appendix)
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.

6.4.2 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

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.	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.	None

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 CONSULTATIONS

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. It has been approved by the ADRS Steering Group, Health and Social Care Committee and ADP.

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde ADRS Review – Implementation Plan

9.2 Inverclyde ADRS Care and Treatment Milestones

Inverclyde HSCP
Alcohol and Drug Review Implementation Plan

As at 01/09/21

The review has identified three main strands of work which will be progressed as follows:

- Prevention- through the Alcohol and Drug Partnership (Action 1)
- Assessment, Treatment and Care -through the Alcohol and Drug Review Programme Board (Actions 2-17&19))
- Recovery- through a wider HSCP recovery development approach with mental health; supported self-care and commissioning. (Action 18)

Action No.	Link to Recommen-dation	Action required	Responsible Officer	Sub Group	Timescale	Progress (BRAG)
1	13,14	~~Develop a robust whole population cohesive approach to prevention and education within schools and the wider community~~	~~ADP Chair and Coordinator~~	~~Alcohol and Drug Partnership~~	~~January 2020~~	~~Green~~
2	1	Rebrand the current alcohol and drugs services into the Inverclyde HSCP Alcohol and Drug Recovery Service • Rebranding of the service has been undertaken to "Inverclyde Alcohol and Drug Recovery Service" (ADRS). All external and internal communications now incorporate the new name and work to redesign leaflets/social media etc. for the service, which are being co-produced with the Service User Reference Group at Your Voice, is ongoing.	Service , HSCP Comms Group	Care & Treatment Sub Group	July 2019	**COMPLETE**
3	2,3	Phase 1-Develop a single point of access (SPOA); and one duty system for all service users requiring support with regard to their alcohol and drug issues. Phase 2-Integrate the SPOA into the HSCP Access 1st service	SM-A&H SM-ACM team leads	Care & Treatment Sub Group	Phase 2- ON HOLD	**COMPLETE**

Appendix 1

4	15	Agree Eligibility criteria and Access Criteria for access to the HSCP alcohol and drug services • An eligibility criteria for the new model has been agreed • 3rd sector pathway and referral routes are in place. • Plan for sub group for coms and engagement Access Criteria to ADRS version 1.0 Jul	SM-A&H SM-ACM team leads	Care & Treatment Sub Group	August 2019 Meeting reconvened 24/2/21	**COMPLETE**

5	3,6	Develop one duty process; one allocations process and review process for implementation across the service • A new integrated duty system has been developed with appropriate paperwork to capture both alcohol and drug information and updated to incorporate a validated screening tool. Guidelines from point of self-referral to allocation have been developed.  Provision of duty SOP version 1.1.doc • A single pathway has been agreed for individuals who do not attend (DNA) and criteria agreed for assertive outreach in line with Greater Glasgow & Clyde (GG&C) DNA  DNA Pathway.rtf Policy). • Joint Multidisciplinary team meeting for drug and alcohol cases have been established.  SOP Escalation of case to MDT clinical • Single point of access screening/allocations meeting established for all new referrals.  Screening and Allocations SOP.doc	Operational manager/ Team Leads	Care & Treatment Sub Group	September 2021 September 2021 August 2021 August 2021 August 2021	COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE

6	3,6,	Implement a single pathway model based on Intake and Core provision with appropriate staffing. On hold for 12 months for service redesign to be fully implemented and embedded. Determine if intake and core is required in future.	SM and team leads	Care & Treatment Sub Group	Review operational model Sept 22	Red

7	4	As part of the CORRA plan, start to expand alcohol and drug liaison services within acute setting with increased focus on ED and repeat attenders • E.D Repeat presentations standard operating procedure has been established a multidisciplinary team meeting to support the board wide initiative and encourage better integration with ED.  Inverclyde Alcohol and Drug Repeat Pr • Links with clinical lead and charge nurse within ED have been re-established. • Pathway for referral reviewed and highlighted to ED staff. • Standardised acute addiction training plan will be delivered commencing July 2021 with added sessions focusing on repeat attenders and NFOD with specific ED awareness sessions. • New pathways for non-fatal over dose referrals have been agreed with the Scottish Ambulance Service and will be operationalised by the liaison nurse. Information sharing process is in place.  SOP Non fatal OD final.docx  NFOD referral flowchart final.doc  local ambulance pathway.doc  2020-11-06 Caldicott Letter Incic	NHS Operational manager/ Team leads CORRA Team Lead	Care & Treatment Sub Group	Commence October 2018 Meeting reconvened 24/2/21 18th June 2021	**COMPLETE** **COMPLETE** **COMPLETE**

8	5	As part of the CORRA plan, start to work with primary care colleagues to commence development alcohol and drug liaison within primary care liaison. • CORRA lead has attended GP forum to agree new pathways into service, location of the test of change and service specification has been agreed • SOP complete • SOP and pathways to GPs 2nd March 2021 for feedback before roll out on the 5th March 2021. • Plan to go live 8th March 2021.  Primary care SOP.docx  Primary care referral flowchart drug use.  Primary care alcohol referral flow chart.d	NHS Team leads and CORRA Team lead	Care & Treatment Sub Group	Meeting reconvened 24/2/21	**COMPLETE**
9	6,7	Commence development of a test of change to determine need for extended hours/7 day service for services users requiring drug and alcohol treatment. Actively developing staff model to deliver extended service. Links to CORRA Imp Group	CORRA team lead and team leads	Care & Treatment Sub Group	Commence October 2018 Meeting reconvened 24/2/21	**Green**
10	4,7	Reshape the current alcohol day service into a Tier 4 service and extend availability to all clients with complex health issues. Extended to cover drug Dependency – DTTO, Benzodiazepine, Buvidal initiation/ Depot clinic	NHS Team leads Consultants	Care & Treatment Sub Group	November 2019 Meeting reconvened 24/2/21	**Green**

11	7	Commence the development of opportunities for alcohol home detox and develop appropriate risk processes and procedures. • Staff are now trained in home detox procedures, • standard operating procedure has been developed • Final discussions with medic regarding implementation and commencement date. Guidance to Support Service Deli	CORA Team lead	Care & Treatment Sub Group	Commence October 2018 Meeting reconvened 24/2/21	**COMPLETE**
12	6,11	Develop a Complex Needs Team to support most vulnerable clients	SM A&H and team leads alcohol drugs homeless and Criminal justice	Care & Treatment Sub Group	November 2019 Meeting reconvened 24/2/21	Red
13	9	Commission SFAAD (Scottish Families affected by Alcohol and Drugs) to review current range of family support and identify future provision	ADP Lead SM H&A	Family Support sub group	September 2019	**COMPLETE**
14	12	Review of the current psychological therapies approaches within services to ensure appropriate access across all alcohol and drug service users. • Meeting arranged with Dr Mooney to discuss training needs • Psychology post/structure update •	SM A&H Lead Psychologist alcohol and drugs	Care & Treatment Sub Group	Meeting reconvened 24/2/21	On going **GREEN**
15	18	~~Review current pathways and develop specific protocols and seamless pathway for young people experiencing issues with alcohol and drugs.~~	~~SM A&H SM C&F~~	~~Young Peoples Sub group~~	~~September 2019~~	~~Green~~

16	3,6,17	Develop interface protocols and processes with each HSCP service Criminal Justice; • DTTO standard operating procedure completed. • Structured deferred sentencing pathway • Team leaders interface meeting commence • Progression towards staff interface meetings Health and Community Care; • Service manager level integration • Progression of team leader interface Community Mental Health Team • Integrated team lead meetings • Joint caseload review • Sharing of duty team lead and huddle information Homelessness • Joint caseload reviews • Joint team leads meeting	SM-A& H SM from each service	Care & treatment sub group	November 2019 Meeting reconvened 24/2/21	**COMPLETE**

17	20,21,22,23, 24	Develop a staffing framework for the integrated service which includes clear roles and remits for both NHS and social care staff and ensure all are appropriately trained and supported to deliver • Consulted with Chief Social Work Officer regarding social care governance and structure • Social Worker team lead - appointed • Consulted with professional nurse lead & practice develop nurse for support for nursing staff to identify role specific tasks • Job description updated with "occasional out of hours working" added • Mock rota sent out to staff • Four open/drop in sessions arranged for staff to speak with ops manager and service manager • Staff training records collected and sent to performance & information – new training plan to be developed • Meeting arranged with performance and information analyst to look at training needs analysis. • Training for all staff to access SWIFT is underway	SM-A&H HR Staff reps	Workforce Group	First meeting July 2019 Reconvened 11/2/21	**COMPLETE**
18	8,10,16	~~Develop a recovery strategy and implementation plan as part of the wider recovery framework across the HSCP.~~	~~HOS-MHAH HSCP Recovery Lead~~	~~Recovery Implementation Group~~	~~Oct 2019~~	~~Green~~
19		~~Review and continue to develop the financial framework to support the implementation of the integrated service~~	~~HOS MHAH CFO SM A&H~~		~~Ongoing~~	~~Green~~

ADRS Care & Treatment Milestones

Home Detox	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Finalise SOP																					
Home detox medication (order/storage)																					
Equipment ordered & delivered																					
Set up alcohol sub group																					
Alcohol MDT																					
Alcohol MDT SOP & pathway																					
Review home detox Review MDT																					
Review training requirements/updates																					

Alcohol Pathway	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Develop board wide pathway																					
Set up board wide sub group																					
Invite attendees																					
Bench marking exercise																					
Report findings																					

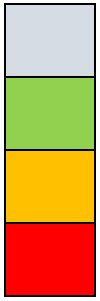
MAT Standards - P&I Group	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Create P&I subgroup																					
Process to review MAT standards																					
Identify MAT champion																					
Introduce daily screening/allocations																					
Confirm dashboard reporting																					
Develop medical clinics																					
Identify monthly reports																					
Monthly reports																					
Develop Day Service	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar 23**
Develop day service specification																					
Review building risk assessment																					
Scope venues for off-site clinic provision																					
Weekly meeting to review Kershaw list																					
Review capacity for day patient detox																					
Recruit band 6 nurse																					
Establish phys/mental health clinic pathway																					
Explore capacity for psyhcoeducation group																					
Incorporate Buvidal clinic																					
Introduce DTTO clinic																					
Clinical Review	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar 23**
Descale to once weekly - day to be identified																					
Resume keyworker attendance																					
Update SOP																					

NFOD	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Boardwide pathway under development																					
Local pathway developed with SAS																					
Naloxone training provision																					
Liaison nurse in post																					
Local NFOD database																					
Local SOP adapted for Inverclyde																					
Liaison post x2 @ recruitment																					
Short list/interview 2x liaison post																					
CORRA pathway	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Repeat ED attendance SOP																					
Repeat ED attendance meeting																					
Community Partnership Forum(CPF)																					
Develop SOP for CPF																					
Share SOP with partners																					
Staff/partners training/awareness																					
GP pathways into service specification																					
Alcohol referal pathway																					
Drug referal pathway																					
Review of GP pathways (test of change)																					
Assertive outreach SOP (ADRS &HSCP)																					
Monthly reporting																					
DTTO Pathway	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
SOP complete																					
Provision via day service																					

Structured Deferred Sentencing	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Pathway in development - ADRS/CJ/3rd sctr																					
Complete SOP																					
Duty Team	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Establish duty team subgroup																					
Develop service user questionnaire																					
Integrate single duty team																					
Create staff duty rota																					
Update SOP																					
Review scope and remit																					
Residential Rehab	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Develop pathway for rehab referral																					
Develop working links/forum																					
Info/awareness sessions, SU experiences																					
Resource provision (overview,FAQs, etc.)																					
Psychological Therapies	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Review training need																					
Recruitment of clinical psychologist																					
Explore training opportunities available																					
Review capacity for group work																					
Establish supervision																					

Staff Development	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar 23
Stat/Man. Training																					
Create staff training rota																					
Generate calendar of training opportunities																					
Introduce regular wellbeing sessions																					
Initiate buddy system/review																					
Student mentorship rota																					
Ongoing clinical supervision																					

Task Complete	
Task in progress and on Schedule for completion	
Task has slight drifting from timescale	
Task has significant drifting from timescale	



ADRS Care & Treatment Milestones

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**1 November 2021**
Report By:	**Allen Stevenson, Interim Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/088/21**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**NON-VOTING MEMBERSHIP OF THE INTEGRATION JOINT BOARD**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in its non-voting membership arrangements.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

2.2 Since its last meeting, there has been a change to the non-voting professional advisory membership of the IJB.

2.3 This report sets out the revised non-voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board notes the appointment by Greater Glasgow and Clyde NHS Board of Laura Moore as the Professional Nurse Advisor non-voting member of the Inverclyde Integration Joint Board.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards. As a minimum this must comprise:

- voting members appointed by Greater Glasgow and Clyde NHS Board and Inverclyde Council;
- non-voting members who are holders of key posts within either the NHS Board or Inverclyde Council; and
- representatives of groups who have an interest in the IJB.

5.0 NON VOTING MEMBERSHIP

5.1 As detailed in the HSCP Senior Management Report presented to the IJB on 2 March 2021, it has been agreed that Inverclyde will have a full time Chief Nurse. Dr Deirdre McCormick, the Professional Nurse Advisor (non-voting member), no longer represents Inverclyde IJB as from 1 October 2021. This membership role for the Inverclyde IJB will now be filled by Laura Moore, who has been appointed by Greater Glasgow and Clyde NHS Board in terms of Regulation 3(2) of the Order.

5.2 The Chief Nurse has strategic corporate responsibility to the Board and direct line professional accountability to the Nurse Director. They will lead on behalf of the NHS Board on a corporate strategic area and continue to support the development of clinical and care governance within the IJB.

6.0 PROPOSALS

6.1 It is proposed that the IJB notes the revised IJB non-voting professional advisory membership arrangements as set out in Appendix 1 Section B.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
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.

7.4.2 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

Clinical or Care Governance

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

National Wellbeing Outcomes

7.6 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	None

those services.	
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.	None

8.0 DIRECTIONS

8.1

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	

9.0 CONSULTATIONS

9.1 The Interim Chief Officer has been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A

Inverclyde Integration Joint Board Membership as at 1 November 2021

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Vice Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor Jim MacLeod
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) Mr Simon Carr Ms Dorothy McErlean Ms Paula Speirs	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Interim Chief Officer of the IJB	Allen Stevenson	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Craig Given	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Chief Nurse Laura Moore	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Moyse
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date: 2 November 2021**
Report By:	**Allen Stevenson Interim Corporate Director Inverclyde HSCP**	**Report No: IJB/47/2021/AB**
Contact Officer:	**Alan Best Interim Head of Health & Community Care**	**Contact No: 01475 715283**
Subject:	**UNSCHEDULED CARE COMMISIONING PLAN**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on NHS Greater Glasgow & Clyde Unscheduled Care Commissioning Plan.

2.0 SUMMARY

2.1 This report details updates the Integration Joint Board on work underway across all six partnerships in relation to the Unscheduled Care Commissioning Plan.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the content of the draft Design & Delivery Plan 2021/22-2023/24 attached as the updated and Board-wide unscheduled care improvement programme.

3.2 The Integration Joint Board is asked to note the financial framework outlined in section 7 of the Plan, and note specifically that the funding shortfall of 29.2 million across GG&C will require to be addressed to support full implementation of phase 1.

3.3 The Integration Joint Board note that the Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle, and will receive a further update on the draft Design & Delivery Plan including the financial framework towards the end of 2021/22.

4.0 BACKGROUND

4.1 At its meeting in June 2020 the IJB received a report on the Board-wide draft Un-scheduled care plan, which was subsequently agreed by the other five HSCPs in GG&C.

4.2 Since then unscheduled care services have changed in response to the Coronavirus pandemic, including a national redesign of urgent care. A programme of engagement has also taken place, and further work undertaken on the financial and performance frameworks to support delivery of the strategy.

4.3 This report presents the updated unscheduled care programme in the form of the draft Design and Delivery Plan for the period 2021/22 to 2023/24. Similar reports are being considered by the other five HSCPs in GG&C and the Health Board.

4.4 The re-freshed Board-wide unscheduled care improvement Programme will include:

- A financial framework specifically highlighting that the funding shortfall identified will require to be addressed to support full implementation of phase 1;
- The performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23.the governance arrangements outlined to ensure appropriate oversight of delivery
- the ongoing engagement work with clinicians, staff and key stakeholders;
- Update on the delivery of the programme towards the end of 2021/22, including the financial framework.
- The Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle.

5.0 FINANCE

5.1 **Financial Implications**:

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 None

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?

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.	Recognises and protect characteristics
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Keeps our communities safe
People with protected characteristics feel included in the planning and developing of services.	Inclusive services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Promotes positive attitudes

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 To be confirmed as draft paper progresses to future versions.

NATIONAL WELLBEING OUTCOMES

5.6 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.	Promotes services to improve health and social care
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	Services are inclusive of long term/lifelong conditions
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Develops positive services by learning for service user feedback
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Develops positive/progressive services
Health and social care services contribute to reducing health inequalities.	Services positively contribute to reducing health in equalities
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.	Promotes the rights of un paid carers

People using health and social care services are safe from harm.	Keeps our community safe
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.	Promotes staff engagement via active participation in governance development
Resources are used effectively in the provision of health and social care services.	Promotes the best use of HSCP and community resources

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 The report has been prepared by Inverclyde HSCP Clinical director.

8.0 BACKGROUND PAPERS

Design & delivery Plan

Design & Delivery Plan Annexe

Unscheduled Care Commissioning Plan

Draft JCP Design Delivery Plan v10.4 3

Draft JCP Design Delivery Plan Annexe

ITEM No 09 - Unscheduled Care Co

Appendix 1

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMISSIONING PLAN

DESIGN & DELIVERY PLAN
2021/22-2023/24

DRAFT

August 2021

EXECUTIVE SUMMARY

Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

In recent years unscheduled care services in Greater Glasgow & Clyde have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. While we perform well compared to other health and social care systems nationally, and overall the system is relatively efficient in managing high levels of demand, we struggle to meet key targets consistently and deliver the high standards of care we aspire to. Change is needed therefore if we are to meet the challenges ahead.

This unscheduled care commissioning plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde. The draft updates the unscheduled care Joint Commissioning Plan agreed by IJBs in 2020, and refreshes this Board-wide programme in the light of national changes introduced last year and to take account of the impact of COVID-19. Our objective in re-freshing this plan is to ensure that the programme remains relevant and tackles the challenges that face us now.

The plan is focused on three main themes reflecting the patient pathway:

- **prevention and early intervention with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;**
- **improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,**
- **improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community.**

Essentially our aim is that each patient is seen by the right person at the right time and in the right place. For acute hospitals that means ensuring their resources are directed only towards people that require hospital-level care.

The emphasis is on seeing more people at home or in other community settings when it is safe and appropriate to do so.

The plan includes proposals for a major and ongoing public awareness campaign so that people know what services to access when, where and how. We will also work with patients to ensure they get the right care at the right time.

Analysis shows that a number of services could be better utilised by patients such as community pharmacists. But we also need to change and improve a range of services to better meet patients' needs e.g. falls prevention services.

Not all the changes in this plan will take effect at the same time. Some need to be tested further and others need time to be fully implemented. Work to measure the overall impact of the programme is in hand and we will issue regular updates and reports on progress.

CONTENTS

1. PURPOSE

1.1 The purpose of this draft is to re-fresh and update the Joint Strategic Commissioning Plan approved by IJBs in early 2020, and to present a revised Design and Delivery Plan for the period 2021/22-2023/24.

2. INTRODUCTION

2.1 This plan builds on the draft Joint Strategic Commissioning Plan approved by Integration Joint Boards (IJBs) (https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf. updates the programme to take account of the impact of the Coronavirus pandemic, and the delivery of key improvements introduced in 2020.

2.2 This Board-wide programme was developed by all six Health and Social Care Partnerships (HSCPs) jointly with the Acute Services Division and the NHS Board in response to an unprecedented level of demand on unscheduled care services, and as a first step towards delegated budgets and to developing set aside arrangements for Greater Glasgow and Clyde. While NHSGGC performs well compared to other health and social care systems nationally, and the system is relatively efficient in managing significantly higher levels of demand than in other Boards, we struggled to meet key performance targets. In particular we have struggled to deliver the four hour standard of 95% on a consistent basis and in 2019/20 we reported performance at 85.7%.

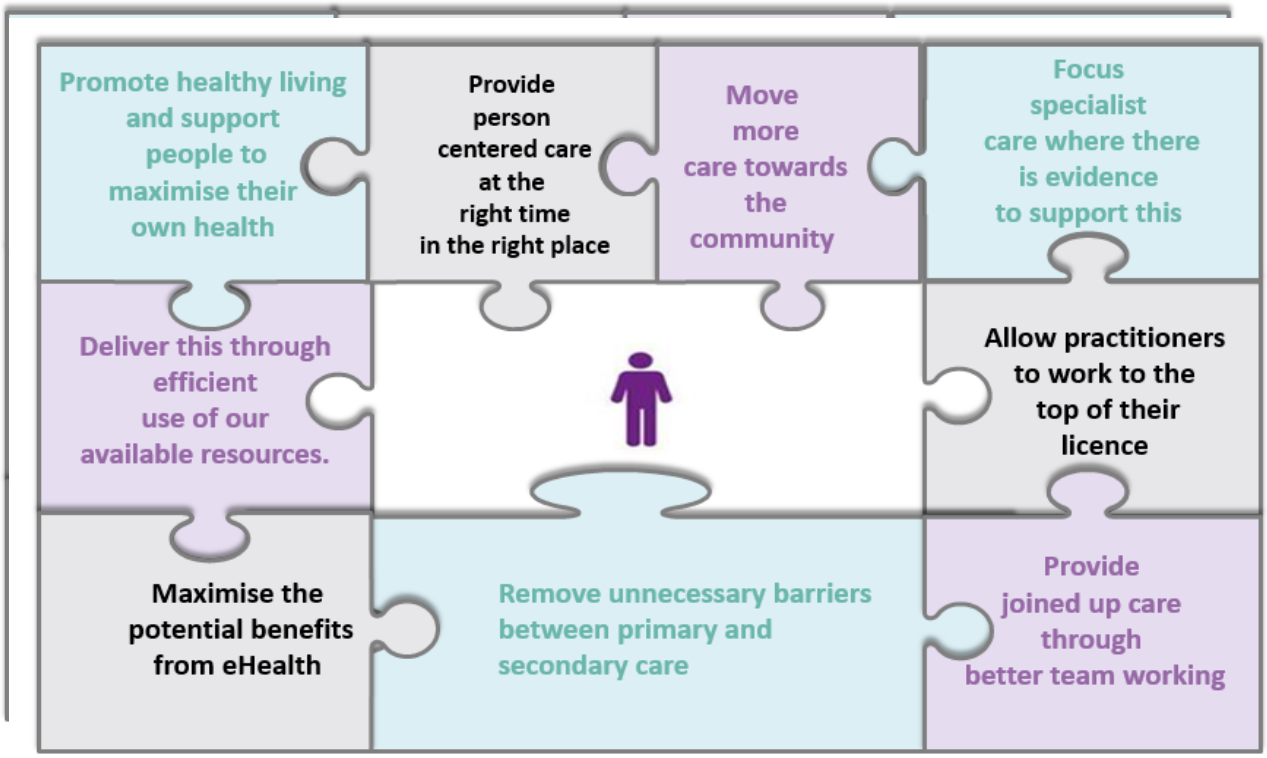
2.3 The COVID-19 pandemic has brought a series of new challenges, some of which will be explored further in this plan. And because of this it is difficult to make activity and performance comparisons with previous years. At the time of writing NHSGGC was at Level 2 escalation for performance in recognition of the Board's performance during the pandemic, and evidence of whole system step change and improvement. The combination of reduced demand as a result of COVID-19 and new or redesigned services has resulted in an improvement in performance against the four hour standard reporting 92.0% for 2020/21. Section 4 and annexes B and C details performance pre, during and post pandemic and illustrates that although demand reduced during COVID-19 there is evidence that demand is on a rapid trajectory towards pre pandemic levels in the first quarter of 2021/22.

2.4 The 2020 draft plan outlined a major change programme to meet the challenge of what was then considered to be a continual year on year increase in urgent care demand. The aim of the programme was and remains to change the system so that patients are seen by the right person at the right time and in the right place, and in this way be more responsive to patients' needs. The emphasis continues

to be on seeing more people at home or in other community settings when it is safe and appropriate to do so and this has been further substantiated through a national programme of service redesign.

2.5 This direction of travel outlined in the Board-wide *Moving Forward Together* strategy continues to be the overarching ambition of our collective improvement efforts (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf) and as illustrated in figure 1 below.

Figure 1 – Moving Forward Together



2.6 The 2020 global pandemic changed everything. Levels of unscheduled care attendances were significantly reduced and admissions also reduced albeit not to the same extent. Emergency activity reduced overall as a direct consequence of the 'lockdown' measures and the significant restrictions on delivering elective procedures in a safe way for both patients and staff, as we focused on reducing the spread of the virus. New pathways and responses were introduced for COVID-19 patients and suspected COVID-19 patients. GPs, community health services, acute hospital services and other services changed how they delivered services to the public. Patient behaviour also changed. And new services such as the Mental Health Assessment Units, Community Assessment Centres and Specialist Assessment and Treatment Areas were established.

2.7 During this period NHSGGC introduced emergency governance arrangements to reflect the situation and established a series of Tactical Groups (HSCP, Acute and Recovery) to support the Strategic Executive Group to deliver timely decision making. In addition the Scottish Government have introduced Remobilisation Planning and our collective progress and next steps towards recovery are also evidenced in Remobilisation Plan 3 (RMP3) (item-13-paper-21_45-rmp3-update.pdf (nhsggc.org.uk).

2.8 While some aspects of the original programme were progressed, albeit not as quickly as previously planned, other aspects were paused, modified or accelerated. It is right then at this juncture to re-fresh and update the programme to reflect the changed circumstances we are now operating in.

2.9 The remainder of this Design and Delivery plan is therefore designed to:

- update on progress against the actions in the 2020 programme agreed by IJBs;
- reflect on the impact of the pandemic on unscheduled care activity;
- update on what was delivered in 2020 including the national redesign of urgent care and has been included in RMP3 ;
- describe the re-freshed programme to be continued, and the content of the design and delivery phases;
- explain our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outline the supporting performance and financial framework to support the delivery; and,
- describe the organisational governance arrangements that have been developed to ensure appropriate oversight of implementation of the plan.

3. UNSCHEDULED CARE JOINT COMMISSIONING PLAN 2020

3.1 The original unscheduled care improvement programme approved by IJBs in 2020 was prepared in and informed by the pre-pandemic days during 2019 and 2018. At that time unscheduled care services in NHSGGC were experiencing year on year increases in demand (e.g. A&E attendances, emergency admissions etc.) and there was evidence that some patients who attended A&E could be seen appropriately and safely by other services. In analysing demand at that time it was also acknowledged that the health and social care system was confusing for both patients and clinicians, with routes to access services not always clear or consistent. In addition we were also missing some key national and local targets (e.g. A&E four hour standard and delayed discharges). The conclusion was that to meet this challenge we needed to improve priority areas

across the unscheduled care delivery system so that we could better meet current and future demand, and provide improved outcomes for patients.

3.2 The 2020 programme had 25 actions that were constructed around the patient pathway. The programme focused on three key themes:

- **prevention and early intervention** with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;
- **improving the primary and secondary care interface** by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- **improving hospital discharge** and better supporting people to transfer from acute care to appropriate support in the community.

3.3 The pandemic had a huge impact on the programme. Some of the original actions were paused during the pandemic (e.g. anticipatory care plans) some were overtaken by events (e.g. shorter waiting times in MIUs) and others were progressed but to a revised timeline (e.g. frailty pathway). The programme was described as a five year change programme with some actions being implemented sooner than others (e.g. improving delays), and some that required testing and evaluation before wider implementation (e.g. hospital at home).

3.4 Key achievements over the past 12 months have been:

- the introduction of a policy of signposting and re-direction in Emergency Departments for patients who could safely and appropriately be seen by other services;
- improvements in urgent access to mental health services through the introduction of mental health assessment units;
- improvements to discharge planning by the implementation of our discharge to assess policy;
- increased access to professional to professional advice across multiple specialties allowing GPs to make direct contact with clinical decision makers to obtain advice on further treatment for patients avoiding unnecessary hospital attendances; and,
- the Board has introduced and maintained new services and access routes to deliver a dedicated COVID-19 pathway as part of the pandemic response and national remobilisation plans.

3.5 Annex A provides more detail on the key achievements outlined above.

4. IMPACT OF THE PANDEMIC

4.1 As explained above the global pandemic has had a massive impact on services, patients and the unscheduled care demand. The situation we face now in 2021 is significantly different from that in 2019 or early 2020. The data presented in annex B shows that during 2020 compared to the years before the pandemic our traditional access routes experienced a significant reduction as a consequence of the public lockdown as demonstrated in the 2020/21 activity data below:

- A&E reduced by 32.6% and MIU attendances reduced by 45.3%;
- GP referrals to the acute hospital assessment units (AUs) reduced by 55.7% however this is largely due to a change in access routes associated with COVID-19 and is further explained in 4.3 below; and,
- overall emergency admissions reduced by 17.7% compared to 2019/20.

4.2 As part of the COVID-19 response we did however see increases in hospital and primary care activity due to COVID-19. The introduction of a designated access route for patients with COVID-19 symptoms was established in April 2020 in the form of:

- **Community Assessment Centres** (CACs) - dealing with COVID-19 and suspected COVID-19 patients taking referrals directly from GPs and the national NHS24 public access route. During the 2020/2021 year there were 21,673 attendances to the eight Covid-19 centres in GG&C allowing GPs to maintain a service avoiding symptomatic patients; and,
- **Specialist Assessment and Treatment Areas** (SATAs) – providing a designated acute hospital pathway receiving patients from all urgent care services including GPs, A&Es and NHS24. During the 2020/21 year there were 40,802 attendances to acute hospital assessment units. In total the AUs and SATAs reported 71,553 attendances an overall increase of 3%.

4.3 To ensure direct access for patients who required access to mental health service the Board established two new Mental Health Assessment Units (MHAUs). This provides direct access to specialty avoiding more traditional referral routes from A&E, Scottish Ambulance Service and the Police. During the period April 2020 to February 2021 there were 7,474 direct attendances to MHAUs.

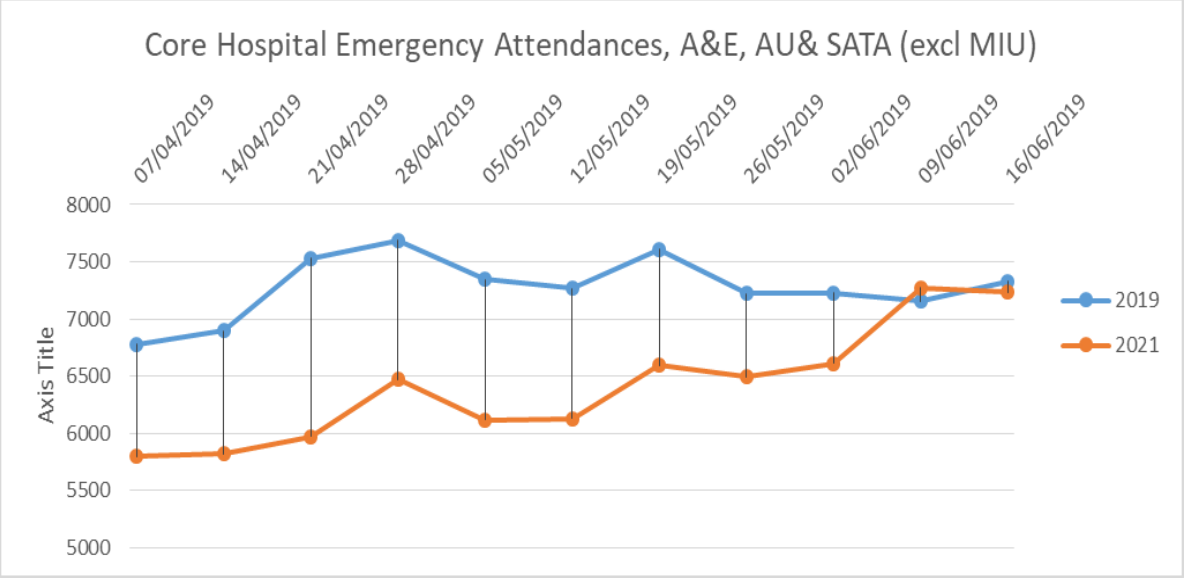
4.4 The demand profile for unscheduled care has however changed over recent months, and the Board is now experiencing a step change in demand in line with the success of the vaccination programme and easing of restrictions. At the time of writing an activity review for urgent care services was completed at 11 weeks

into the 2021/22 year (the full review paper is provided at annex C, and includes comparisons with activity pre-Covid).

4.5 Figure 2 below shows activity over the first 11 weeks of 2021/22 for emergency hospital attendances including A&E, Assessment Units, and SATA (for COVID-19) and excluding the minor injury units (MIU).

4.6 This profile confirms that the cumulative emergency attendance has reached the equivalent rate for the same period in 2019/20. This suggests that attendance rates will continue to increase as we come out of the pandemic and demonstrates the increased importance on the need to deliver on the improvement actions to ensure patients are seen in the right place by the right service at the right time.

Figure 2 - Core Hospital Emergence Attendances Chart



4.7 Innovation in how we deliver services to our patients has been accelerated through the use of digital technology and there have been significant step changes in service:

- GPs introduced telephone triage and Near Me consultations;
- mental health and other services introduced virtual patient management arrangements; and,
- specific pathways were introduced for COVID-19 patients in both acute and primary care settings across a range of service and specialties to allow patient consultations to continue.

4.8 These changes will continue to evolve as we deliver further opportunities for service design as the programme progresses. The changing profile of demand, and evidence from the pandemic recovery phase, means we will need to continually assess the impact of the pandemic on services as we go forward.

4.9 The impact of the pandemic recovery phase is resulting in an increase in demand for community services including community nursing, rehabilitation and care at home services. As well as an increase in demand the level of complexity within current caseloads including discharges being supported is greater than that before the pandemic. Evidence to illustrate this is outlined below. East Renfrewshire HSCP provided the following analysis to illustrate the impact:

- the district nursing has caseload increased from March 2020 450 (avg) to June 2021 700 (avg). Monthly home visits have increased from March 2019 n2134 to n3627 March 2021;
- increase in palliative, end of life care and home deaths;
- increase in more complex health conditions being managed at home;
- referral numbers to locality community rehabilitation teams has increased from:
    - an average of 180 per month (2019) to 277 (2020) between January to April 2021;
    - in 2021 the average referrals received was 305 per month.
    - previously 15% of referrals were categorised as high priority for visit within 0-5 days from referral, this is currently 25%. This is due to increased number of GP referrals requesting urgent assessment/ prevention of hospital admission, plus increased number of urgent requests for follow up on discharge from hospital.
- a recent complexity trend analysis completed within the East Renfrewshire Care@home service illustrated an increase in the number of in-house service users requiring support from two members of staff from November 2019 to November 2020. In November 2019 n43 (8.4%) of service users required a visit requiring two staff members due to complexity rising to n65 (11.7%) November 2020.

4.10 East Dunbartonshire HSCP has evidenced a 20% increase in referrals to their rehabilitation service from 2017 to 2020. The team is reporting seeing more patients with higher levels of acuity as a result of individuals not wishing to attend hospital departments and earlier discharge from hospital. As many people are often waiting longer before seeking input this means they are often more unwell and require more input. There have been few referrals for long Covid with the biggest impact being generalised deconditioning resulting in more falls etc. and more protracted period of rehab. The HSCP has noted an increase in demand for community nursing services, in particular support for palliative care. The number of people being supported to die at home has increased over the last year.

4.11 As a consequence of the significant impact of the pandemic and the associated changes in unscheduled care demand and activity during 2020 we have re-visited the original timescales as described in the Joint Commissioning Plan (JCP) and refreshed the actions to reflect the current position. We outline these in the next section.

5 DESIGN AND DELIVERY PLAN

5.1 In this section we describe the revised and updated programme to take into account of the changed circumstances we now face. The revised programme now has three phases of delivery:

- **Phase 1 - 2020/21** – implementation of the national redesign of urgent care and associated actions from the 2020 programme;
- **Phase 2 – 2021/23** – consolidation of the national programme and implementation of the remaining actions from the 2020 programme; and,
- **Phase 3 – 2023** onwards – further development of the programme including evaluation and roll out of pilots and tests of change.

Phase 1 – 2020/21

5.2 In phase one of this programme the focus and delivery of change and improvement was on responding to the pandemic and implementation of the emerging National Redesign of Urgent Care Programme. A number of step change projects that were grounded in the ambitions of the JCP have been implemented, these include:

5.3 **Flow Navigation Centre (FNC) implementation** - Our Flow Navigation Centre went live on 1st December 2020 supported by a soft launch. The admin hub operates 24/7 receiving all Urgent Care Referrals from NHS24. The clinical triage team currently operate from 10am – 10pm, with this deemed optimal based on a review of attendance profiles.

5.4 During this phase we have delivered a **Minor Injury Pathway** which incorporated a direct referral for remote triage and review. This provides the opportunity to deliver a scheduled care approach for individuals who do not require an urgent response/intervention. A temporary winter pathway to GGH (GGH MIU went live on 18th January 2021) to provide an alternative service within Glasgow however this has been largely underutilised as patients have now become more accustomed to the designate centres in Stobhill and the Victoria.

5.5 In the first six months of operation the FNC has completed virtual consultations for 7,000 patients with 32% of those being seen, treated and discharged without the need for further assessment.

5.6 **Signposting and Redirection Policy** - our signposting and redirection policy for Emergency Departments within NHS Greater Glasgow & Clyde was approved October 2020. Implementation of this policy and supporting standard operating procedures aim to ensure Emergency Department attendees are appropriately reviewed in line with their presentation. The purpose of the policy is not to turn attendees away from the ED, but to direct patients to another appropriate service where their healthcare need can be met, and minimising the risk to themselves and others in overcrowded EDs. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access care.

5.7 It is recognised that ED signposting and redirection form part of a broader aim across the health and social care environment to ensure patients receive the right care, at the right time and in the right place. NHSGGC have contributed to the development of national policy and guidance on this and we anticipate this will be released later in 2021.

5.8 **Primary Care Interface: alternatives to admission** has been extended to multiple specialties across NHSGGC**.** Professional to Professional Advice services through telephone and app technology are in place and working well. Surgical hot clinics and rapid access to frail elderly clinics are in place as well as the ability for GPs to request advice about patients rather than a direct referral. A pathway to provide access to the Assessment Unit (AU) for patients with DVT and cellulitis has also been implemented.

5.9 Across NHSGGC 212 GP practices have accessed advice via a telecoms application and the number of professional to professional calls made continues to increase month on month. The successful launch of Medical Paediatric Triage Referral Service in March 2020 has contributed to an overall rise since July 2020 and this service continues to receive the highest number of calls relative to other specialties. In addition from June 2021 the Mental Health Assessment Units have implemented the professional to professional advice service complimented by a new SCI Gateway referral process and uptake has been strong.

5.10 **Mental Health Assessment Units (MHAUs)** our two MHAUs were established last year in response to the COVID-19 pandemic and consolidated through the winter period with a full redesign of the urgent care pathways and access routes. These units have continued to reduce demand on secondary care services by reducing footfall through Emergency Departments. The referral pathway provides an immediate route out of ED for those who present directly, with vulnerable patients largely being managed away from the stressful ED

environment. The MHAUs also provide an alternative to patients who would otherwise have been conveyed to ED by SAS or Police Scotland. Between December 2020 and March 2021 there were a total of 4,400 patients seen through our MHAUs.

5.11 **COVID-19 Community Assessment Centres (CACs) –** these centres were also developed in response to the COVID-19 pandemic, and directed symptomatic patients who are potentially COVID-19 positive to separate facilities for assessment away from primary care and acute hospital services. Access to CACs is via NHS24. At the peak week in January 2021 there were a total of 566 attendances with 74% of these being maintained within the community with no hospital follow up required.

5.12 **Restructuring of GP Out of Hours (GPOOH)** - a new operating model introduced an appointments based service with access via NHS24 offering telephone triage. Those requiring a 4 hour response receive an initial telephone consultation by Advances Nurse Practitioners or GPs working in the service, including the use of 'Near me' consultation. This reduced the need for in person attendances by 60% freeing capacity to deal flexibly with other competing demands.

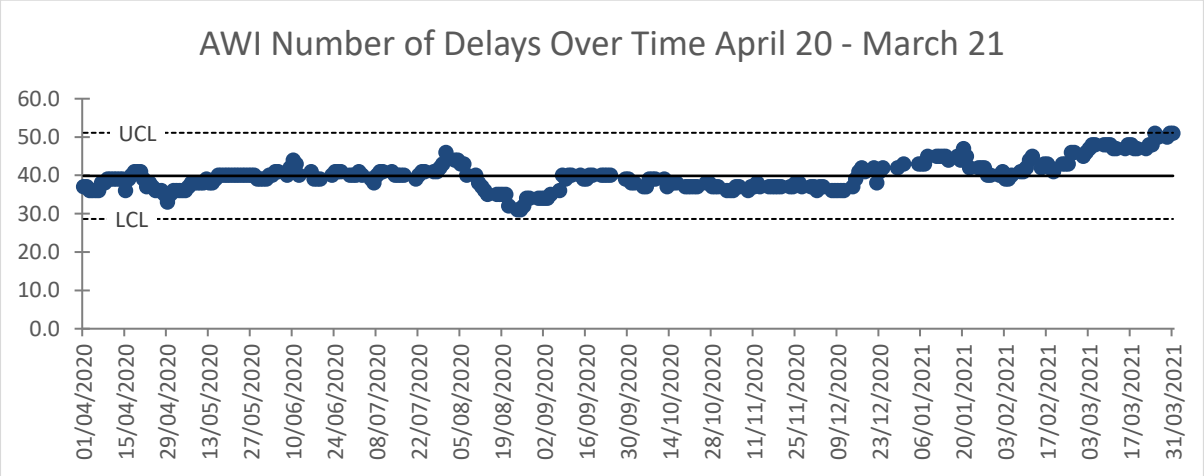
5.13 **Urgent Care Resource Hub Model -** HSCPs launched their Urgent Care Resource Hub models in January 2021. This model was established to bring together OOHs services in the community, enhancing integration and the co-ordination of care. The hub provides direct professional to professional access across the health and social care OOHs system and delivers a whole system approach to unscheduled and/ or emergency care via NHS 24.

5.14 **Delayed Discharge** we developed a response to delays that has seen a reduction in our non AWI delays in hospital across all of our sites. HSCPs adopted daily huddle approaches to problem solve and remove roadblocks to delays. Additionally we adopted process changes to the discharge process leading to the development and implementation of a new Discharge to Assess Policy as part of the overall discharge process. Joint working led to agreement with all six HSCPs and Acute on a standard operating procedure to improve effectiveness and reduce the risk of potential delays. This response builds on our 'Home First', if not home, why not ethos. A suite of patient communication materials have been developed and distributed to key areas within the acute setting launching the Home First branding and outlining the benefits of being cared for at home or in a homely setting, once medical care is no longer required.

5.15 **AWI delays** have been a particular challenge during 2020/21 as shown in figure 3. Since the Equality and Human Rights Commission ruling we have not been able to discharge patients to off-site beds with the consequence that the

proportion of AWI delays is disproportionate to the overall number of delayed discharge patients. A peer review process is planned with a view to identify if there is learning and best practice clinical to ensure our process is as effective and efficient as possible. As there is constant pressure on the system to effectively manage the inpatient capacity across NHSGGC the aim is to ensure that the practice and process adopted is optimised for both patients and the overall health care service.

Figure 3 – AWI delays 2020/21 Glasgow City HSCP



5.16 **HSCP response** - HSCPs focused attention on reducing patients delayed in hospital over the winter period and invested in in-reach services to commence discharge planning early with acute colleagues. Teams were co-located on acute sites. The utilisation of real-time dashboards supported community teams to identify patients early during their admission and to proactively plan discharge arrangements. Approaches such as the "Focused Intervention Team" (West Dunbartonshire), "Hospital to Home" (East Renfrewshire), "Home 1st" (Inverclyde) and "Home for me" (East Dunbartonshire) are examples of dedicated multidisciplinary teams including AHPs, Elderly Care Advanced or Specialist Nurses.

5.17 During the 1st and 2nd wave of the pandemic there were a number of care homes within **East Dunbartonshire** who experienced significant outbreaks of Covid-19. In response to this, the HSCP provided enhanced clinical support utilising ANPs during weekends to cover the OOHs period. This enhanced level of clinical support included virtual and face to face consultations, prescribing and supporting good end of life care. As well as taking referrals from the care homes directly the service liaised with OOHs GPs advising that they were available and would accept referrals. Prior to the introduction of this service, 20% of Covid 19 related deaths for care home residents occurred in hospital compared to only 7% following the introduction of the enhanced service. It is

worth noting that the deaths that occurred in hospital were all referrals to acute via GP OOHs following remote consultation.

5.18 During the pandemic **West Dunbartonshire** HSCP district nursing staff continued to provide training and support to staff in care homes with a programme of bite size modules on various subjects including infection control, UTI, recognising sepsis etc. This helped care home staff to recognise the early signs of infection and with earlier intervention helped to prevent admissions to hospital. The Older Adult Community Psychiatric Liaison Nurse has provided training on stress/distress behaviour, which enables staff to identify and support residents within the care home, avoiding admissions to hospital from the mental health team. The care home residents have average fluid intake recorded. This is calculated and indicates whether residents' hydration has increased or decreased enabling care staff to review residents' health and wellbeing and identify if infection is fluid related. West Dunbartonshire care homes introduced refreshment trollies which are decorated to look like an old "Ice Cream Van", and this is to create an interest around fluid. There are a variety of flavoured drinks. This has assisted to increase fluid intake and therefore minimise dehydration and also made this a meaningful interaction.

5.19 **Renfrewshire** HSCP has implemented Alcohol Outreach Nurse Posts at the Royal Alexandria Hospital. These nurses are also called Alcohol and Liver Frequent Attenders (ALFA) Nurses. These posts were created following analysis of the HSCP Emergency Department Frequent Attendee list. This work highlighted a group of alcohol addicted patients who only used ED as the source of medical care, rarely attending their GP and never attending outpatient alcohol appointments. The nurses are be based in the RAH and mainly clinically managed by the Liver Consultant, but are part of the Addictions team based at Back Sneddon St and employed by the HSCP. The nurses will identify alcohol related frequent attenders and then contact them proactively to try and help sort out their problems and reduce their alcohol intake and ED attendances and RAH admittances.

5.20 Renfrewshire HSCP has also established the District Nursing ANP role within all care homes across Renfrewshire. ANPs within the service are aligned to, and work closely with, the Care Home teams; collaborating as necessary with local GPs and acute care. They use focused MDT meetings with care home teams, RES, MH and dieticians. They assist greatly with the proactive and reactive response to care homes as well as the provision of the right professional to meet that person's needs. The service allows for care to be completed within the service, promoting person centred care and prevention of admission. In March 2021 there were 222 patients reviewed by the ANPs.

5.21 **Inverclyde** HSCP continued to maintain its focus on Home 1st and Getting it Right 1st Time managing to maintain performance except at times of lower capacity in care@home services. When the care@home service was impacted during the initial months of the pandemic the HSCP admitted over 50 services users on an interim basis to Care Homes of their choice to facilitate discharge from hospital or avoid hospital admission. After an average stay of 8 weeks the service users were able to return home with the care @ home service they required in place to support their needs.

5.22 Inverclyde also utilised available capacity around day service transport to support discharge to home or care home, the team also provided a meals service to older people in the community. The day service team and community connectors kept in contact with a number of service users by telephone, this helped to reduce the impact of isolation and anxiety which are key factors in preventing admission to hospital.

5.23 Overall the HSCP relied on existing Home 1st protocol and processes that effectively supported the teams through the pressures of the pandemic. These measures identified are on-going and are part of the contingency in Inverclyde's Unscheduled Care; Home 1st plan.

5.24 In **Glasgow City** the Community Respiratory Response Team (CRRT) was set up as an emergency interim measure to allow services to cope with the Covid Pandemic. The service was created to provide a safe alternative to hospital admission for our chronic lung disease population with the awareness of nosocomial inpatient spread and potential poor outcomes for those with severe lung disease. Initial evaluation suggests that the rapid amalgamation of several teams across community and acute has been a success in responding to the crisis. ED attendance with respiratory diagnosis was down by approximately four fold compared to 2018/19 – significantly more so than the rest of Scotland.

5.25 Also in Glasgow a Crisis Outreach Service was established to meet the needs of people who experience non-fatal overdose, in order to prevent further fatal overdose. This new service was designed to provide assertive follow up of patients who had attended hospital having experienced a non-fatal overdose. Non-fatal overdose is a strong predictor of future fatal overdose, so an immediate response and assertive outreach to individuals was considered essential in an attempt to reduce drug related deaths, including out of hours. The team provides assertive outreach to referrals from Police Scotland and SAS and works closely with third sector organisations to provide follow up and support. There is close liaison with Emergency Departments to develop pathways and ensure follow up with locality teams.

5.26 **Development of the HSCP Unscheduled Care Delivery Group, HSCP Anchors and local HSCP UC Groups** – throughout 2020 a key objective was to strengthen the interface between HSCPs, the acute sectors and primary care. To support this our Unscheduled Care Delivery Group Terms of Reference and membership was reviewed to ensure appropriate representation. Key to enhancing the collaboration across HSCPs has been the introduction of HSCP Unscheduled Care Anchors, these individuals have the ability to influence, direct and initiate change within their respective HSCPs and play pivotal roles in their local HSCP Unscheduled Care Groups. The anchors liaise with the Unscheduled Care Joint Improvement Team providing and receiving key intelligence and contributing to the overall delivery plan.

Phase 2 - 2021 -2023

5.27 During 2021 and onward we will aim to design a programme to deliver on a number of the actions continuing to align and be guided by the National Redesign of Urgent Care five national strategic priorities. The visual in figure 4 below encompasses the key actions to be delivered in the next phase.

Figure 4 - Phase 2 Unscheduled Care Improvement Programme Core Projects

Patient Flow & Flow Navigation Centre Processes	Optimising Discharge and Reducing Delays	Prof to Prof	MSK	Falls & Frailty
• ED Processes • 4 hour standard • Demand Prediction & Capacity Mgmt • FNC Process Optimisation (workflow)	• 'Home First' application of Discharge to Assess • Development of 'Hospital in Reach' processes • AWI Peer Review	• Scheduling urgent care to Medical and Surgical AU's • Community Pharmacy integration with GP in/out of hours and the FNC • SAS – access to FNC and Community Services prof to prof (falls, care homes, COPD) • Whole System Redirection (mutual aid FNC/GPOOH's/ OOHUCRH etc.)	• Develop MSK local FNH/onward community referral pathways and outflow services to reduce hospital and primary care based services • Development of NHS24 Physio resource to deliver National 111 MSK service	• Frailty Screening Tools • Anticipatory Care Planning • Falls Prevention & Management • Frailty at the Front door • Coordination & Integration of Community Models • *Hospital at Home - Glasgow City Test of Change*

5.28 NHSGGC's response to Phase 2 of the National Redesign of Urgent Care will be to further develop the Flow Navigation Centre and work will continue to develop and redesign urgent care pathways across the whole system over the next 18 months to include:

- **Primary Care/Acute Interface** – we will continue to develop pathways to convert unplanned to planned care with particular focus on scheduling urgent care within Assessment Units. Pathways under review/Development include: Care Homes (Falls), Head Injury, Acute and Surgical (Nat No 2)

- **MSK** – development of NHS24 Physio resource and local Flow Navigation Centre (FNC)/onward community referral pathways to reduce hospital and primary care based services (Nat No.5)

- **Community Pharmacy** – integration with GP in/out of hours and the FNC and to include signposting and direction from MIU/ED for minor illness (Nat No.1)

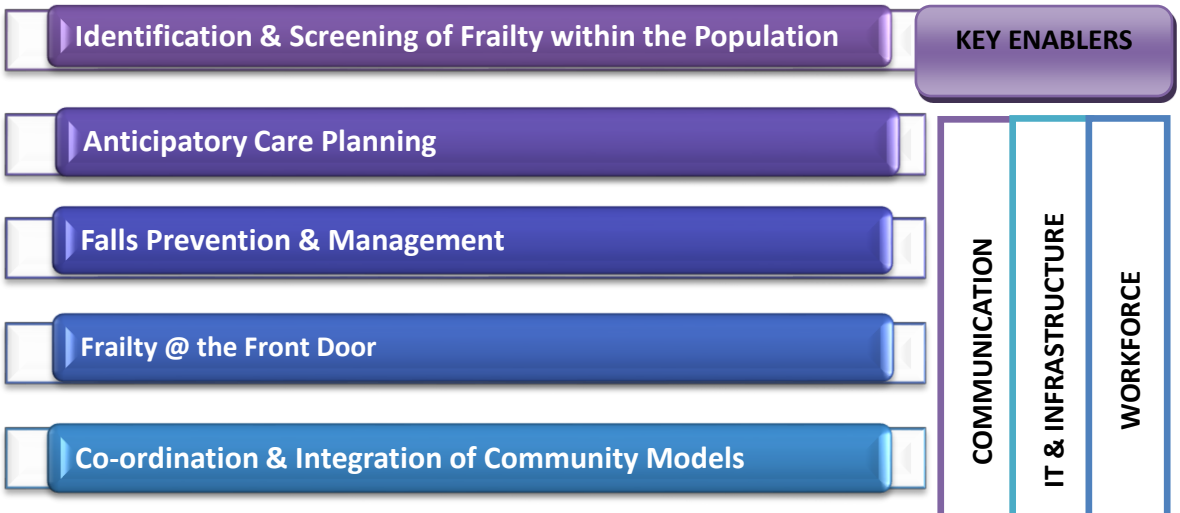
- **SAS** – development of Community Services and FNC prof to prof to access out of hospital/GP referral pathways e.g. COPD, Falls, Care Homes (Nat No.4)

- **Mental Health** - pathway development to include referrals from GP in/out of hours and the Flow Navigation Centre through prof to prof and scheduled virtual assessments (Nat No.3). This will build on the MHAU pathway fully embedded during 2020.

- **Waiting times** - additional non-recurring support to improve access and waiting times for scheduled care at QEUH and GRI to reduce times patients waiting for procedures delayed due to Covid and avoid the likelihood of them attending A&E.

5.29 Our Falls & Frailty Delivery Programme has six key priority areas of focus within Phase 2. The figure below illustrates the work streams and the key enablers to support the design and delivery of the programme.

Figure 5 - Falls & Frailty Programme Phase 2 Delivery Work streams



5.30 The approach agreed to drive and manage delivery has a strong focus on joint planning and active collaboration. Work streams have been implemented for each of the priority actions with HSCP and Acute leads appointed to each:

- Identification and screening of frailty within the population – to identify those over 65 living in the community with frailty using a frailty assessment tool, measuring deterioration over time and considering pathways to support triggered by frailty score;
- Anticipatory Care Planning – to increase anticipatory care planning conversations and ACPs available via Clinical Portal and the Key Information System (KIS) to support people living with frailty to plan for their future care needs, and when appropriate death. A baseline of 512 ACPs available on Clinical Portal was recorded in March 2021 by May this had increased to over 800;
- Falls Prevention & Management – to develop and implement a falls prevention and management strategy and policy with a view to preventing falls in the community and reducing unscheduled admissions for falls related injury, including care homes;
- Frailty @ the Front Door - enhanced presence by Frailty Team at the acute front door with direct access to a range of community services supporting joint patient centred planning to ensure the right care is given in the right setting, whether that is hospital, at home or in a homely setting;
- Co-ordination and integration of community models - review of current models/pathways and developing refreshed pathways to plan, support and coordinate the patients' journey from pre-frail through to end of life, supporting them to remain at home or a homely environment, ensuring when an intervention is required it is delivered in the right place, delivered by the right person and at the right time; and,
- Hospital @ Home - testing the concept of the Hospital @ Home model and principles. Initial Test of Change in South Glasgow over 12 months with a view to a system wide redesign, subject to evaluation and learning.

5.31 Key enablers have been identified to support delivery including Communication, IT and infrastructure and workforce:

- **Communication & Engagement Plan -** we fully intend to build on the positive GGC OOH Communication and Engagement programme. An overarching Communication Plan will be developed for 2021/22 for all stakeholders. The plan should seek to develop key principles, common language and key messages and where appropriate join up the learning, and recommendations from activity across GGC from programmes including East Renfrewshire Talking Points, Compassionate Inverclyde and the Glasgow City Maximising Independence programme. Learning

from service users and their family/carers input and involvement will be key to helping us develop the plan. A Corporate Communications plan will be considered with quarterly updates generated and shared.

- **IT & Infrastructure eHealth Digital Solutions** – on-going challenges exist regarding interfaces between core systems and shared access to electronic patient information to deliver care closer to home. In the absence of shared systems across community teams, acute, primary care etc. we continue to develop processes with numerous work arounds that are not 'lean' and create barriers to sharing key patient information.

- **Workforce** – we face a significant challenge around workforce, in particular access to clinicians with advanced clinical assessment and management skills, whether this is ANPs or Advanced Allied Health Professionals. This has been evident across the Primary Care Improvement Plan and the Memorandum of Understanding resulting in 'in=post' training and mentoring taking place to develop the skills required.

5.32 Annex D shows the Design & Delivery plan priorities phased and where actions sit within the three priority areas of early intervention and prevention, primary & secondary care interface, and hospital discharge.

Phase 3 - 2022/23 and onwards

5.33 While a number of actions within the original Joint Commissioning Plan remain outstanding this does not mean they will not be designed for delivery within this timeline. As dependences become apparent and opportunities develop, and as appropriate resource and funding support are available, proposals will be developed and approval sought.

6 ENGAGEMENT

Patient Engagement

6.1 We are conscious we need to do more to engage with patients, carers and the general public and their representatives about what we are trying to achieve through this programme. It is our aim that all aspects of the programme (e.g. falls and frailty) will involve patients directly. Further information on how this will be achieved will be communicated through our HSCP engagement channels and networks.

6.2 We are also conscious that we need to communicate better with the general public about what services to access when and for what. That's why the first key action in our programme is on communications, and developing a public

awareness campaign. This will be an ongoing action over the course of the programme.

Staff Engagement

6.3 This programme has significant changes for staff too in the way we delivery services, and develop new pathways. We will consult with and engage with staff in taking these changes forward, and regularly report to Staff Partnership Forums as we go forward.

Clinical Engagement

6.4 During 2020/21 we have continued to review our stakeholders, as part of this process we have reviewed representation across all three acute sectors. This has resulted in increased engagement with Clinical Service Managers, Consultant Physicians in Medicine for the Elderly, Chief Nurses, ED consultants and AHPs.

Primary Care

6.5 In 2020 we held a number of engagement sessions with GPs across NHSGGC. The engagement and involvement of GPs in shaping and developing this programme is crucial. We need to recognise that unscheduled care is a key issue within primary care too as most patient contact is by its nature unscheduled. The key messages from the GP engagement sessions held last year are summarised in annex E.

6.6 We will continue to engage with GPs across NHSGGC both in the development of this programme and its implementation as GP feedback on progress is also important. We will do this at various levels by:

- engaging with GPs and their representatives on specific aspects of the programme e.g. ACPs, falls & frailty etc.;
- engaging with GPs through established structures such as GP committees, primary care strategy groups, QCLs etc.; and,
- engaging at HSCP and NHSGGC levels including arranging specific set piece events / sessions at appropriate times.

6.7 A key take away message from the engagement with GPs was that the unscheduled care programme needed to specifically recognise and include the contribution of PCIP to this agenda. The PCIP and unscheduled care programme direction of travel are closely aligned and are essentially about patients being seen by the right person at the right time. To recognise and acknowledge the contribution of PCIP more clearly within the re-freshed unscheduled care programme we have broadened this aspect of the plan include an action to support GPs to operate as expert medical generalists by expanding primary care teams so GPs can focus on managing complex care for vulnerable

patients within community settings, and as part of our prevention and early intervention strategies (see actions 4, 7 and 8 in annex D)

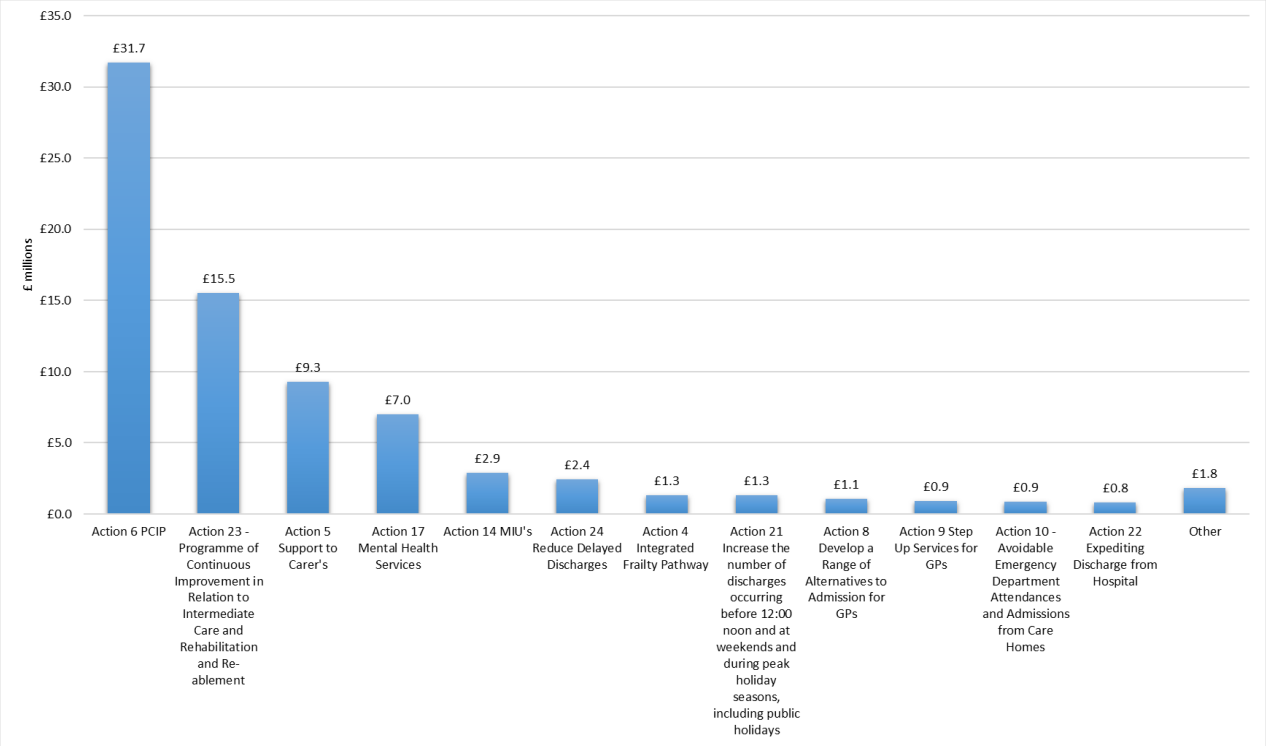
7. FINANCIAL FRAMEWORK

7.1 In this section we outline the financial framework to support delivery of the plan. A number of the proposals in this plan are already funded in HSCPs or the Acute Services Division. Others will need additional or a shift in resources to support implementation.

7.2 This Joint Commissioning Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GG&C. In 2019/20 unscheduled care was estimated to cost GG&C £444.3m. With a budget of £415.1m identified by GG&C Health Board. This is a shortfall in funding of £29.2m and represents a significant financial risk to GG&C Health Board and the six IJBs with strategic responsibility for this area.

7.3 This budget shortfall impacts on the IJBs' ability to strategically plan for unscheduled care. Nationally there is an expectation that IJBs, through commissioning plans, can improve outcomes and performance in relation to unscheduled care, which in turn will support the release of resources to support investment in primary care and community services. This was reiterated in the Scottish Government's Medium Term Financial Plan which assumes that 50% of savings released from the hospital sector will be redirected to investment in primary, community and social care service provision.

7.4 The ability to achieve this in GG&C is hindered by the existing financial position outlined at 7.2. above, and effectively means that there are no funds which can be released to support the investment required, which mean that each partner will be responsible for funding their own investment. There is already significant investment in community care settings to support unscheduled care, with existing investment totalling £77m.



7.5 Section 5 outlined a number of step change projects that were grounded in the ambitions of the JCP which have been implemented as part of Phase 1 and has resulted in investment of circa £14m in unscheduled care within IJBs and the Health Board during 2020-21, some of which has been funded non-recurrently.

7.6 The Joint Commissioning Plan identifies a number of key actions which require financial investment to deliver on Phase 2 and Phase 3 priorities. The financial framework developed has highlighted a significant gap between current available financial resources and the funding required to deliver the programme in full. This will require the adoption of a phased implementation programme, where delivery is contingent on funding becoming available.

7.7 The recurring funding gap for Phase 1 and the investment required to deliver Phase 2 has been fully costed and the investment required is attached in annex F. It should be noted that this has been completed on a 2021/22 cost base. This highlights the need for £28.862m of investment, of which £7.337m is required on a recurring basis and £21.525m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. This includes a one-off investment of £20m which has been

identified by the Health Board to support this programme. This will be used to kick-start this programme by delivering waiting times activity which was delayed due to COVID. A significant proportion of this activity will be delivered from hospitals and clinics within the boundary of Glasgow City, particularly the GRI and QUEH. This will also have a positive impact on unscheduled care levels and support delivery of the Unscheduled Care Design and Delivery Plan reducing the time patients are waiting for procedures and thereby the likelihood of them attending A&E.

7.8 Of the recurring funding of £7.337m required, only £2.704m of funding has been able to be identified on a recurring basis. This funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 2. This has implications for the delivery of the plan, even for Phase 2, with actions not able to be fully implemented in all geographic areas until funding is secured. The table below highlights the Actions where partial implementation is proposed at this stage due to the funding gap which exists.

Table 1 - actions partially deferred for implementation or at risk – no funding in place (for detail on actions see annex D)

Action	Glasgow City	Inverclyde	East Ren	West Dun	East Dun	Renfrew	Health Board
Action 1 Comms	√	√	X	√	√	√	n/a
Action 2 ACP	√	X	X	√	√	√	n/a
Action 4 Frailty	√	√	√	√	X	√	n/a
Action 9 Step Up	√	√	X	√	X	X	n/a
Action 10 Care Homes	√	√	X	√	√	√	n/a
Action 13 Service in ED	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 14 MIUs	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 23 Improvement	√	√	√	√	X	√	n/a

7.9 Phase 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 3 have funding which has already been secured in some geographic areas. As a result, this investment is planned to proceed now as part of an early adoption of Phase 3. These have been highlighted in annex F.

8 PERFORMANCE FRAMEWORK

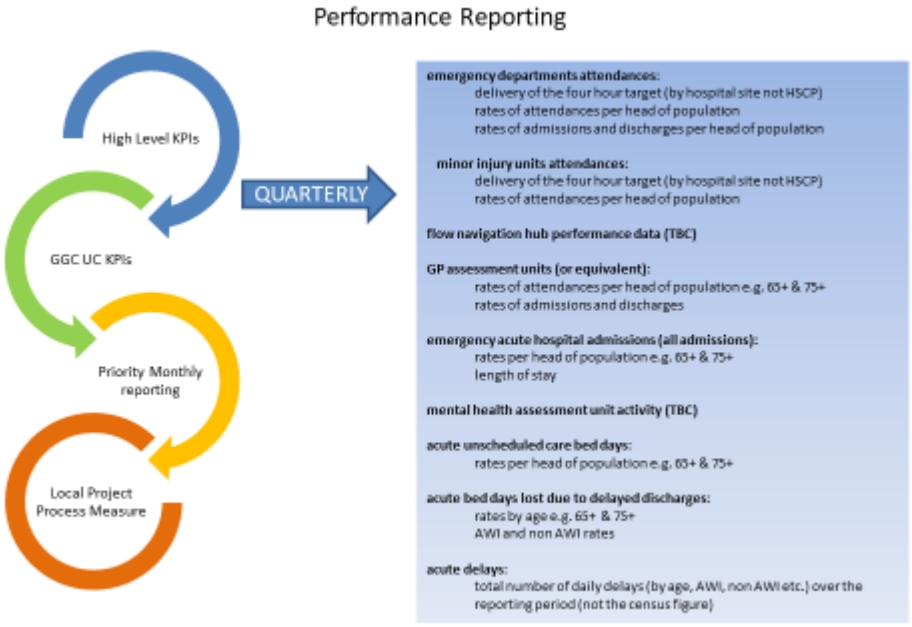
8.1 In this section we look at the performance framework to support delivery of the programme and the key measures we will use to monitor and assess progress. We also include an estimate of the potential impact on emergency admissions.

8.2 It is essential that we develop a performance framework to support all levels of data and information required including high level management reporting at both GGC and HSCP levels; operational management data to support local planning and monitoring and wider data to support targeted review and improvement activity at HSCP and locality/community levels.

8.3 It is the aspiration of the HSCP UC Delivery Group to have a single repository hosting the key data sets to support the framework. This will build on the HSCP dashboards currently developed. This will be similar to the Command Centre used by the acute sector.

8.4 A Data, Information & Knowledge work stream has been developed with key stakeholders to develop the framework and build the requirements for the single repository to be used across HSCPs. The work stream has developed the key indicators we propose to use to measure the impact of our programme as outlined in annex G. Figure 6 provides a pictorial example of the levels of data within the performance framework, with the high level data required to evidence impact example presented

Figure 6 – Performance Management Framework



8.5 In a large and complex system such as NHSGGC with many moving parts estimating and forecasting the impact of specific interventions is never an exact science. As we have seen in 2020 there are many factors that can influence the impact of any given intervention – many of which are not in our direct control e.g. changes in the economy. Forecasting or estimating the potential impact of such a wide ranging programme as described in this plan on Scotland's largest health and social care system is even more difficult when looking into future years, and beyond Covid.

8.6 The numbers presented below should therefore be viewed with extreme caution and should not be considered as a firm guarantee of the impact of this programme; the projections are a guide and our best estimate based on what we know of the health and social care system in NHSGGC. These numbers will need regular review and updating as we go forward to take account of progress in implementing the programme.

8.7 In providing an indication of the potential impact of the programme we have looked at emergency admissions as this is a key indicator of unscheduled care demand, and can also lead to delayed discharges (another key indicator). Reducing emergency admissions can alleviate pressure in other parts of the system such as A&E, GP assessment units and in primary care. We specifically look at emergency admissions for the 65+ population as they account for approximately 40% of all emergency admissions in GG&C.

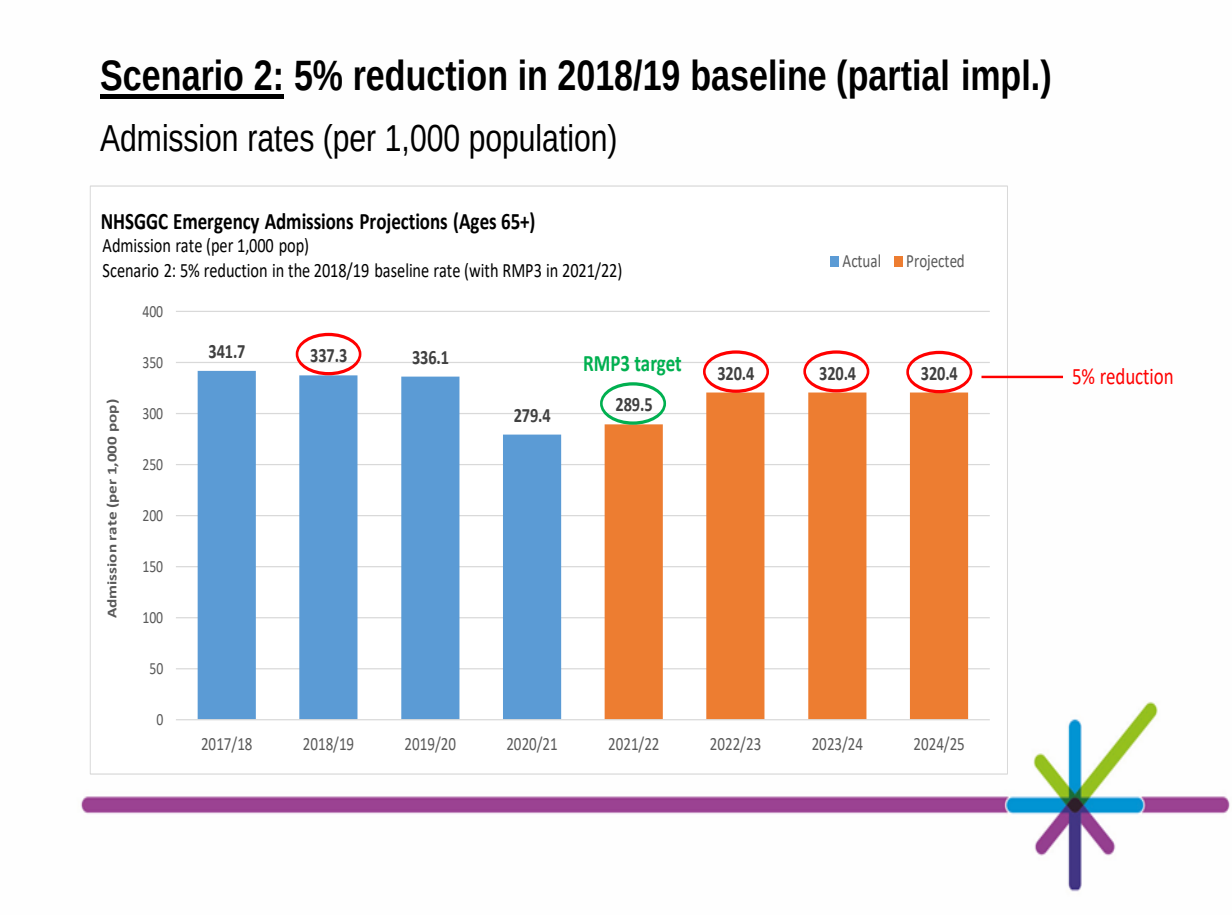
8.8 To reach our estimate we have looked at current rates of admission by head of population for different age groups and taken into account the population projections for future years (see annex H). We present three scenarios in annex H recognising that the programme as a whole is not currently fully funded (see section 7 above):

- a do nothing scenario with no implementation of the programme showing the impact demographic changes might have on current rates;
- a partial implementation of the programme taking into account that significant parts of the programme are funded non-recurrently; and,
- full implementation showing what might be the case should the programme in its entirety be fully funded on a recurrent basis.

8.9 Below we show the partial implementation scenario (see annex H for the detail) that illustrates the impact of the programme could (with all the caveats outlined above) result in a reduction in the rate of emergency admissions for over 65s from 337.3 in 2018/19 (the last pre-Covid year) to 320.4 in 2022/23 – a reduction

of 5%. This estimate takes into account the demographic changes forecast in NHSGGC over this period (see also annex H), and also current projections for 2021/22 included in RMP3.

Figure 7 – projected change in rate of emergency admissions for over 65s in NHSGGC (based on 2018/19 baseline)



8.10 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

Benefits Realisation

8.11 It is extremely challenging to draw a direct line in relation to the impact of activities currently underway and planned as part of Phase 2 delivery of this improvement programme. In many cases it is a sum of parts that result in a cumulative and measurable improvement. At the time of writing, work is progressing to develop outcome and process measures for each work stream.

Below is a summary of the expected benefits of some of the actions that have been outlined:

Flow Navigation Centre (FNC)

8.12 The implementation of our Flow Navigation Centre during phase 1 realised significant benefits. The initial aim was to redirect up to 15% of the 2019 levels of self referrals the equivalent of 96 consultations over 24 hours and 74 over 12 hours. The FNC has carried out 7,000 virtual assessments in the first six months with 36.7% of patients seen treated and discharged without the need for an ED or MIU attendance. Phase 1 has resulted in 2,569 patients avoiding attendance at ED/MIU, Phase 2 will work to increase this by 2,405 to 4974 patients in 6 months and therefore an estimated attendance avoidance of 9,948 per annum.

Increasing ACP & KIS availability

8.13 There is strong evidence from studies demonstrating that an ACP and a coordinated team-based approach with a clearly identified population that is at high risk of hospitalisation can reduce ED attendance, admission rates and occupied bed days. This approach to care also leads to an increased likelihood of being allowed to die at home. Our GGC activity is targeting those at high risk of hospitalisation including our care home residents and those with long term conditions.

8.14 Palliative Care - a recent retrospective Scottish study reviewing 1304 medical records of peoples who died in 2017 from 18 practices across 4 Scottish health boards, concluded that people with KIS were more likely to die in the community (home, care home or hospice) compared to those without one (61% versus 30%). NHSGGC reported n12, 612 deaths in 2019/20, 53.6% of these were within a community setting and the remaining 46.4% of deaths occurred in Acute Care. During 2019/20 there were 6045 admissions to hospitals across GGC resulting in death with an average LOS of 19 days. Our aim is to target ACP's for long term conditions and palliative care to achieve a 1% increase in the number who are supported with palliative care to die comfortably at home this could result in a saving over 1100 bed days and would reduce admissions by 60.

8.15 Pilot work by the Edinburgh city HSCP supporting the adoption of ACP in care homes and their aligned GP practices, saw a 56% reduction in avoidable hospital admissions and 20% reduction in A&E admission from care homes. A similar pilot in Lanarkshire in 2009 reported a reduction in the number of Accident and Emergency attendances, number of patients with an emergency inpatient admission, and a reduced total length of hospital stay following the introduction of anticipatory care planning in 8 care homes

8.16 In 2019/20 ED/AU attendances for over 65 years were n113, 283 with n65, 857 converting to an emergency admission. The majority of these admissions were to orthopedics, medical, surgical and care of the elderly. Non elective bed days in this period was n191, 212 therefore we can estimate 2.9 days average length of stay with 46% of these within care of the elderly wards. ACP conversations and sharing of the key information could reduce the number of ED attendances and admissions for a number of these patients as evidence above.

8.17 ACPs available on Clinical Portal across GG&C i.e. those added by Community teams has seen a marked increase from January to June 2021 with 386 ACPs created in this period compared with 192 in January to June 2020. This improvement can be accredited to the activity being undertaken as part of the ACP Work Stream newly invigorating the activity and also as a consequence of Covid19. In total 851 ACPs are available on Clinical Portal as of June 2021, compared with only 9 available in 2019. Through the activity of the ACP improvement project we aim to significantly increase the number of ACPs available, the number has increased by over 100% in the first 6 months of 2021. We will aim to achieve a further 100% increase in the following 6 months till end of March 2022 and an estimated 20% reduction in admissions for those who have an ACP resulting in 340 avoided admissions and an estimated bed reduction of 986 (at 2.9 days LoS).

Falls Prevention & Management

8.18 About a third of people over 65 years old living in the community fall each year and the rate of falls related injuries increases with age. The Care Inspectorate recently reported that Falls are recorded as a contributing factor in 40% of care home admissions.

8.19 Falls incidence in care homes is reported to be about three times that in the community. This equates to rates of 1.5 falls per care home bed per year. Falls can have serious consequences, e.g. fractures and head injuries. Around 10% of falls result in a fracture. Most fall-related injuries are minor: bruising, abrasions, lacerations, strains, and sprains. However falls can also have a psychological impact, even in the absence of injury. Fear of falling is extremely common, can curtail physical activity and activities of daily living and lead to social isolation – even within the care home environment.

8.20 During 2019/20 across GGC there were n6,618 ED attendances for falls related incidents in our over 65 years population with n2,478 (37%) resulting in a hospital admission. Out of the 2,478 admission, 575 (23%) had a stay of 3 days or less utilising around 900 bed days. Through a number of actions within

the falls work stream we will aim to reduce the number of individuals with short stays of 3 days or less by 10% saving at least 90 bed days per year.

8.21 January – June 2021 Scottish Ambulance Service (SAS) attended to n6051 fallers over 65 years in the community, including Care Homes. Conveyance to ED followed for n4652, 77% of calls. Work with SAS to reduce conveyance by a further 10% (465). A number of actions within the Falls Prevention & Management plan will contribute to a reduction in ED attendance and unplanned admissions such as:

1) using the Care Home Falls Pathway incorporating the Flow Navigation Centre for clinical triage assessing the need for urgent response and opportunities to plan any required diagnostics and or referral to community teams for support; and,
2) working more closely with SAS to reduce conveyance to hospital using FNC and the general falls prevention training and local HSCP action plans.

Frailty@ the Front Door

8.22 During the test of change week there were on average of 25 patients with frailty attending per day. On average eight were discharged each day following a length of stay of two days. The average LoS for patients over 75 years is ten days therefore we can estimate that we saved eight bed days per patient through new processes and ways of working. Over seven days this equates to 3228 bed days; the equivalent of nine hospital beds.

8.23 Bearing in mind this is on one hospital site. If scaled up across three sites given QEUH accounts for 30% of activity, this could result in saving of up to 27 beds every day over a 12 month period.

Discharge to Assess Policy impact on 11B & 27A

8.24 During financial year 2019/20 there were 10,654 bed days lost to 11B (awaiting community assessment) this has improved by 45% in 2020/21 with 5,826 bed days lost recorded. Bed days lost to 27A (wait for intermediate care) reduced by 29% n4652 in 2021 compared with n6579 in 2019/20. We will continue to embed the D2A Policy and Home First ethos encouraging strong communication and MDT working to discharge individual's home at the earliest opportunity to reduce the risk of deconditioning within the hospital setting.

8.25 In doing so we will aim to reduce the bed days lost to 11B codes by a further 10% aiming to save a further 580 bed days by end of March 2022. Bed days lost to 27A hasn't evidenced as big an improvement; this could be attributed to the challenges of COVID reducing the ability to discharge patients to another

setting. We will seek to improve the bed days lost while waiting on an intermediate care placement by a further 2% aiming to save 93 bed days.

Mental Health Assessment Units

8.26 Total referrals to MHAUs in May 2020 totalled 442 compared to 1443 referrals in May 2020. This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and admission rates. The average number of MHAU attendances referred by EDs was on average 314 per month over the three months to May 2021. We can therefore estimate that there will be 3,768 ED attendances avoided through this service over a 12 months period.

8.27 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

8.28 It is the intention to develop mid-year and end year performance reports to allow the full impact to monitored going forward.

8.29 Projection modelling and what if scenario planning tools are being explored in collaboration with Public Health Scotland Local Intelligence Support Team (LIST). A work plan is being developed at the time of writing this paper.

9 GOVERNANCE ARRANGEMENTS

9.1 Governance arrangements have been updated to reflect the complexity of the Unscheduled Care programme. The approved structure is shown in figure 7 below. This structure will:

- facilitate strategic direction and operational leadership of UC;
- provide accountability for developing strategy and design via the Steering Group;
- demonstrate responsibility for implementation via Delivery Groups;
- embed the Programme Management approach to provide assurance that the programme is appropriately managed; and,
- to ensure alignment to system wide UC service profile.

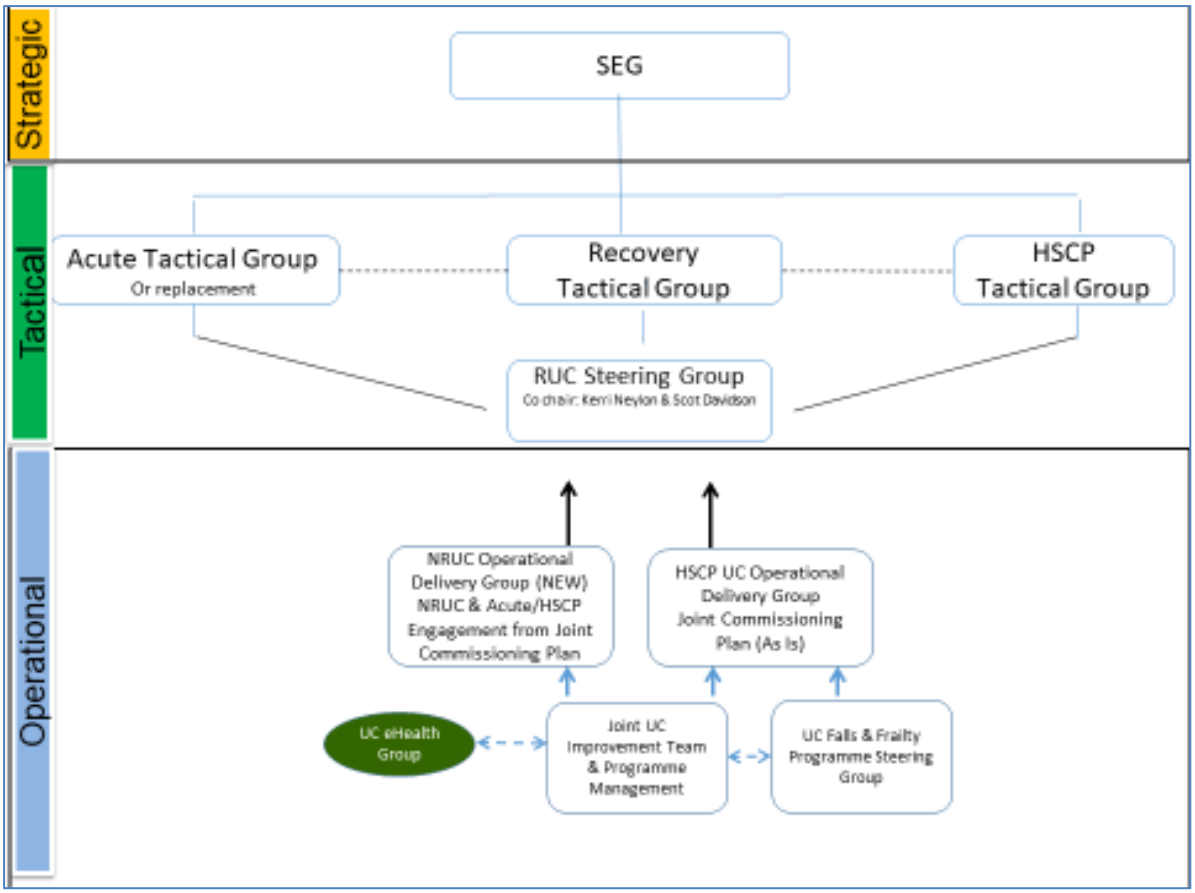
9.2 At a strategic level the overall programme will report to the Strategic Executive Group (SEG) to provide oversight and overall governance assurance. As

deemed appropriate there will be escalation to Corporate Management Team (CMT).

9.3 At tactical level reporting will continue to HSCP Tactical and Acute Tactical Group to steer, approve and sponsor the on-going unscheduled care programme activity including JCP and National Redesign of Urgent Care. The Recovery Tactical Group will approve and jointly agree project plans, assess proposals for cross system redesign and prepare update papers for SEG in conjunction with RUC Steering Group.

- **Redesign of Urgent Care (RUC) Group** - the role of this group is to develop a cross system approach to redesign, delivery of project plans for Redesign of Urgent Care including CACs, FNC, MHAUs. This will be a key group to link and engage with both Acute & HSCP Tactical groups. This group will also ensure links with Acute Clinical Governance, Acute Partnership Forum, GP Sub and Area Partnership Forum;
- **NRUC Operational Delivery Group** – this is new group within the governance structure. This group will bring together the operation delivery of the NRUC and both Acute and HSCP engagement from the Joint Commissioning Plan;
- **HSCP Unscheduled Care Delivery Group** – this group is responsible for designing and delivering a programme to achieve the ambition set out in the Joint Commissioning Plan;
- **Joint UC Improvement Team & Programme Management** - this team support the development, design and delivery of the JCP & NRUC using a project management approach to provide assurance.

Figure 8 – Unscheduled Care Governance Arrangements



10 PROGRESS REPORTING

10.1 Progress on implementation of each action in the phases outlined above will be reported routinely firstly to the HSCP Delivery Group and then quarterly to the RUC Steering Group, Tactical Groups and onto SEG. Annual updates will also be provided to IJBs and the Health Board.

10.2 Where appropriate escalation of issues or areas of concern will be reported timeously.

10.3 Performance reports on the KPIs in annex G will be submitted monthly in line with existing performance reporting for delays, the four hour target, A&E attendances and other key measures.

10.4 The Data, Information & Knowledge work stream will develop a Standard Operating Procedure providing guidance to support reporting across all levels via appropriate governance routes.

11 NEXT STEPS

11.1 This Design and Delivery Plan provides an update on the 2020 Joint Commissioning Plan for unscheduled care services agreed by IJBs and refreshes our approach in line with the new baseline adjusted for the impact of COVID-19.

11.2 This revised plan has:

- reported on progress against the actions in the original 2020 programme agreed by IJBs;
- reflected on the impact of the pandemic on unscheduled care activity;
- reported on what was delivered in 2020 including the national redesign of urgent care;
- outlined a re-freshed and updated programme, and the content of the different delivery phases;
- explained our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outlined the supporting performance and financial framework; and,
- the organisational governance arrangements to ensure appropriate oversight of implementation of the plan.

11.3 The plan will be considered by IJBs, the Health Board and be the subject of engagement as outlined in section 4 above. A final version will be made available later in the year and progress reports issued at regular intervals.

Appendix 2

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMISSIONING PLAN

DRAFT DESIGN & DELIVERY PLAN
2021/22-2023/24

ANNEXES

August 2021

CONTENTS

ANNEX A

2020 Unscheduled Care Programme

Progress overview of activity against key actions 2020

Redesign of Urgent Care – Flow Navigation Hub and Mental Health NHS111 Service

The national definition and objective of the Health Board **Flow Navigation Hub** is to offer rapid access to a senior clinical decision maker, **optimising digital health** when possible in the clinical consultation and has the ability to advise self-care, signpost to available local services such as: Ambulatory Care / Same Day Emergency Care, Mental Health hubs, Minor Injury Units, primary care (in and out of hours) and the Emergency Department if required.

NHSGGC has implemented virtual clinical conversations across a number of service areas. Virtual telephone or Near Me consultations take place in our Community Assessment Centres (CAC), Primary Care (in and out of hours), and Acute Planned Care Services and in addition as part of the national Redesign of Urgent Care Programme have been introduced through the Flow Navigation Centre (FNC) and the Mental Health Assessment Units (MHAU).

The direct public facing access to the FNC and MHAU pathways are delivered through the new national NHS111 service. In the same way as the GPOOHs and CAC services the outcome of an initial clinical triage of patients who choose to use the service provided by NHS24 may result in an onward electronic referral for further assessment. The redesign is intended to offer an alternative route for patients to access acute and mental health advice and is largely aimed at those patients who would have self presented to an urgent care service with the objective of converting unplanned demand to urgent planned care. NHSGGC has established multi-disciplinary clinical teams to respond to the NHS111 referral by delivering a further 'virtual' clinical assessment to establish the most appropriate treatment plan for the patient and where appropriate to meet the patient's needs without a face to face attendance.

The FNC has implemented Phase 1 of the model with the 2021/22 Phase 2 plan under development and will see service access expand to connect with other urgent care specialty pathways across the health care system.

The NHS111 service has been communicated to the public through a national leaflet drop and we anticipate a national communications campaign including TV and Radio to be launched in the spring of 2021.

Signposting and Redirection Policy

Signposting and redirection aims to ensure Emergency Department (ED) attendees are appropriately reviewed in line with their reason for presentation. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access the right care if the reason for presentation is not an accident or an emergency.

The Acute Hospitals across NHSGGC currently provide four main access routes for urgent and emergency care patients, through designated Minor Injury Units, Assessment Units, Emergency Departments and Specialist Assessment and Treatment Areas (SATA). During the pandemic SATAs were established to provide a direct access route for patients with COVID-1919 symptoms including those referred through the CACs and GPs both in and out of hours. It has been essential during this time that the hospital sites maintain separate pathways for COVID-1919 and non COVID-1919 patients to reduce the risk of infection and to protect patients and staff, signposting and redirection has been an essential part of this process.

Signposting and redirection enables hospitals to maintain designated pathways and is delivered by senior clinical decision makers proactively streaming patients to the most appropriate area on arrival at the hospital. The majority of patients are registered for treatment within the relevant acute service and will be seen, treated and discharged as required. There are a proportion of ED attendances for conditions which could be better managed by patients themselves, NSH24, pharmacists, community optometrists, GPs or other members of the community care team. If the nature of the presenting complaint confirms that they do not require ED treatment the patient is advised that alternative options are available. The purpose of Signposting and Redirection is not to turn attendees away from the ED, but to direct them to another area/service where their healthcare need can be met and minimising the risk to them and others in overcrowded EDs.

Discharge to Assess Policy

The Greater Glasgow & Clyde Discharge to Assess (D2A) Policy went live at the end of February 2021. The Policy has been implemented across all adult services within Acute, Mental Health and Learning Disabilities and across all 6 Health & Social Care Partnerships.

The implementation of this policy will aim to ensure that once a patient is medically fit they do not remain in hospital because they are waiting for an assessment, further embedding our Home First ethos. This reduces the patient's length of stay in hospital supporting assessment within the patient's familiar environment and most appropriate place. Evidence suggests this should reduce de- conditioning and improve outcomes

significantly since 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80.

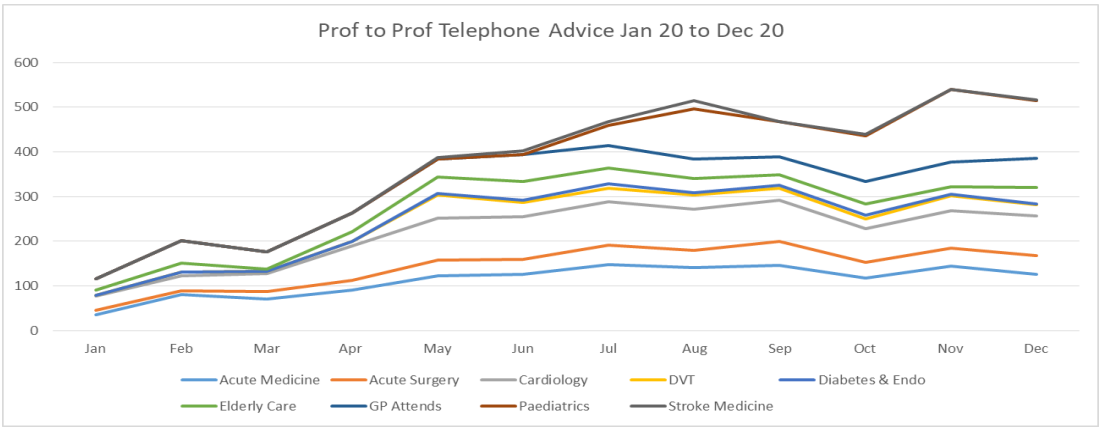
Key to successful implementation is Person Centred Care and Multi-Disciplinary Team working. The aim of all members of the MDT should be to commence planning for discharge as early as possible within the patient journey. Individual's, their family/carers will be central to decision making and engaged with at all stages. The information collated prior to and throughout the patient's journey is critical in providing a focus to determine the required support for discharge Quarterly reviews will be carried out to identify what's working well and areas requiring improvement. Regular feedback is encouraged from both Acute and HSCPs.

Digital Professional to Professional Advice Solutions

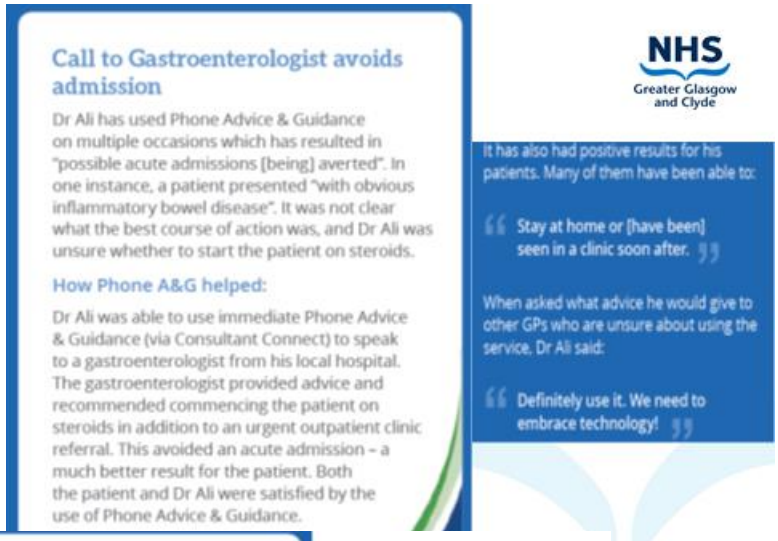
The aim of the professional to professional advice service is to provide GPs and other health care professionals with access to Specialty Advice, to ensure we are able to direct patients to the right care at the right time and in the right place. NHSGGC has introduced a telephone and app based service that provides an automated process for GP's to obtain professional specialty advice from the acute hospital team to support decision making within Primary Care. Over recent months we have expanded GP access to a range of specialties including acute medicine, medicine for the elderly, cardiology, DVT, paediatrics and medical admission from teams at Glasgow Royal Infirmary, Queen Elizabeth University Hospital and the Royal Alexandra Hospital. The service enables advice and guidance to be readily available and ranges from starting treatment within the community setting or arranging for the patient to be reviewed within an outpatient clinic, at the hospital assessment unit or where appropriate to be directed straight to the emergency department.

Whilst activity through this route has increased as a result of the expansion, call volumes remain relatively low in comparison to the number of direct referrals to the hospital assessment units. There are a number of GP's who have optimised the prof to prof advice route during the pandemic and where appropriate this has provided an effective alternative to attendance which has been very valuable during the pandemic. There remains a number of GP's who have not made use of this service and we are keen to further promote this service.

The chart below shows the number Prof to Prof telephone advice calls by GPs to Acute during January 2020 – December 2020



Two examples shared by local GPs highlighting benefits of the Prof to Prof service



OOHs Urgent Care Resource Hub and Local Response Hub Model

The review of Health and Social Care Out of Hours (OOHs) services across the Greater Glasgow and Clyde area is now complete. The review has been led by Glasgow City Health and Social Care Partnership (HSCP) on behalf of the six HSCPs and Acute Services.

Colleagues from across the Health and Social Care System, along with members of the public and other partner agencies worked together to develop a more integrated and co-ordinated OOHs Health and Social Care System.

Through this process of engagement and consultation it was agreed that an Urgent Care Resource Hub (UCRH) and Local Response Hub approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social care OOHs Services across the Greater Glasgow and Clyde area. The new model will develop and enhance the way we work across the health and social care OOHs system.

The creation of the UCRH and Local Response Hubs model will:

- Allow the co-location of some of the OOHs services e.g. Home Care and District Nursing to enhance integrated working across the system
- provide direct professional to professional access across the Health and Social Care OOHs System through enhanced communication by co-locating staff and developing virtual links across the Greater Glasgow and Clyde area
- provide OOHs staff with a single point of access across the Health and Social Care OOHs system, along with the facility for professional to professional advice to support management decisions for patients and service users with increasing complexities
- enable a whole system approach to the provision of changes to scheduled care and unscheduled and/or emergency care across the OOHs Health and Social Care System.
- support the increase of the number of multi-agency and multi-disciplinary responses which would match patient, service user and carers' needs through a wide range of health and social care based resources.

The UCRH provides a single point of access for staff working across Health and Social Care OOHs services to co-ordinate a multi-service response during times of crisis and escalation. The following services are co-located in the UCRH: Emergency Social Work, Home Care, Community Alarms, Responder Services and OOHs North District Nursing are all located within Borron Street. The UCRH is virtually connected with the teams working in the Mental Health Assessment Units and OOHS South District Nursing Service.

Staff will still be able to contact other services through their existing numbers, however if a response to a complex issue of crisis or escalation is required the UCRH can be contacted. The hours of operation are 5pm to 9am Monday to Friday and 24 hours Saturday, Sundays and Public Holidays.

Importantly there is no change for patients, service users and cares in how they access services in the OOHs period as they will continue to use existing numbers/existing

pathways to access services. This is a change in where some staff are located and how all services will work together.

As Glasgow City hosts a number of the OOHs board wide services e.g. Emergency Social Work and Mental Health Services the UCRH will be implemented in Glasgow City (Borron Street) first with the other HSCPs implementing their Local Response Hubs in a phased approach thereafter. Glasgow City will implement the UCRH on 29 March 2021 and the Local Response Hubs across the five other HSCPs will be implemented by end April 2021.

Following a period of review and evaluation a second phase of implementation (May – June 2021) will take place where the UCRH will also co-ordinate referrals from GP OOHs and the FNC and Acute Services.

Other professional groups to be considered in a future phase (timescales to be determined) includes SAS, Police Scotland, Third and Voluntary Sectors.

ANNEX B

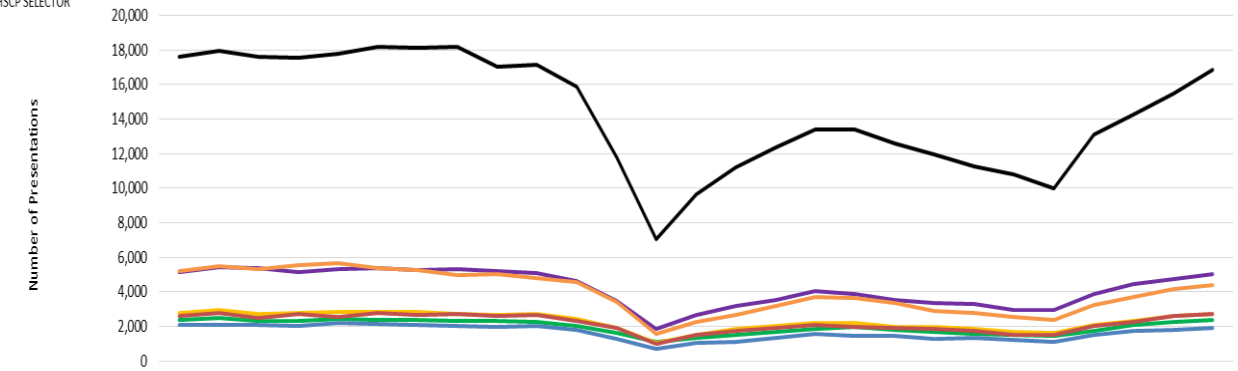
Rear View Mirror Slides

Unscheduled Care activity

2019-2021

by HSCP and GG&C

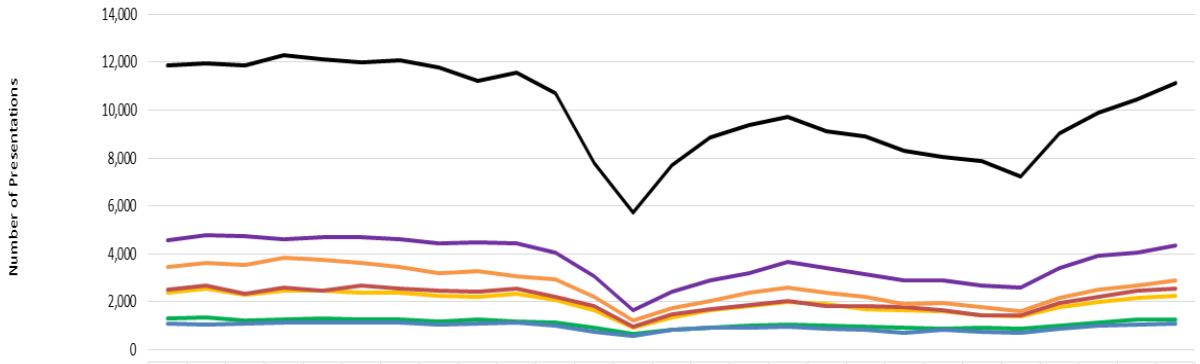
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-Jun 21/22
WITH HSCP SELECTOR



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	17,592	17,957	17,613	17,561	17,758	18,204	18,134	18,200	17,014	17,161	15,891	11,790	7,053	9,653	11,186	12,324	13,384	13,382	12,557	11,950	11,276	10,822	10,005	13,108	14,253	15,494	16,877
East Dunbartonshire	2,356	2,489	2,298	2,318	2,415	2,383	2,360	2,293	2,335	2,264	2,047	1,635	1,084	1,342	1,532	1,699	1,854	1,950	1,778	1,666	1,572	1,522	1,465	1,767	2,101	2,252	2,379
West Dunbartonshire	2,771	2,940	2,704	2,788	2,850	2,812	2,839	2,745	2,674	2,746	2,452	1,922	1,043	1,512	1,857	2,032	2,215	2,220	1,998	1,953	1,838	1,675	1,620	2,103	2,314	2,583	2,717
East Renfrewshire	2,068	2,078	2,117	2,022	2,211	2,160	2,080	2,048	1,983	2,037	1,824	1,306	689	1,027	1,129	1,337	1,568	1,480	1,452	1,256	1,336	1,213	1,121	1,485	1,738	1,799	1,921
Renfrewshire	5,161	5,406	5,388	5,148	5,296	5,391	5,253	5,319	5,184	5,069	4,614	3,485	1,851	2,681	3,196	3,523	4,025	3,885	3,541	3,338	3,325	2,979	2,929	3,879	4,461	4,762	5,055
Inverclyde	2,604	2,763	2,481	2,714	2,561	2,802	2,690	2,741	2,613	2,694	2,321	1,943	993	1,529	1,760	1,934	2,095	1,946	1,910	1,850	1,742	1,532	1,486	2,034	2,286	2,602	2,752
Other	5,210	5,481	5,298	5,571	5,636	5,389	5,254	4,985	5,055	4,774	4,585	3,393	1,596	2,283	2,661	3,200	3,711	3,619	3,356	2,920	2,805	2,548	2,370	3,256	3,698	4,150	4,420

DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-Jun 21/22
WITH HSCP SELECTOR

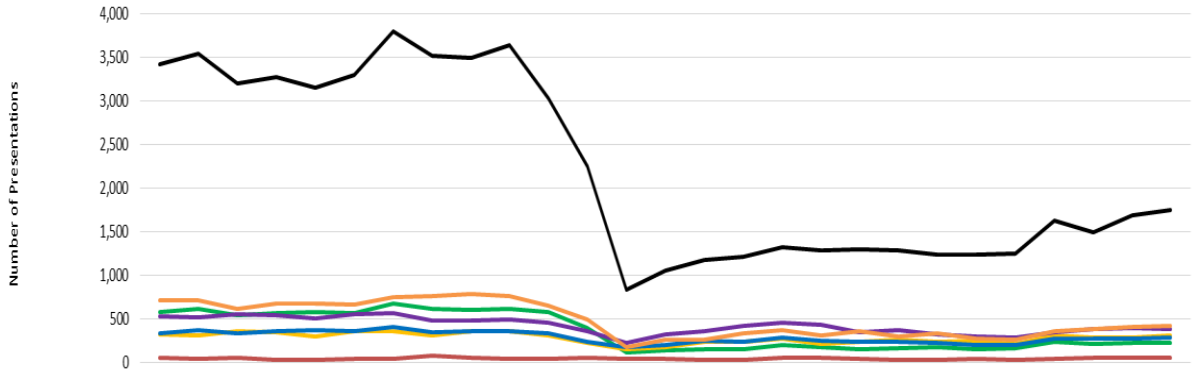
ED Presentations (Excluding MIU & RHC) April 2019 - June 2021



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	11,869	11,940	11,864	12,278	12,131	11,999	12,103	11,768	11,222	11,548	10,721	7,795	5,713	7,695	8,862	9,389	9,701	9,142	8,924	8,285	8,064	7,888	7,225	9,019	9,877	10,448	11,149
East Dunbartonshire	1,316	1,351	1,229	1,273	1,293	1,249	1,247	1,170	1,285	1,195	1,141	907	671	820	912	997	1,034	1,026	959	929	873	941	879	1,007	1,131	1,269	1,249
West Dunbartonshire	2,399	2,537	2,292	2,465	2,475	2,372	2,382	2,237	2,220	2,336	2,087	1,660	933	1,368	1,669	1,810	1,979	1,892	1,711	1,661	1,602	1,434	1,403	1,786	1,983	2,162	2,266
East Renfrewshire	1,109	1,064	1,099	1,124	1,142	1,125	1,116	1,051	1,103	1,125	993	757	571	836	936	907	975	884	856	699	819	757	717	900	1,014	1,060	1,106
Renfrewshire	4,574	4,775	4,743	4,635	4,705	4,702	4,629	4,439	4,480	4,457	4,037	3,064	1,645	2,437	2,902	3,212	3,660	3,420	3,143	2,916	2,893	2,668	2,607	3,404	3,942	4,077	4,361
Inverclyde	2,490	2,661	2,355	2,599	2,458	2,686	2,559	2,479	2,440	2,573	2,199	1,845	957	1,476	1,709	1,879	2,017	1,832	1,832	1,765	1,663	1,458	1,427	1,950	2,194	2,449	2,563
Other	3,443	3,631	3,561	3,852	3,754	3,610	3,437	3,215	3,271	3,081	2,936	2,214	1,219	1,741	2,020	2,363	2,587	2,384	2,203	1,921	1,960	1,774	1,603	2,188	2,514	2,682	2,892

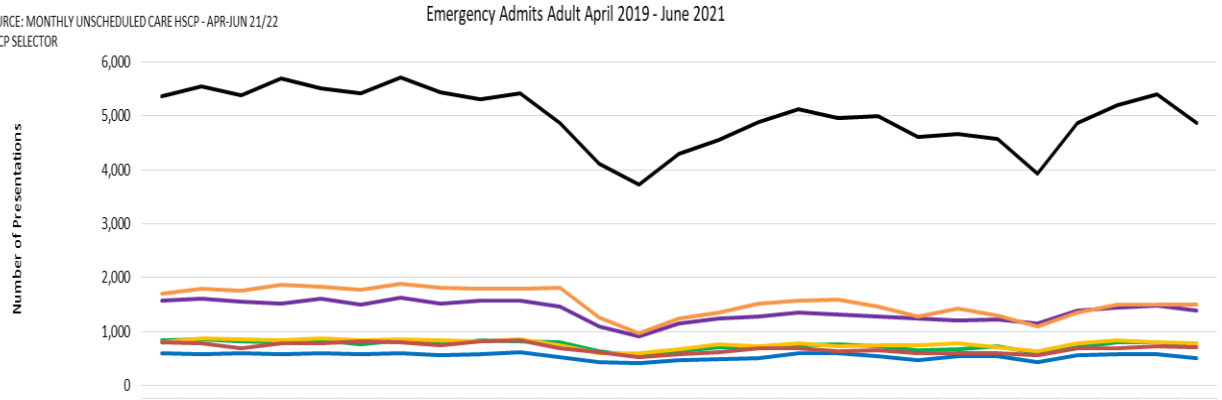
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

Assessment Unit Attends (inc RHC CDU) April 2019 - June 2021



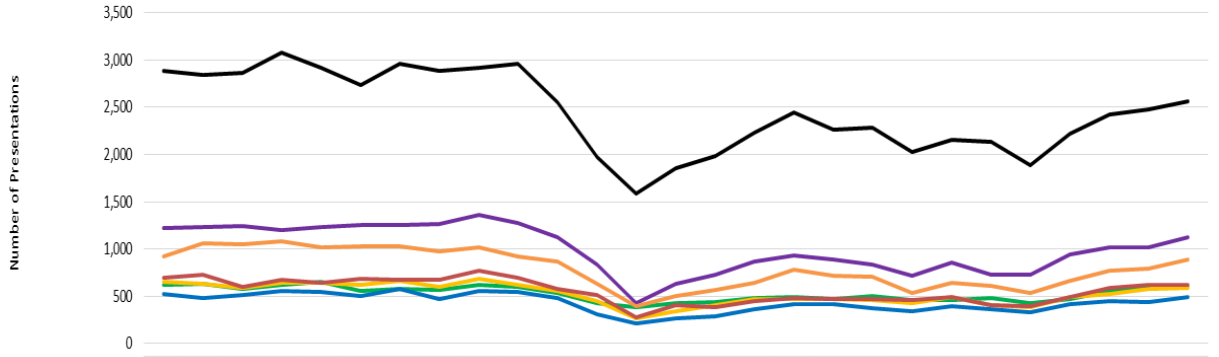
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	3,412	3,537	3,204	3,270	3,154	3,302	3,790	3,515	3,490	3,633	3,032	2,243	835	1,058	1,180	1,212	1,317	1,288	1,294	1,281	1,241	1,235	1,246	1,627	1,487	1,686	1,747
East Dunbartonshire	581	611	545	565	575	562	675	610	601	611	580	395	118	135	153	146	200	173	157	166	175	153	163	238	218	225	227
West Dunbartonshire	318	307	354	342	303	360	360	305	355	358	312	226	157	181	233	235	276	214	236	259	243	254	211	307	290	290	314
East Renfrewshire	337	374	337	355	372	360	407	342	357	355	331	239	173	196	246	242	281	249	232	240	225	197	205	270	276	278	281
Renfrewshire	529	523	551	547	508	557	569	480	481	493	459	360	227	323	362	420	454	431	351	373	324	296	287	350	380	396	381
Inverclyde	55	43	50	29	30	47	48	81	55	47	47	51	36	43	34	33	52	59	41	35	35	36	29	41	49	54	56
Other	713	716	618	676	674	662	747	758	786	755	656	490	182	257	266	332	365	304	354	294	336	278	262	361	378	406	415

DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR



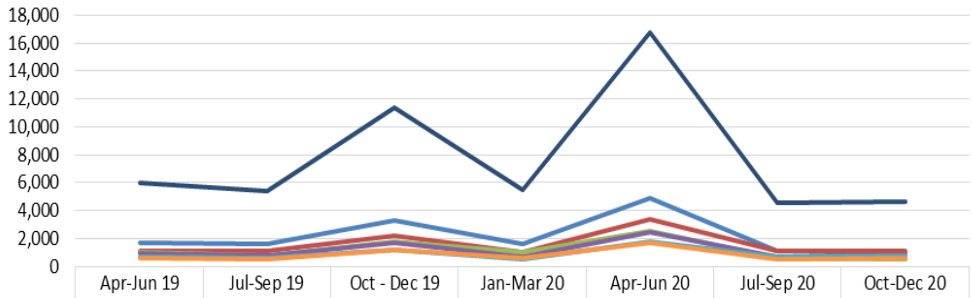
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	5,358	5,553	5,381	5,686	5,517	5,411	5,704	5,430	5,311	5,427	4,869	4,112	3,732	4,301	4,553	4,879	5,126	4,961	4,998	4,606	4,656	4,569	3,920	4,874	5,206	5,404	4,868
East Dunbartonshire	838	854	811	798	835	765	830	763	832	824	795	639	542	641	712	716	754	765	736	651	679	732	599	715	794	809	704
West Dunbartonshire	798	879	847	846	870	835	858	841	812	854	750	600	603	673	757	724	787	729	744	745	779	714	627	785	839	809	775
East Renfrewshire	599	586	591	584	604	577	607	563	571	621	530	426	419	468	483	513	604	599	544	478	540	538	435	561	574	584	506
Renfrewshire	1,568	1,603	1,552	1,524	1,616	1,509	1,628	1,510	1,580	1,568	1,471	1,103	905	1,147	1,246	1,276	1,352	1,323	1,285	1,248	1,199	1,219	1,146	1393	1,450	1,477	1,382
Inverclyde	794	778	697	787	780	823	806	752	816	833	694	625	520	572	621	685	695	633	658	604	590	604	558	687	691	729	702
Other	1,711	1,785	1,759	1,876	1,829	1,784	1,889	1,814	1,789	1,801	1,808	1,254	966	1,234	1,344	1,511	1,568	1,593	1,468	1,282	1,418	1,293	1,100	1359	1,499	1,509	1,509

DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR



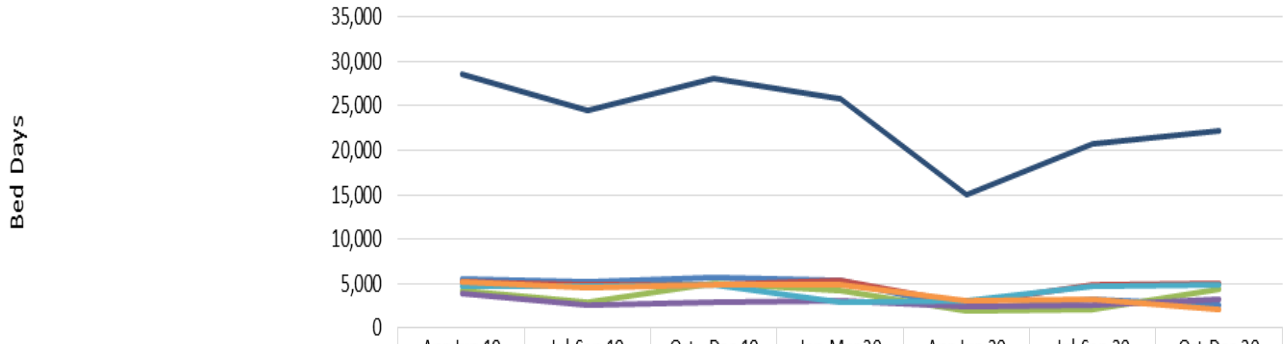
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	2,887	2,839	2,868	3,080	2,916	2,735	2,957	2,884	2,921	2,963	2,553	1,971	1,590	1,853	1,985	2,233	2,441	2,260	2,284	2,021	2,152	2,132	1,885	2,214	2,428	2,480	2,566
East Dunbartonshire	618	630	582	615	654	560	573	566	622	595	533	424	383	422	439	484	496	475	506	462	459	479	424	466	556	591	594
West Dunbartonshire	649	634	592	640	639	620	658	595	688	623	560	447	262	337	404	466	470	470	456	422	488	402	387	486	519	581	587
East Renfrewshire	519	477	510	557	548	505	577	465	560	542	479	309	207	270	284	365	421	411	376	336	396	359	325	417	447	440	491
Renfrewshire	1,219	1,231	1,245	1,195	1,229	1,252	1,255	1,267	1,361	1,279	1,122	840	424	635	722	865	935	893	836	721	856	732	730	937	1,018	1,018	1,127
Inverclyde	700	725	602	670	639	683	677	672	770	697	581	516	278	405	381	452	480	466	473	459	492	408	392	495	588	624	615
Other	924	1,060	1,045	1,077	1,021	1,024	1,023	976	1,018	923	867	635	399	499	568	640	778	714	706	530	641	605	535	668	767	794	885

Glasgow City top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



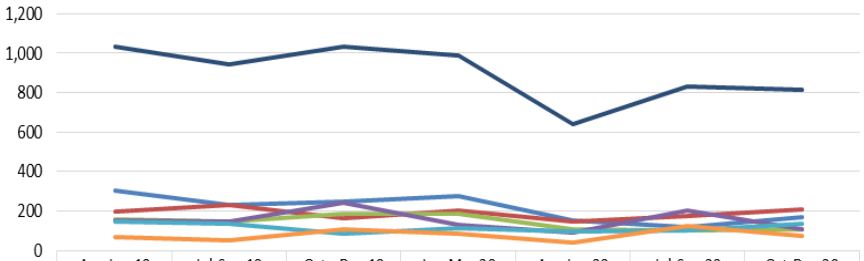
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	1,694	1,611	3,305	1,588	4,916	1,082	963
Other disorders of urinary system	1,087	1,132	2,219	1,024	3,351	1,086	1,072
Unspecified acute lower respiratory infection	1,003	769	1,772	1,015	2,541	568	531
Heart failure	925	772	1,697	707	2,469	722	779
Cerebral infarction	654	567	1,221	499	1,788	656	770
Fracture of femur	609	554	1,163	611	1,717	478	566
All diagnosis Total	5,972	5,405	11,377	5,444	16,782	4,592	4,681

Glasgow City top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



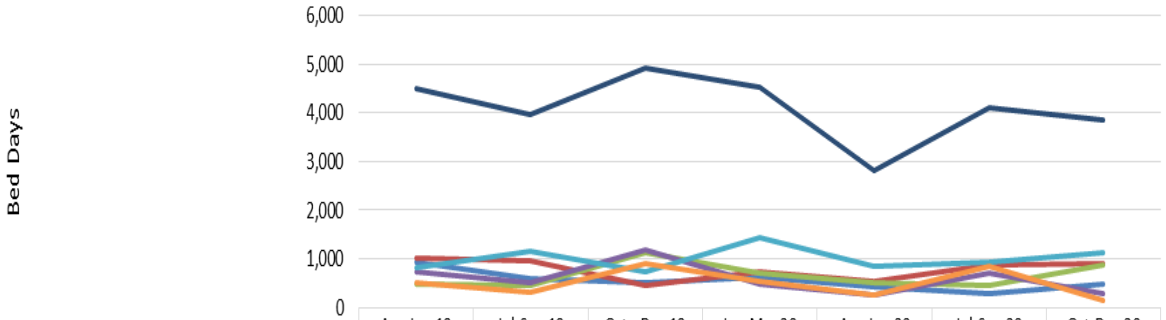
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	5,544	5,136	5,618	5,409	2,041	3,294	2,641
Other disorders of urinary system	5,177	4,806	4,795	5,329	2,657	4,863	5,060
Unspecified acute lower respiratory infection	4,148	2,856	5,051	4,259	1,829	2,130	4,308
Heart failure	3,943	2,564	2,884	3,038	2,432	2,509	3,172
Cerebral infarction	4,665	4,642	4,916	2,938	2,993	4,753	4,915
Fracture of femur	5,161	4,460	4,887	4,828	3,117	3,235	2,084
All diagnosis Total	28,638	24,464	28,151	25,801	15,069	20,784	22,180

West Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



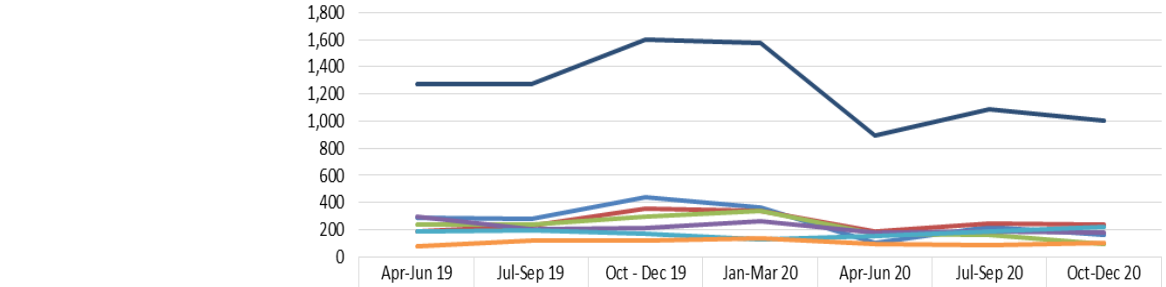
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	307	232	247	275	155	119	169
Other disorders of urinary system	200	229	164	203	149	177	211
Unspecified acute lower respiratory infection	157	147	189	184	108	101	110
Heart failure	155	147	240	129	91	203	108
Cerebral infarction	147	138	86	115	95	103	138
Fracture of femur	67	51	110	84	42	127	76
All diagnosis Total	1,033	944	1,036	990	640	830	812

West Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



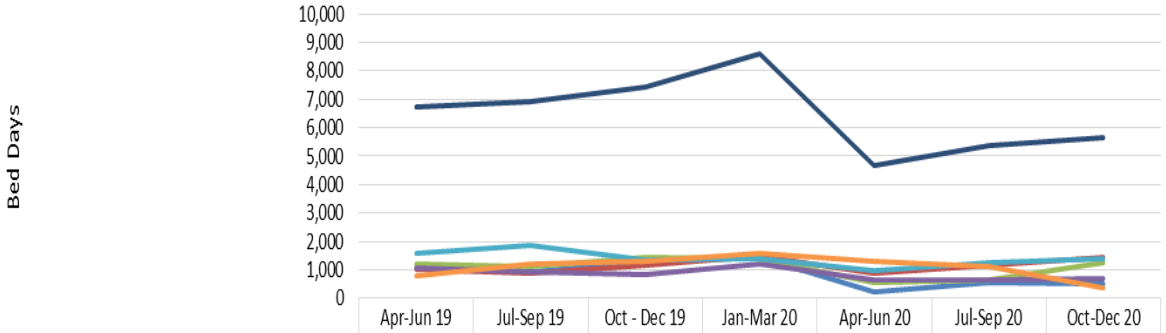
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	925	595	516	638	424	294	486
Other disorders of urinary system	1,015	950	471	725	532	879	908
Unspecified acute lower respiratory infection	490	455	1,131	697	501	452	882
Heart failure	726	507	1,173	487	254	714	284
Cerebral infarction	813	1,145	739	1,447	842	922	1,139
Fracture of femur	524	311	898	529	273	837	149
All diagnosis Total	4,493	3,963	4,928	4,523	2,826	4,098	3,848

Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



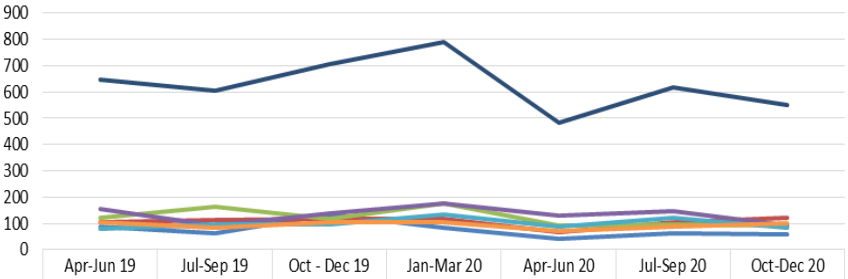
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	285	279	441	368	102	224	162
Other disorders of urinary system	185	226	357	341	189	248	242
Unspecified acute lower respiratory infection	241	238	296	336	170	161	99
Heart failure	296	208	215	263	178	191	181
Cerebral infarction	186	200	175	125	156	184	220
Fracture of femur	77	122	118	139	96	84	101
All diagnosis Total	1,270	1,273	1,602	1,572	891	1,092	1,005

Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



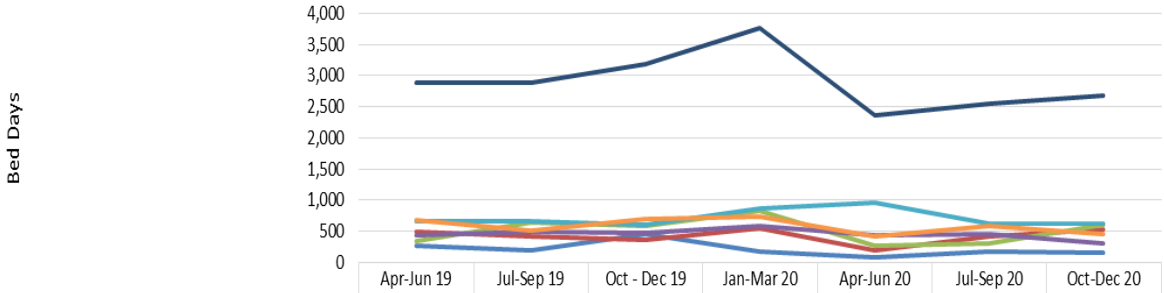
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	1,055	910	1,319	1,466	230	556	505
Other disorders of urinary system	1,003	901	1,147	1,474	907	1,155	1,423
Unspecified acute lower respiratory infection	1,196	1,106	1,452	1,421	564	661	1,250
Heart failure	1,084	917	846	1,234	661	650	699
Cerebral infarction	1,572	1,848	1,364	1,414	964	1,236	1,398
Fracture of femur	808	1,213	1,289	1,580	1,328	1,096	369
All diagnosis Total	6,718	6,895	7,417	8,589	4,654	5,354	5,644

East Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



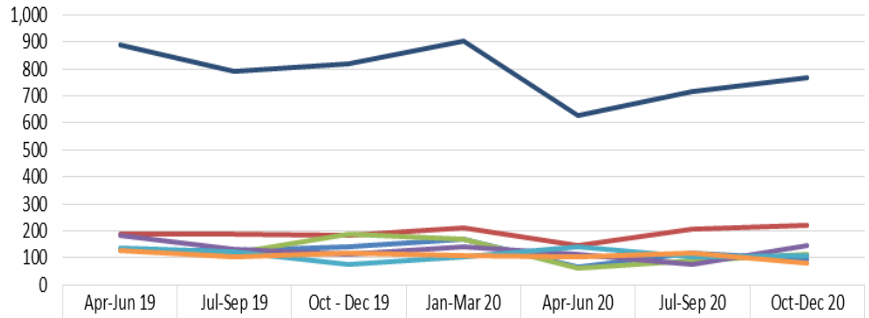
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	86	61	132	84	43	64	58
Other disorders of urinary system	105	111	119	119	65	103	123
Unspecified acute lower respiratory infection	121	163	115	176	91	95	90
Heart failure	154	91	139	177	128	148	92
Cerebral infarction	77	98	98	132	86	121	84
Fracture of femur	106	83	103	103	70	86	102
All diagnosis Total	649	607	706	791	483	617	549

East Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



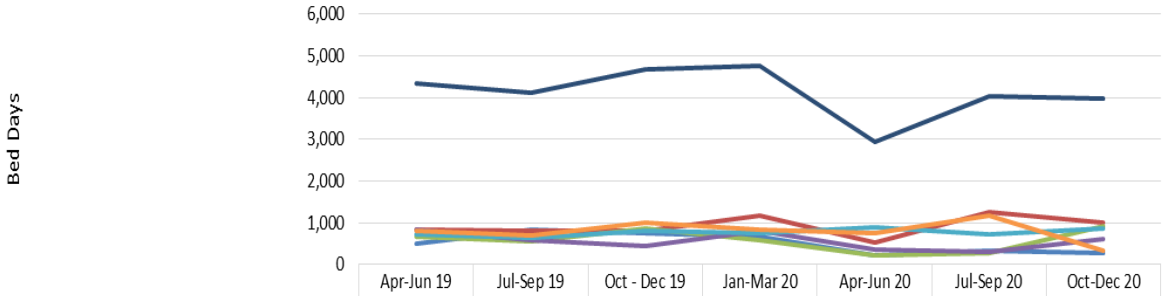
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	259	186	461	179	81	167	155
Other disorders of urinary system	496	411	365	554	188	422	537
Unspecified acute lower respiratory infection	351	640	581	824	264	309	606
Heart failure	445	484	477	594	436	454	310
Cerebral infarction	664	658	607	869	962	620	625
Fracture of femur	674	502	700	744	422	576	456
All diagnosis Total	2,889	2,881	3,191	3,764	2,353	2,548	2,689

East Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



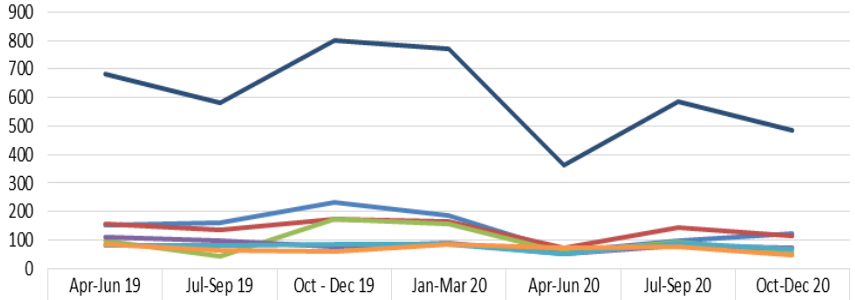
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	129	127	143	170	68	120	96
Other disorders of urinary system	187	186	181	210	147	205	220
Unspecified acute lower respiratory infection	130	118	186	169	60	88	114
Heart failure	182	132	113	141	113	76	146
Cerebral infarction	137	123	76	103	139	106	109
Fracture of femur	126	103	118	110	102	120	81
All diagnosis Total	891	789	817	903	629	715	766

East Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



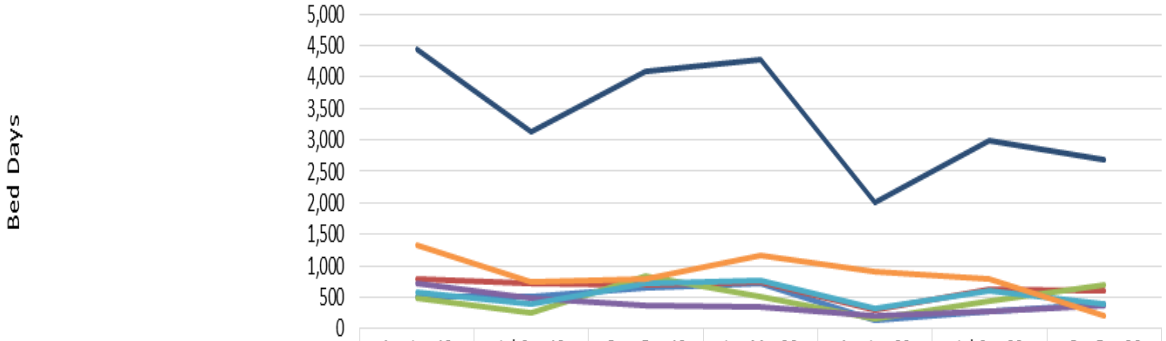
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	494	842	752	661	205	338	273
Other disorders of urinary system	843	806	797	1,170	514	1,242	1,008
Unspecified acute lower respiratory infection	655	564	855	571	206	283	910
Heart failure	827	581	450	798	365	294	605
Cerebral infarction	724	636	806	743	891	718	860
Fracture of femur	807	679	1,014	828	753	1,163	323
All diagnosis Total	4,350	4,108	4,674	4,771	2,934	4,038	3,979

Inverclyde top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



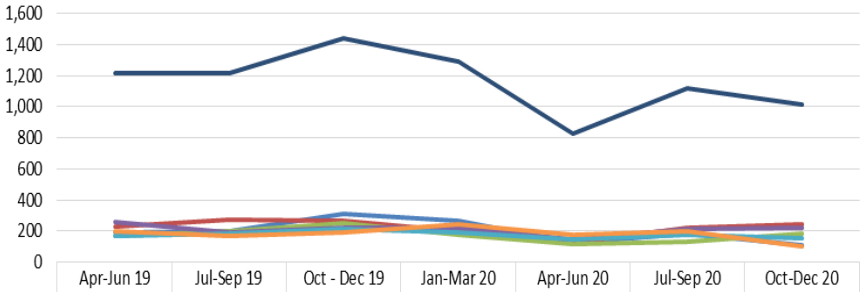
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	151	160	233	185	62	99	125
Other disorders of urinary system	158	134	174	167	73	145	113
Unspecified acute lower respiratory infection	96	42	174	157	55	93	56
Heart failure	110	99	76	89	50	80	74
Cerebral infarction	82	80	84	87	53	91	70
Fracture of femur	87	65	60	85	71	79	46
All diagnosis Total	684	580	801	770	364	587	484

Inverclyde top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



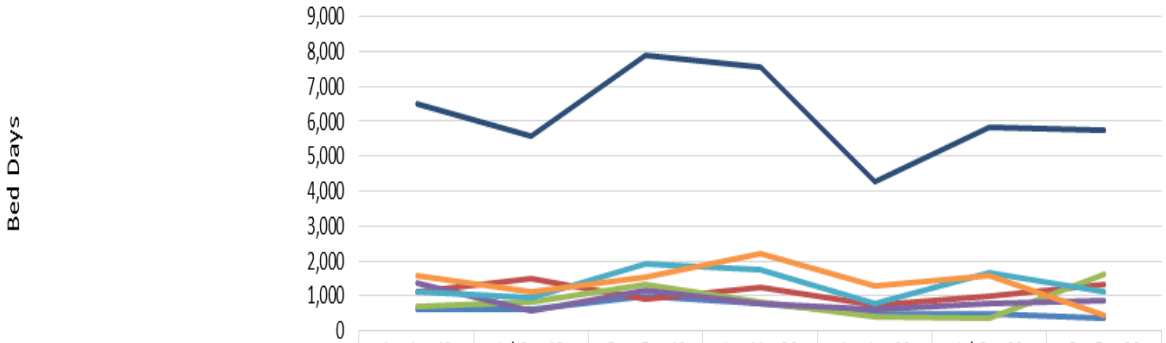
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	515	515	661	717	130	270	401
Other disorders of urinary system	789	723	692	752	312	629	614
Unspecified acute lower respiratory infection	493	248	851	513	156	437	705
Heart failure	713	496	378	353	201	273	373
Cerebral infarction	588	406	712	775	320	607	386
Fracture of femur	1,336	747	792	1,161	901	784	218
All diagnosis Total	4,434	3,135	4,086	4,271	2,020	3,000	2,697

Other top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20

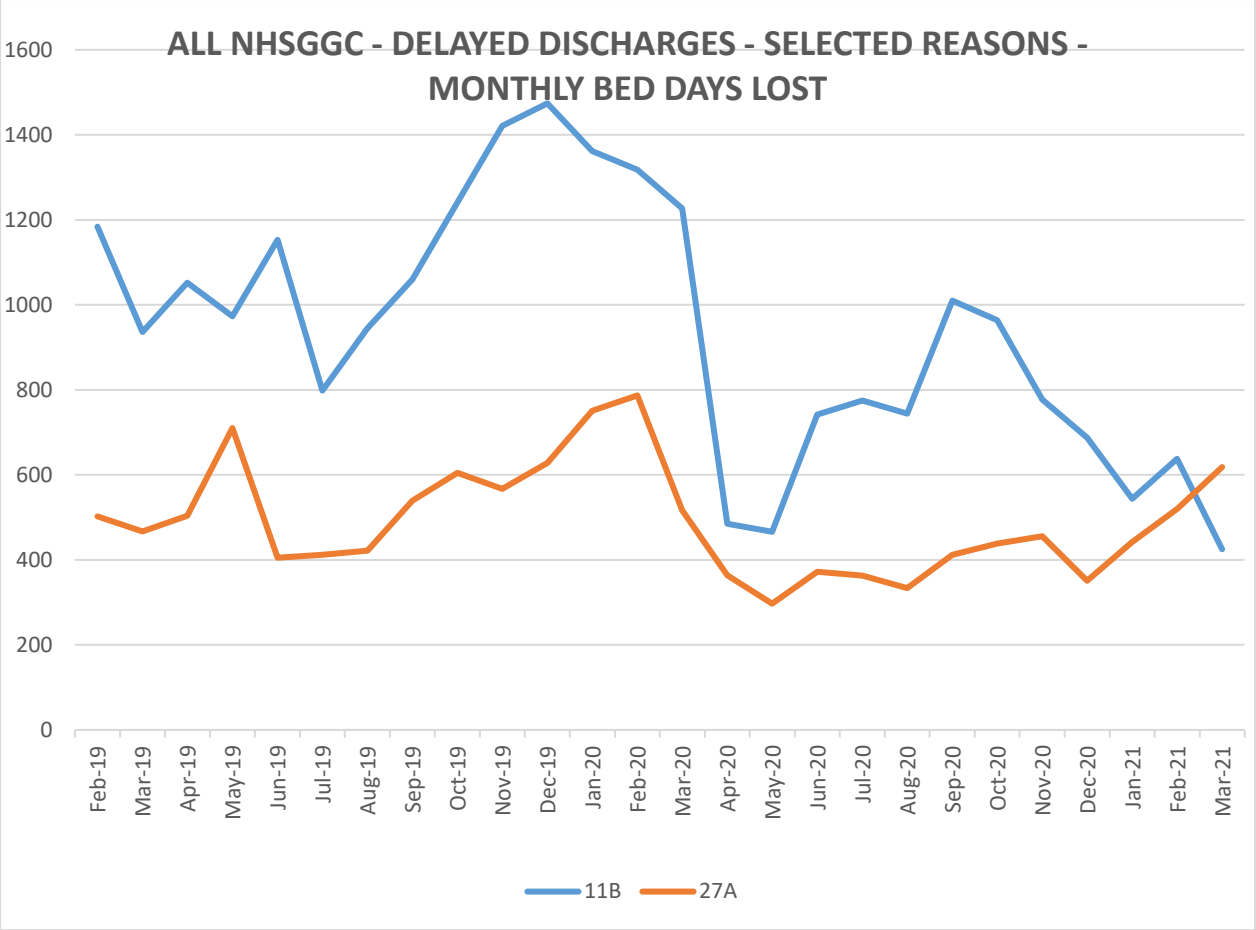


	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	192	201	310	266	125	181	106
Other disorders of urinary system	230	270	262	197	122	219	246
Unspecified acute lower respiratory infection	169	197	250	175	115	131	185
Heart failure	259	193	217	217	145	214	219
Cerebral infarction	171	184	214	194	147	179	156
Fracture of femur	195	170	190	243	175	196	103
All diagnosis Total	1,216	1,215	1,443	1,292	829	1,120	1,015

Other top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20

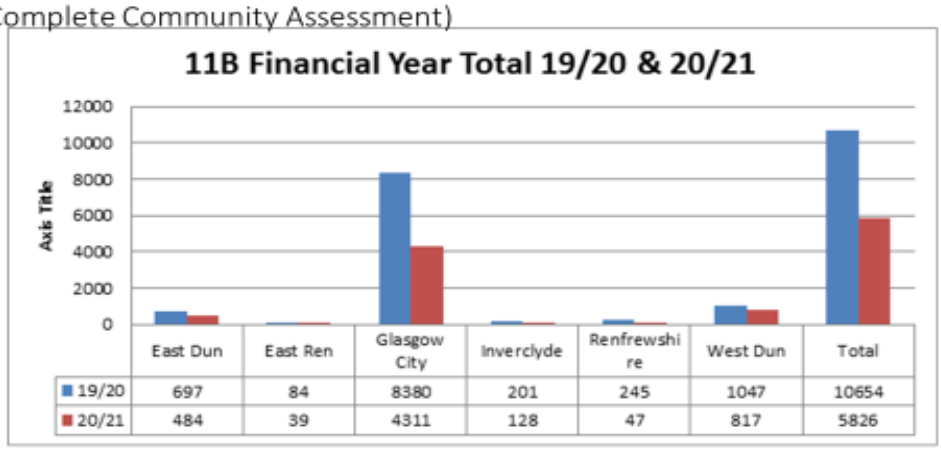


	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	593	608	1,005	773	482	481	360
Other disorders of urinary system	1,099	1,492	922	1,260	719	977	1,319
Unspecified acute lower respiratory infection	712	818	1,330	808	421	356	1,643
Heart failure	1,387	572	1,171	768	624	777	851
Cerebral infarction	1,117	942	1,922	1,739	772	1,679	1,127
Fracture of femur	1,574	1,127	1,544	2,197	1,272	1,567	450
All diagnosis Total	6,482	5,559	7,894	7,545	4,290	5,837	5,750



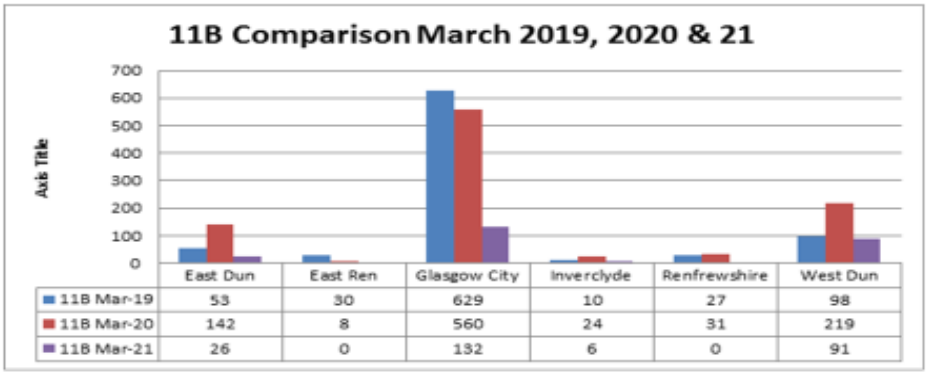
Bed Days Lost to 11B & 27A

11B (Complete Community Assessment)



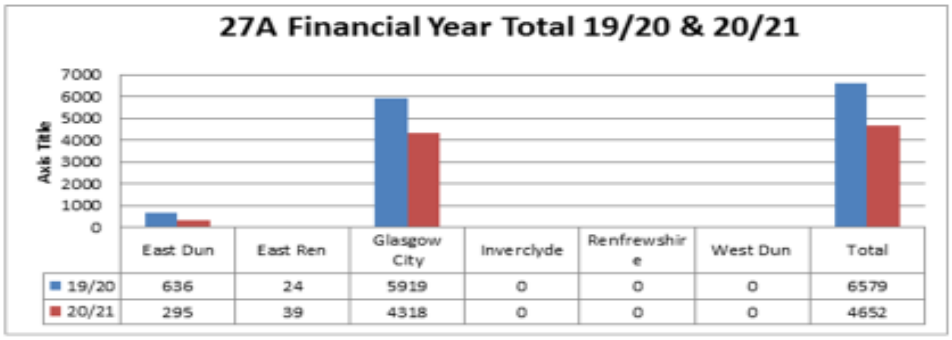
During financial year 2019/20 there were 10,654 bed days lost to 11B this has improved by 45% in 2020/21 with 5,826 bed days lost recorded

11B Comparison March 2019/20 & 21

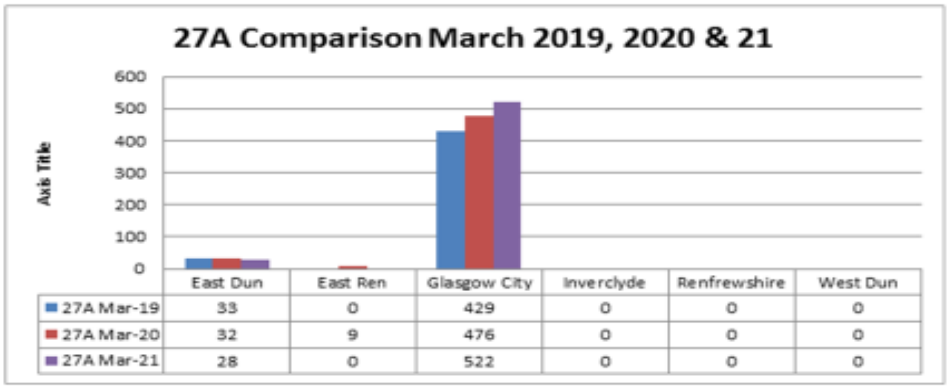


In March 2020 4/6 HSCPs evidenced an increase in bed days lost to 11B.
In March 2021 there is a marked reduction across all Partnerships.

Bed days lost to 27A (wait for intermediate care)



	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	Total
19/20	636	24	5919	0	0	0	6579
20/21	295	39	4318	0	0	0	4652



	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun
27A Mar-19	33	0	429	0	0	0
27A Mar-20	32	9	476	0	0	0
27A Mar-21	28	0	522	0	0	0

ANNEX C

Urgent Care Service 11 Weeks Activity Review

01/04/2021 to 13/06/2021

The 2020/2021 Covid19 pandemic and the impact of the public lockdown resulted in an overall reduction in emergency attendance rates across NHSGGC. This summary paper focuses on the changes in activity across a number of our urgent care activity as lockdown began to ease during March 2021.

Acute Hospitals Emergency Attendances: Table 1.1 below represents the ED and AU (including SATA) emergency attendances for the core hospital sites in the first 11 weeks of 2021/2022 and table 1.2 reports the same period of 2019/2020 pre the Covid19 pandemic year of 2020/2021. It is clear from the data that the early part of the year routinely includes a number of weeks of variability usually associated with Easter and May public holidays (increases noted in red). During the 2021/2022 period there is clear evidence of cumulative step changes in emergency attendances and this is illustrated in the graph labelled 1.3 below.

TABLE: 1.1 - April 2021 to 13th June 2021

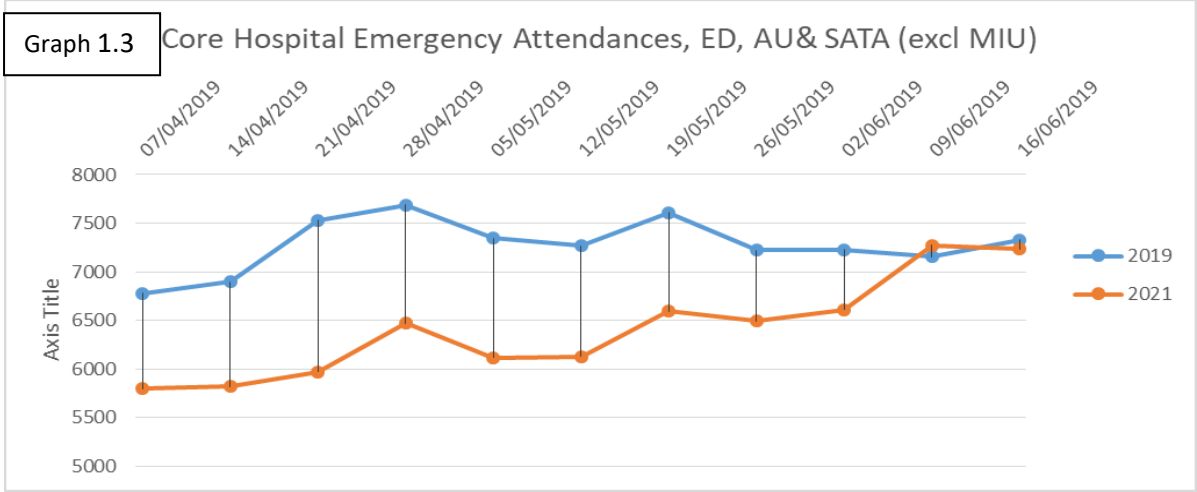
Week Ending - Core Sites	13/06/2021	06/06/2021	30/05/2021	23/05/2021	16/05/2021	09/05/2021	02/05/2021	25/04/2021	18/04/2021	11/04/2021	04/04/2021
Royal Alexandra Hospital	1346	1385	1269	1218	1169	1093	1210	1201	1215	1157	1102
Glasgow Royal Infirmary	1796	1690	1542	1558	1595	1524	1513	1654	1468	1436	1456
Queen Elizabeth University Hospital	1898	2035	1824	1739	1827	1759	1683	1777	1729	1730	1657
Inverclyde Royal Hospital	691	666	627	633	641	584	562	613	548	537	520
Royal Children's Hospital	1500	1497	1346	1342	1363	1165	1148	1225	1011	957	1061
Total	**7231**	**7273**	**6608**	**6490**	**6595**	**6125**	**6116**	**6470**	**5971**	**5817**	**5796**
% increase on prev week	**-0.6%**	**10.1%**	**1.8%**	**-1.6%**	**7.7%**	**0.1%**	**-5.5%**	**8.4%**	**2.6%**	**0.4%**	
		665	**118**		**470**			**499**	**154**		

TABLE: 1.2 - April 2019 to 16th June 2019

Week Ending - Core Sites	16/06/2019	09/06/2019	02/06/2019	26/05/2019	19/05/2019	12/05/2019	05/05/2019	28/04/2019	21/04/2019	14/04/2019	07/04/2019
Royal Alexandra Hospital	1387	1337	1386	1443	1439	1332	1305	1439	1413	1225	1309
Glasgow Royal Infirmary	1878	1875	1913	1814	1939	1877	1930	2034	2004	1841	1774
Queen Elizabeth University Hospital	2016	2015	2054	1977	2046	2016	2006	2085	2084	2055	1913
Inverclyde Royal Hospital	636	636	662	685	729	654	644	717	638	607	623
Royal Children's Hospital	1411	1290	1214	1303	1455	1386	1460	1412	1389	1169	1162
Total	**7328**	**7153**	**7229**	**7222**	**7608**	**7265**	**7345**	**7687**	**7528**	**6897**	**6781**
% increase on prev week	**2.4%**	**-1.1%**	**0.1%**	**-5.1%**	**4.7%**	**-1.1%**	**-4.4%**	**2.1%**	**9.1%**	**1.7%**	
	175				**343**			**159**	**631**	**116**	

Graph 1.3 – The cumulative step change in attendances can be seen over the 11 week period bringing the 11 weeks of 2021/2022 emergency attendances up to the same level as pre-pandemic in 2019/2020. This change in attendance rates has not been seen at any point previously and represents a statistically significant shift in activity across the core sites and reflects changes in demand.

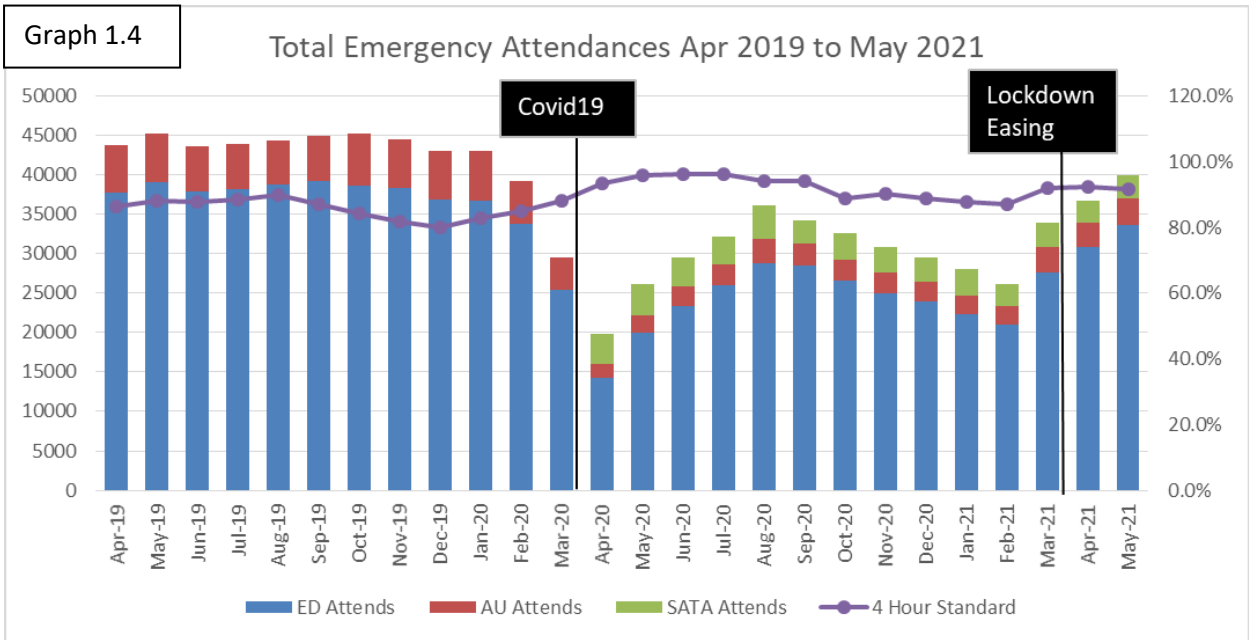
Graph 1.3



In summary UC attendances have reached pre pandemic levels whilst maintaining Covid19 pathways.

Graph 1.4 - The trend in cumulative emergency attendances from April 2019 through to May 2021 is provided below. This clearly illustrates the impact of Covid19 however there is increasing evidence of a step change in overall front door attendances to the end of May, June figures are not yet fully available. The 11 week review detailed above however confirms that in the first two weeks of June attendances were in line with 2019 figures at 14,504 for 2021/2022 compared to 14,481 for 2019/20. We anticipate that the full total by the end of June will show a similar step change trend of month on month increases.

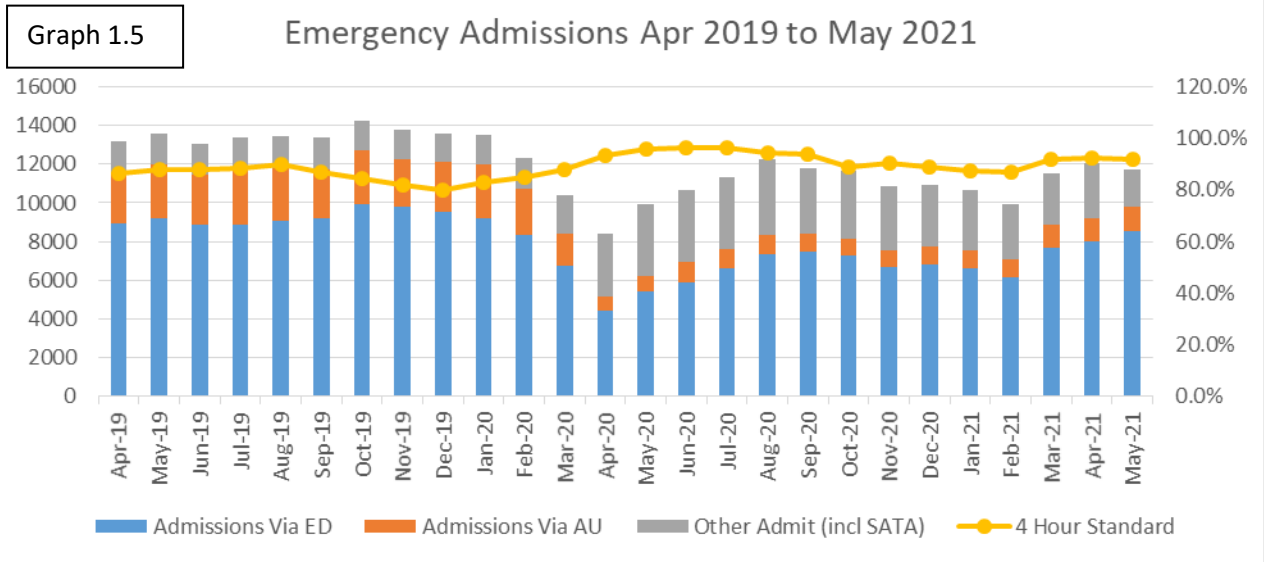
Graph 1.4



Acute Admissions: During the Covid19 pandemic the acute hospitals experienced an overall increase in the acuity of presentation with many patients requiring intensive care treatment in general new ways of working had to be quickly developed to deal

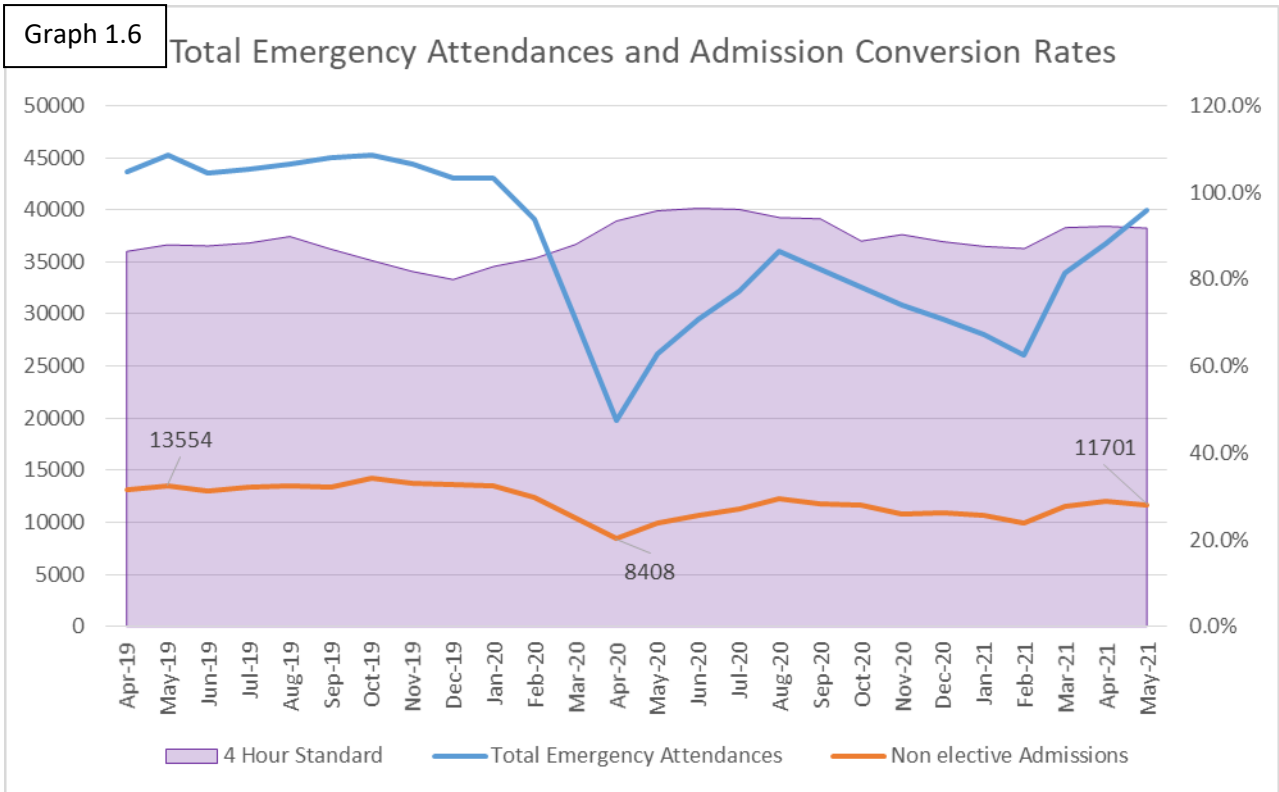
with these challenges. In line with the reduced attendance profile during the pandemic the acute sites also experienced a reduction in the number of emergency admissions as the public adopted stay at home restrictions. Graph 1.5 below shows the total Emergency admissions and illustrates the correlation between admissions and 4 hour performance.

Graph 1.5



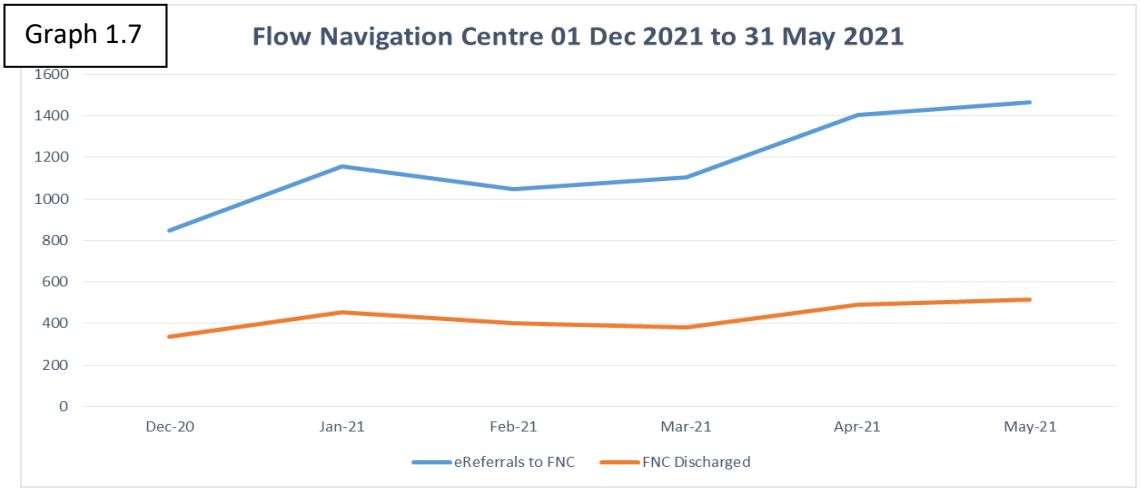
Emergency Admission Conversion Rates are detailed in Graph 1.6., whilst there is clearly a trend towards increasing admissions we have not yet reached pre Covid19 levels. Our significant efforts through the redesign of urgent care including the Covid19 Community Assessment Centres, the introduction of the Flow Navigation Centre and the Mental Health Assessment Unit and the increased provision of prof to prof advice may cumulatively be making a difference however difficult this may be to attribute cause and effect.

Graph 1.6



Flow Navigation Centre (FNC): The NHS111 service was launched on 1st December 2021 with eReferrals sent to the FNC for Near Me and telephone consultations. Graph 1.7 below shows the increasing number of referrals from NHS24 and a slower growth rate in the number of direct discharges from FNC. This is a result of two operational limitations that Phase 2 of the programme is trying to address, firstly the availability of alternative outflow options needs to increase to provide access to specialists including physio for MSK conditions and secondly as the FNC operates currently over 12 hours it is only able to deliver for 60% of the daily referrals.

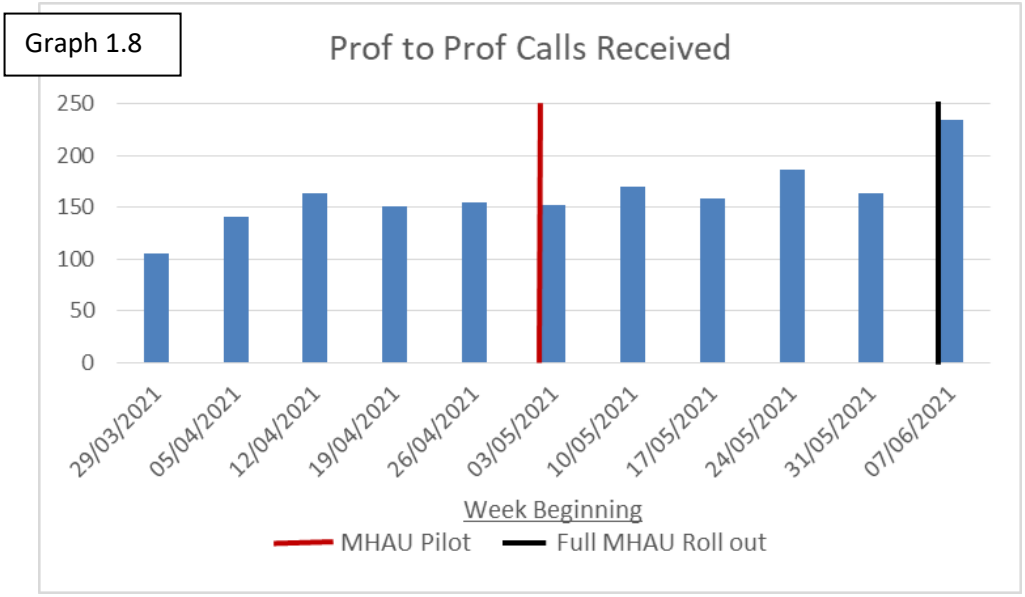
Graph 1.7



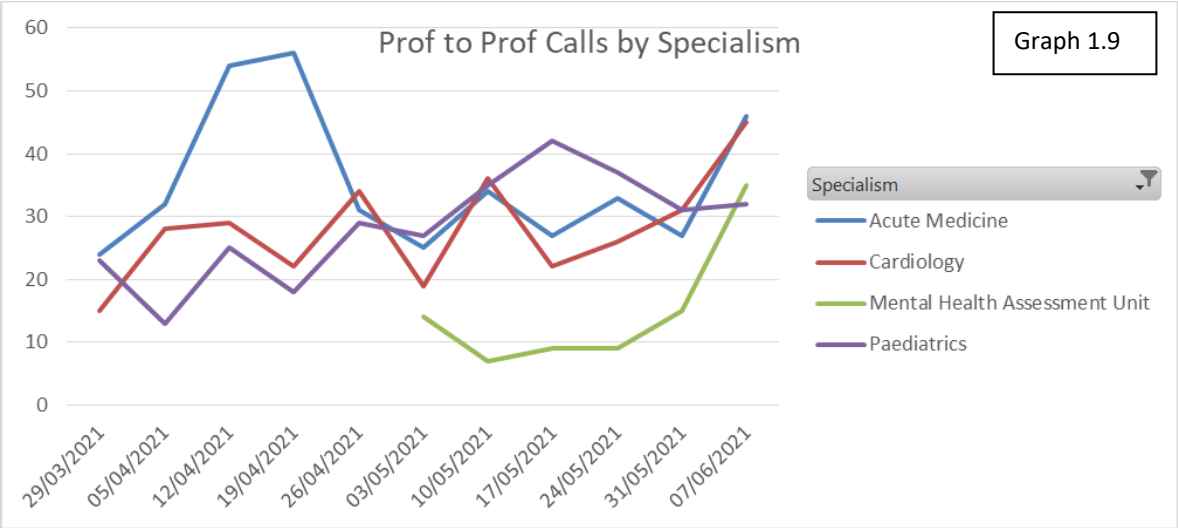
Professional to Professional Advice: The Acute hospital teams provide prof to prof specialty advice through a designated telephone system and a mobile device App. In

March 20 the Mental Health Assessment Unit (MHAU) piloted a new prof to prof advice service for GP practices. This initially was for South GP's only to test the process and functionality however was fully rolled out to all GP's at the beginning of June.

Graph 1.8 - The increase in advice referrals illustrated in the 11 week graph below to 13/06/2021 shows a step change increase of 45% in week 11 and reflects the impact of the new MHAU service and a rise in activity across a number of other specialties as detailed in Graph 1.5.



Graph 1.9: Professional to Professional Advice demonstrating significant increase in MHAU calls and also a corresponding increase in medicine, cardiology and paediatrics.



Mental Health Assessment Units (MHAU): Referrals to MHAUs in May 2020 totalled 442 compared to the referrals reported for May 2021 of 1443 and reflects a 3 fold increase in MHAUs activity over the 12 month period as detailed below in Graph 1.10 (data collated from EMIS dashboard for comparison). This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and admission rates. To provide a snapshot of the new service Table 1.11 shows the range of services that have direct access to the MHAU including NHS24.

Graph 1.10

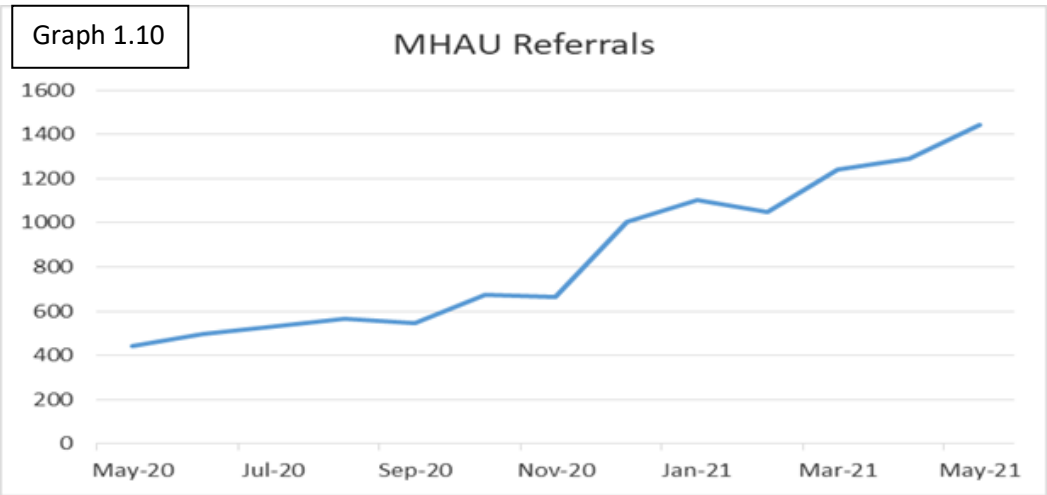


Table 1.8: MHAU Source of referral with a marked increase in referrals from NHS24.

As detailed in the table referrals to the MHAU are reporting month on month increases and the service has clearly evidenced the value delivered through this route by providing direct access to the specialty.

Referrals by source - Leverndale & Stobhill	Mar-21	Apr-21	May-21
Accident and Emergency Department	327	322	293
Ambulance Service	77	99	111
Community Health Service	10	12	10
General Medical Practitioner	50	50	109
Hospital Inpatient/Outpatient	5	1	0
Not known	1	2	4
Police	409	383	435
Self-Referral	2	12	6
Allied Health Professional	1	1	4
NHS24	356	407	462
Other (includes Armed Forces)	2	1	8
Not specified	2	1	1
TOTAL	**1,242**	**1,291**	**1,443**

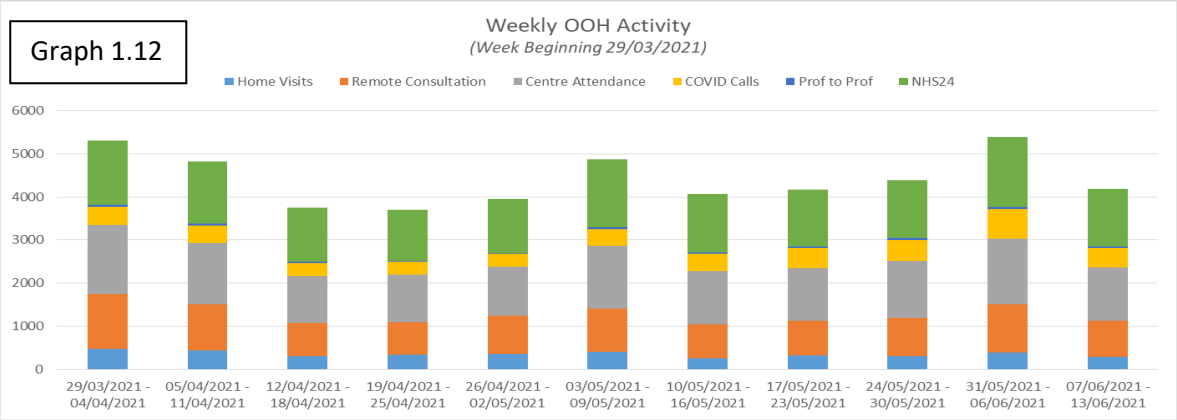
Table 1.11

As a new service establsihed during Covid19 this represents a cumulative increased in overall urgent care demand

GP OOH's Service: similar to the hospital attendances there has been significant levels of variation in the number of weekly attendances to the GPOOH's service. As anticipated some of this will be a reflection of the Easter and May holiday periods.

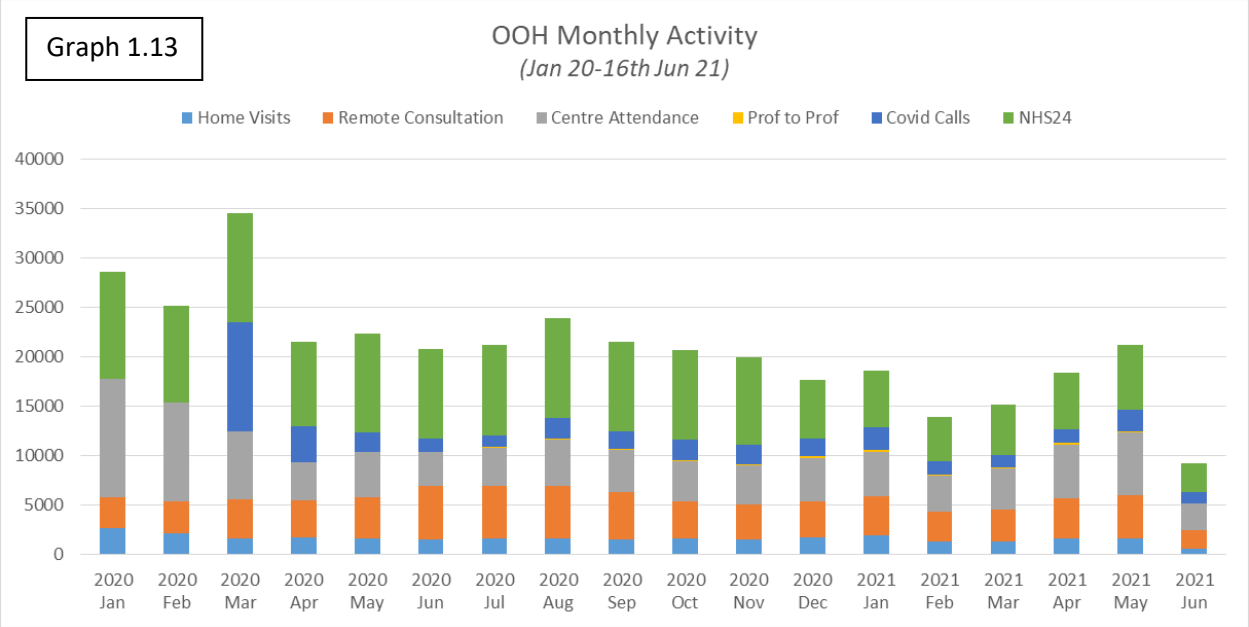
Graph 1.12 below reports the weekly GP OOH's activity week ending 04/04/2021 to 13/06/2021

Graph 1.12



The annual picture for GPOOH's from March 2020 to date is provided below in Graph 1.13 and illustrates the change in service provision to incorporate the delivery of remote consultations. The GPOOH's data cannot be considered independently of the Community Assessment Centres (CAC's) as the cumulative demand is now spread across both services therefore the section to follow provides the CAC demand over similar periods

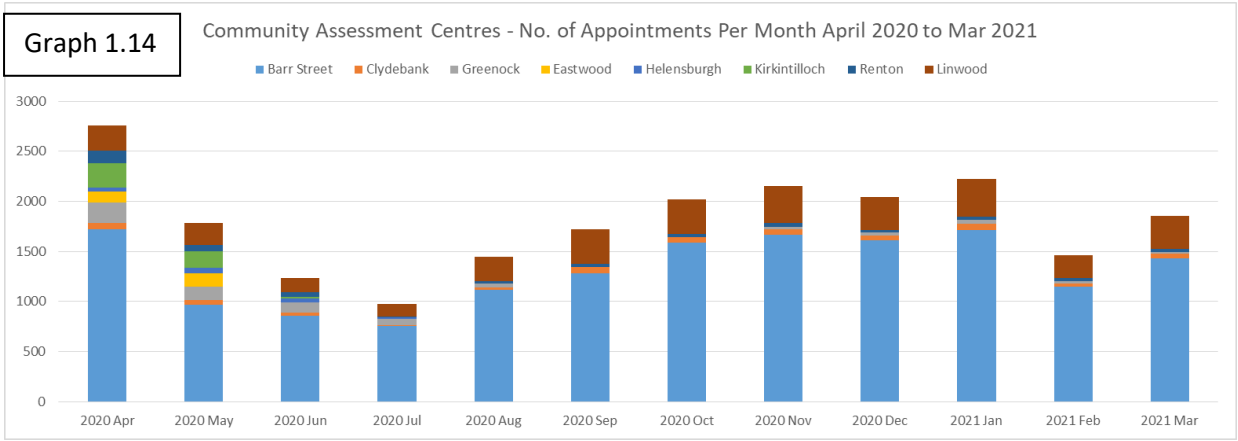
Graph 1.13



Community Assessment Centres: The CAC's were established in April to provide an alternative pathway for GP's both in and OOH's to provide assessment and treatment of patients with Covid19 symptoms.

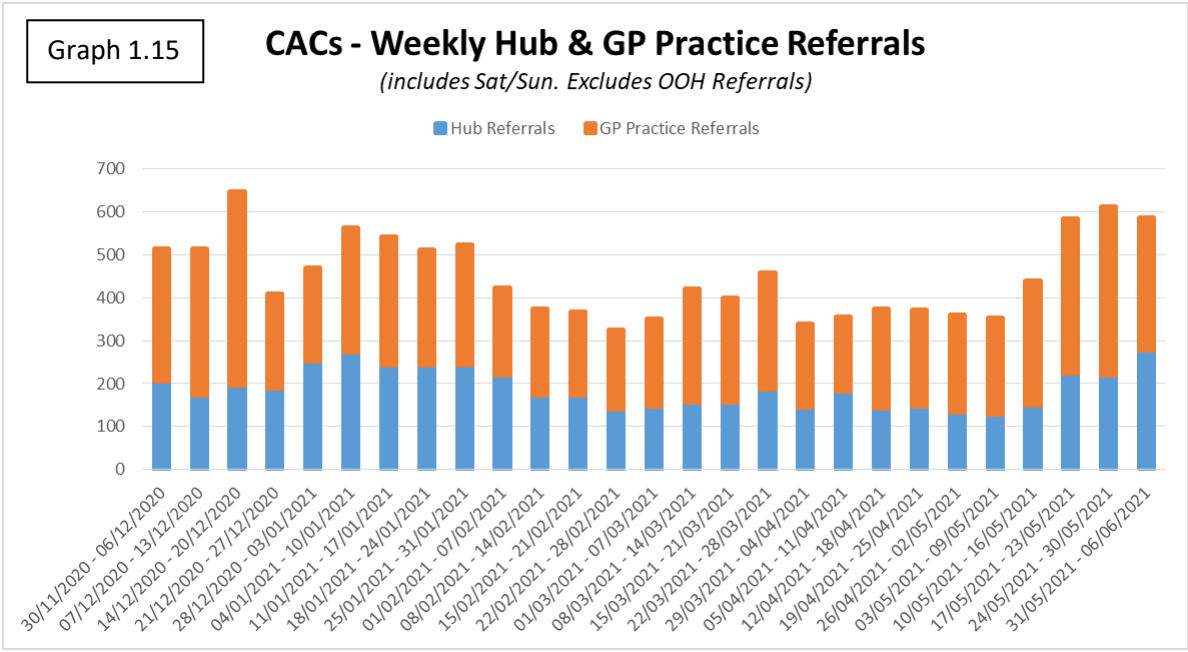
The profile of attendances in Graph 1.14 below shows peak attendance in April 2020 as the pandemic took hold and the pattern mirrors the high demand experienced during wave one, easing during the summer months when restrictions were lifted and then resumes in the autumn in line with wave two of the pandemic and plateaus in line with the prevalence of the virus during Feb and March 2021.

Graph 1.14



The weekly demand illustrated in Graph 1.15 below however reflects another step change in attendances in particular during May and June and this has been largely associated with the Delta variant and spread amongst younger age groups as lockdown eases. The position in the most recent three weeks reports weekly attendances between 550 and 600 and these numbers are similar to the wave two peak in autumn 2020.

Graph 1.15

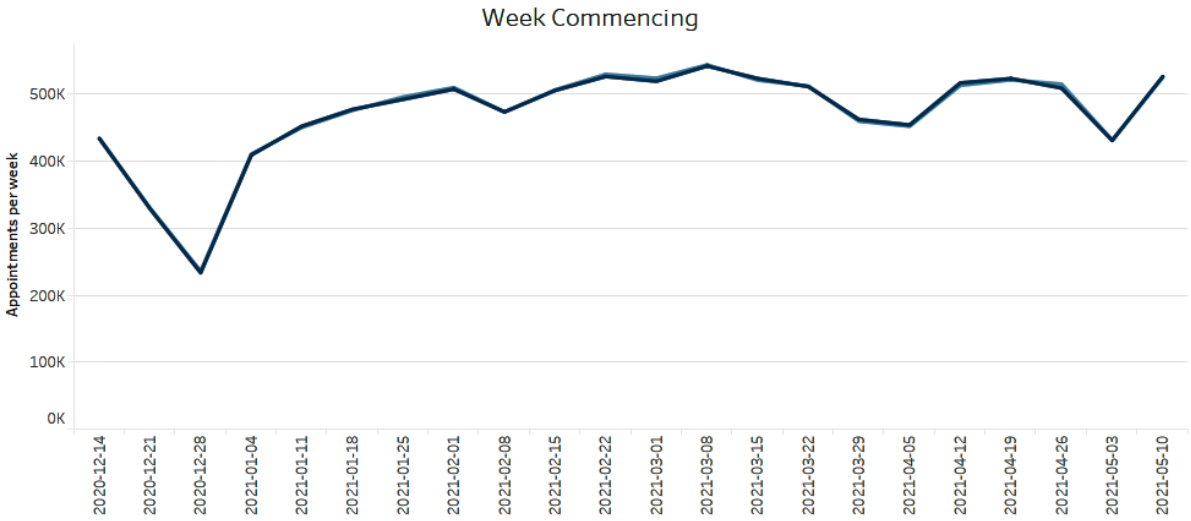


Primary Care: In the absence of available NHSGGC data we have used a combination of both the nationally published GP demand profile and an extract from two practices within NHSGGC who have shared their local data with us to support the analysis.

The latest national figures were published on 21st June 2021 using data collection from a sample of practices. Graph 1.16 below shows a continuing upward trend in overall appointment in the period between December 2020 and May 2021 and further narrative published reports an increase in the proportion of face to face appointments. The figure of around 500,000 appointments per week for Scotland is equivalent to approximately 115,000 weekly appointments for NHSGGC.

Graph 1.16

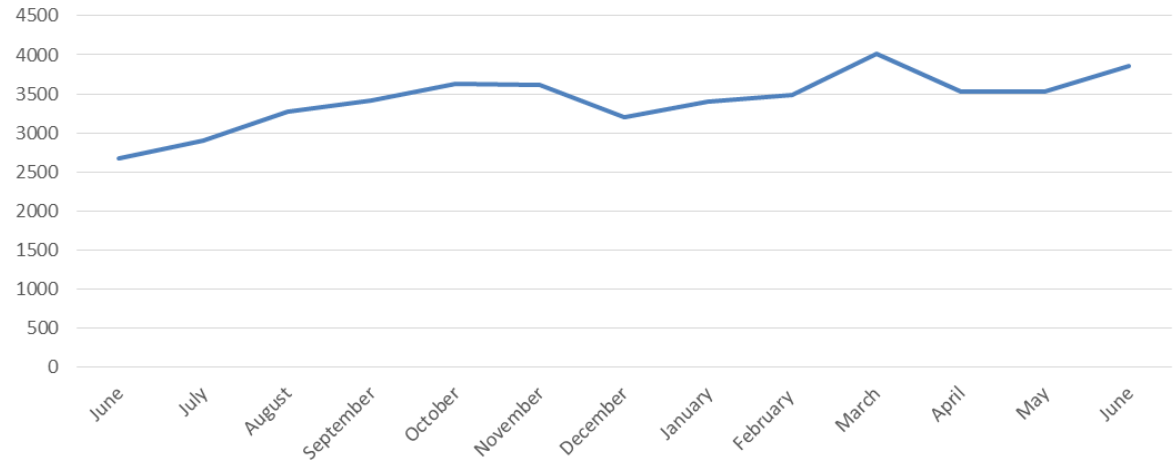
GP Activity Survey
Estimated number* of appointments in Scotland



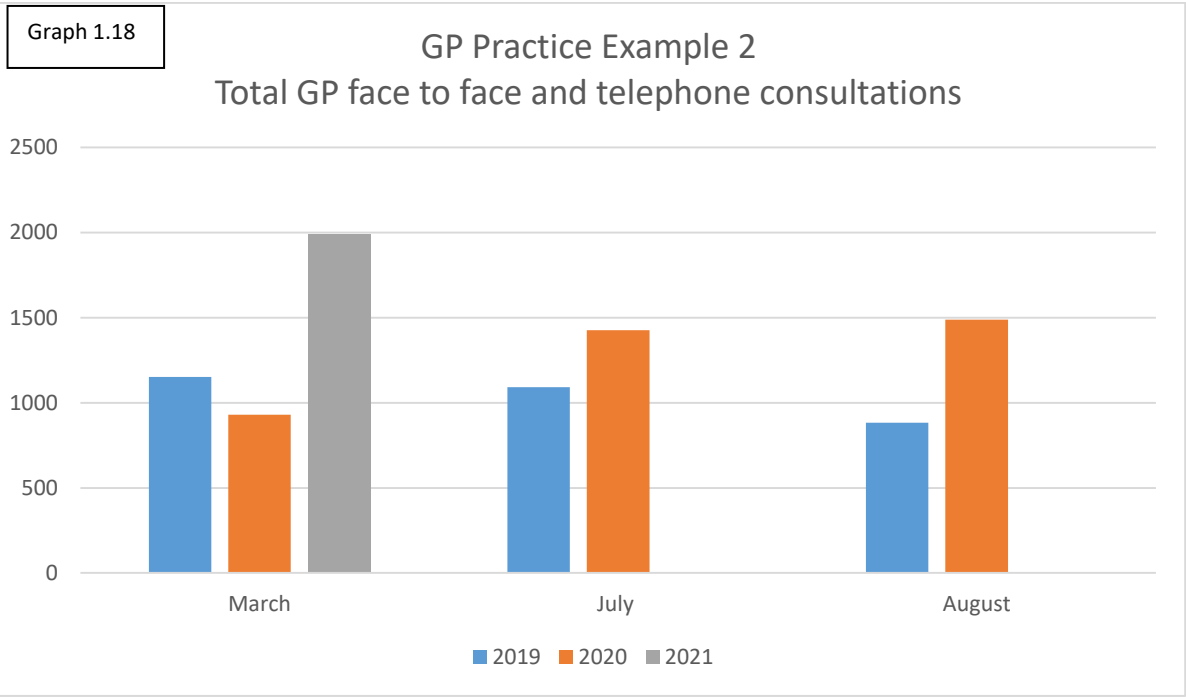
*NB data for weeks at Christmas, Easter and early May include public holidays so weekly activity is over 3-4 days

Graph 1.17 – Practice 1 trend over the past 12 months illustrating that the increase in activity last winter has been sustained into the spring and early summer. Graph 1.15 – Practice 2 showing significant growth in appointments since March 2019.

Graph 1.17



Graph 1.18



In summary there is evidence of demand reaching pre pandemic levels albeit it is too early to understand or predict the levels of variation being experienced across the full range of service. Clearly the new services such as the FNC and MHAU are designed to divert previously identified demand to alternatives however at this stage we are unable to conclude if these are new presenations or replacements for what may have been previous emergency demand.

The service configuration remains challenging as we continue to deliver Covid19 amd Non Covid pathways and adds a layer of complexity to managing patient flow in and out of all servces.

Our next steps will be to review the acute hospital occupancy levels and the length of stay to see if there have been any comparable changes to these as a measure of the level of demand on urgent care services across the system.

ANNEX D

Design & Delivery Plan Actions

Phased Delivery Matrix

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
Communications					
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services		Communication & Engagement		**6**
Prevention & Early Intervention					
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions		Anticipatory Care Planning Work Stream		**5.7**
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department		Falls Prevention & Management Work Stream		**5.7**

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions		Progressed via: National Redesign Of Urgent Care Programme and GGC Falls & Frailty Programme		**5.7**
5	We will increase support to carers as part of implementation of the Carer's Act		via HSCP Carers' Strategy		
6	We will increase the number of community links workers working with Primary Care to 50 by the end of 20/21		via HSCP Primary Care Improvement Plans		
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community		To be developed		
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible		Redesign of Urgent Care		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission		Co-ordination & Integration of Community Models		
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes		Co-ordination & Integration of Community Models Falls Prevention & Management		
11	We will explore extending the care home local enhanced service to provide more GP support to care homes		Led by Primary Care		
Primary Care & Secondary Care Interface					
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time		Redesign of Urgent Care		
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service		Redesign of Urgent Care		
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites		Redesign of Urgent Care		
15	We will incentivise patients to attend MIUs		Redesign of Urgent Care		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
	rather than A&E with non-emergencies through the testing of a tow hour treatment target.				
16	We will explore extending MIU hours of operation to better match demand		Redesign of Urgent Care		
17	We will improve urgent access to mental health services		Redesign of Urgent Care		
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.		Multiple work streams		
19	We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis		Redesign of Urgent Care		
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at		Integrated Pathways for Older People 3. Hospital @ Home		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
	risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY)				
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		Redesign of Urgent Care		
Improving Discharge					
22	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays		Discharge to Assess Frailty @ the Front Door Co-ordination & Integration of Community Models		
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		Discharge to Assess Frailty @ the Front Door Co-ordination & Integration of Community Models		
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these		Co-ordination and Integration of Community Models		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
	resources which are critical to the overall acute system performance				
25	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per year				

ANNEX E

GP ENGAGEMENT SESSIONS 2020

SUMMARY FEEDBACK

- resounding support for the proposed campaign to support public education although there was concern that if not framed appropriately and supported by strong redirection policy with well trained staff this could result in more demand for GPs;
- undifferentiated care demand in primary care needs to be reflected although it is recognised that data to support this is lacking;
- links with the GP Contract and PCIP should be made within the JCP and opportunities to develop new pathways considered in collaboration;
- opportunity to develop links with JCP actions and the objectives within the PCIP MOU considering the benefits of resources such as link workers, ANPs, physiotherapy etc. Pharmacy First Plus to support right person, right place, right time;
- a willingness to embrace data if this can be provided e.g. variation in ED attendances by practice, MAU same day discharge. Discussions could be facilitated at cluster level;
- data on the use of Consultant Connect and professional to professional advice with GPs to allow them to understand outcomes achieved, calls answered etc. may help to improve the service provided;
- engagement with Acute Sectors varies, there is an opportunity to review the current situation with a view to understanding what works well and seeking to roll this out across all three acute sectors;
- GP input to further scoping and development of the ACP/KIS approach along with other stakeholders;
- a number of acute processes have been highlighted as problematic, these can be shared and opportunities to collaborate to improve explored; and,
- future GP engagement is welcomed.

ANNEX F

Unscheduled Care : Financial Framework		Total					
		2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 2							
Communications							
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	£0	£111,000	£25,000	£0	£0	£136,000
Prevention & Early Intervention							
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	£0	£52,939	£142,333	£0	£0	£195,272
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	£0	£33,696	£33,696	£0	£0	£67,392
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	£0	£179,374	£357,855	£54,080	£0	£591,309
5	We will increase support to carers as part of implementation of the Carer's Act.	£0	£0	£0	£0	£0	£0
6	We will increase the number of community links workers working with Primary Care to 50 by the end of 20/21.	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	£0	£37,733	£263,553	£0	£0	£301,287
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	£0	£1,270,591	£90,480	£0	£0	£1,361,071
Primary Care & Secondary Care Interface							
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.	£0	£702,000	£0	£0	£0	£702,000
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	£0	£2,448,289	£0	£0	£0	£2,448,289
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.	£0	£700,000	£5,000	£0	£0	£705,000
17	We will improve urgent access to mental health services.	£0	£982,848	£0	£0	£0	£982,848
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).	£0	£570,322	£291,860	£0	£0	£862,182

Unscheduled Care : Financial Framework		Total					
		2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Primary Care & Secondary Care Interface							
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	£0	£20,000,000	£0	£0	£0	£0
Improving Discharge							
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	£0	£0	£200,000	£200,000	£0	£400,000
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	£0	£10,000	£99,040	£0	£0	£109,040
Total		**£0**	**£7,098,793**	**£1,508,818**	**£254,080**	**£0**	**£8,861,691**

	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£0	£6,311,171	£971,958	£54,080	£0	£7,337,209
Non Recurring	£0	£20,787,622	£536,860	£200,000	£0	£21,524,482
Total	**£0**	**£27,098,793**	**£1,508,818**	**£254,080**	**£0**	**£28,861,691**

Funding : Recurring Expenditure	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Mental Health Assessment Unit - LMP/Additional Scottish Government Funding (to be confirmed)	£0	£982,848	£0	£0	£0	£982,848
Scottish Government Funding : HB	£0	£2,221,252	-£2,221,252	£0	£0	£0
HB Budget	£0	£779,000	-£779,000	£0	£0	£0
IJB Budget	£0	£1,124,896	£304,219	£0	£0	£1,429,115
PCIP Funding	£0	£292,172	£0	£0	£0	£292,172
Total Funding Recurring	**£0**	**£5,400,168**	**-£2,696,033**	**£0**	**£0**	**£2,704,135**

Funding Gap	**£0**	**£911,002**	**£3,667,991**	**£54,080**	**£0**	**£4,633,073**

Funding : Non Recurring Expenditure	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£20,320,000	£45,000	£0	£0	£20,365,000
Manage within HSCP Budget	£0	£242,322	£491,860	£200,000	£0	£934,182
Scottish Government Funding : HB	£0	£0	£0	£0	£0	£0
Hospital at Home Pilot Funding - HIS	£0	£175,000	£0	£0	£0	£175,000
PCIP Funding	£0	£50,300	£0	£0	£0	£50,300
Total Funding Non Recurring	**£0**	**£20,787,622**	**£536,860**	**£200,000**	**£0**	**£21,524,482**

Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

ANNEX G

Unscheduled Care Performance Management Framework

Proposed Key Performance Indicators (using baseline year 2018/19)

- **emergency departments attendances**:
  - delivery of the four hour target (by hospital site not HSCP)
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population
  - rates of admissions and discharges per head of population
  - frequent attenders as a percentage of total attendances

- **minor injury units attendances**:
  - delivery of the four hour target (by hospital site not HSCP)
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population

- **flow navigation hub performance data** (TBC)

- **GP assessment units (or equivalent)**:
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population e.g. 65+ & 75+
  - rates of admissions and discharges
  - GP referral rates
  - Consultant Connect activity by practice
  - Near Me / Attend Anywhere activity

- **emergency acute hospital admissions (all admissions):**
  - admissions by age, sex and deprivation
  - rates per head of population e.g. 65+ & 75+
  - length of stay
  - rates per GP practice
  - ACPs

- **mental health assessment unit activity** (TBC)

- **acute unscheduled care bed days**:
  - rates per head of population e.g. 65+ & 75+

- **acute bed days lost due to delayed discharges**:
  - rates by age e.g. 65+ & 75+
  - AWI and non AWI rates
  - bed days lost as % of total acute beds (reported annually)

- **acute delays**:
  - total number of daily delays (by age, AWI, non AWI etc.) over the reporting period (not the census figure)
  - as above for AMH, LD and OPMH

- monthly average delay duration (in days) for AWI and non AWI over 65 and under for the reporting period
- D2A indicators

ANNEX H

EMERGENCY ADMISSIONS (65+) PROJECTIONS

2022/23-2024/25

Design and Delivery Plan Projections

NHSGGC Emergency Admissions Projections (Ages 65+)

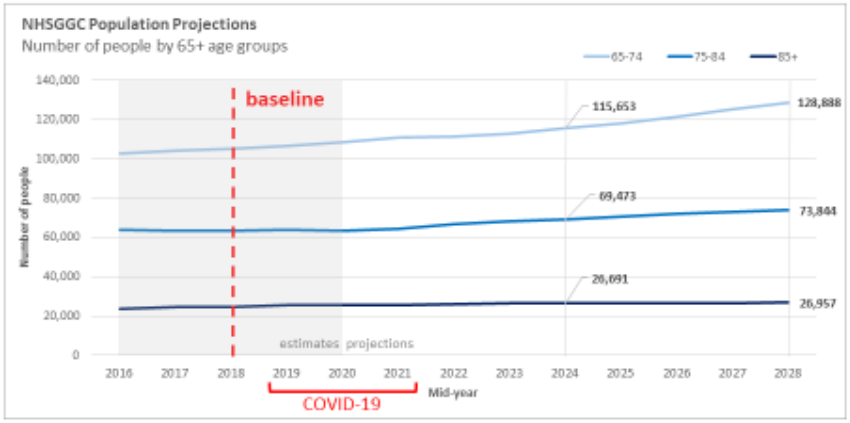
Gary King
Local Intelligence Support Team (LIST)

Public Health Scotland

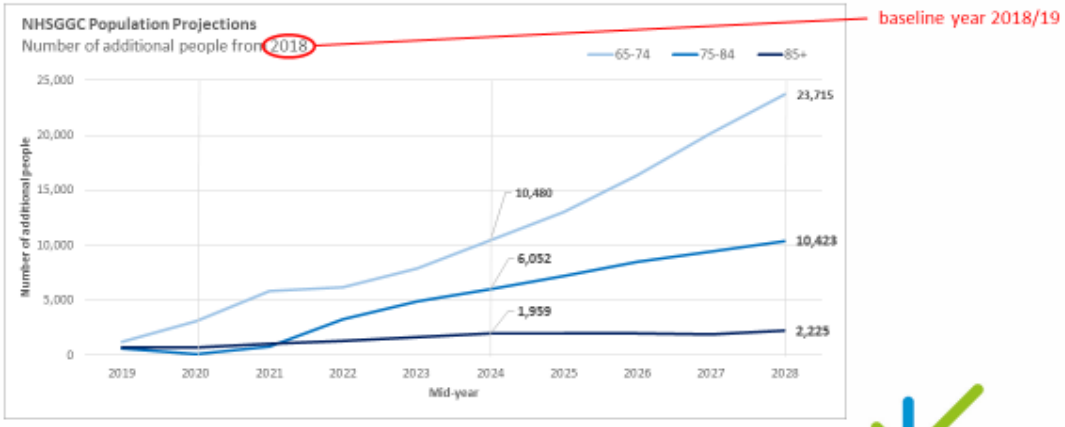
Summary

- Population Projections 2018 to 2028
  - Age groups 65-74, 75-84 & 85+
  - Age group 65+ alone
- Emergency Admissions Projections (Age 65+)
  - Actual numbers 2017/18 to 2020/21
  - Use rates per 1,000 population
  - Take into account increase in 65+ population
  - 2018/19 baseline (pre-COVID-19)
  - Use rates to propose three scenarios for 2021/22 to 2024/25
  - Taking into consideration RMP3 target for 2021/22

Population Projections
Number of people (aged 65+ groups)

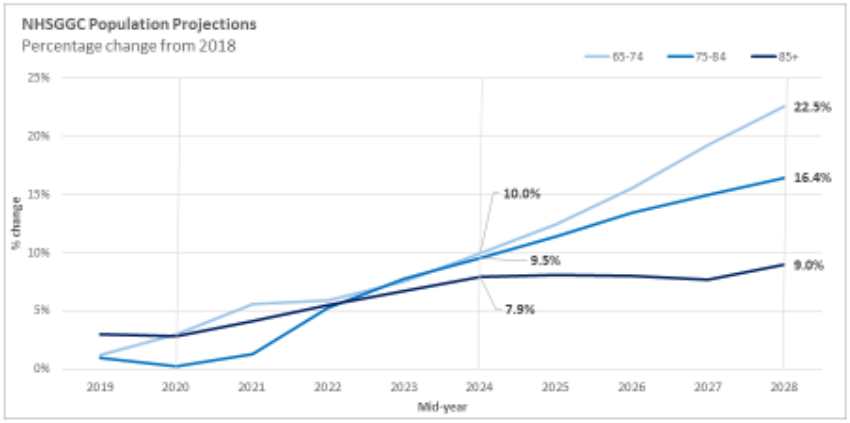


Population Projections
Number of additional people (aged 65+ groups)



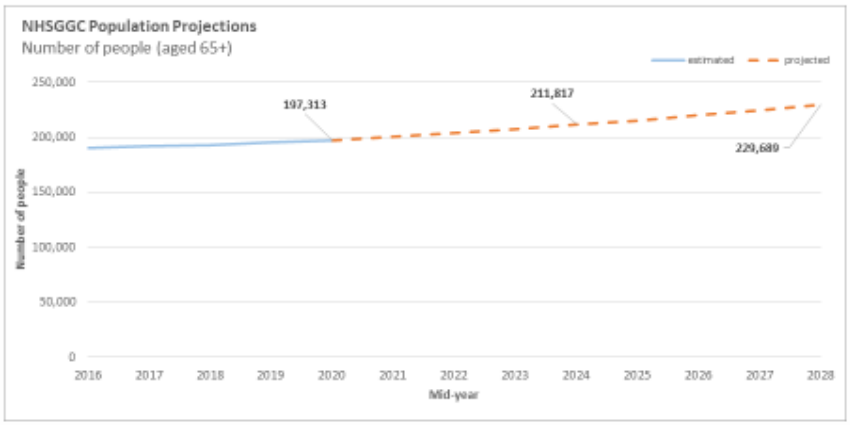
Population Projections

Percentage change from 2018 (aged 65+ groups)

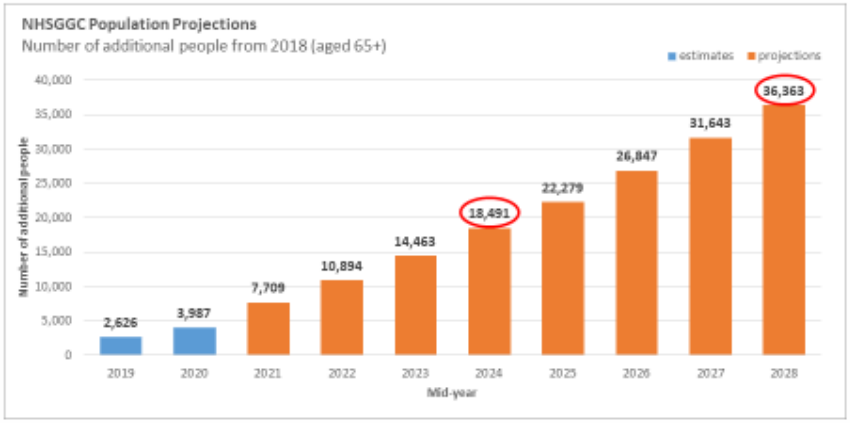


Population Projections

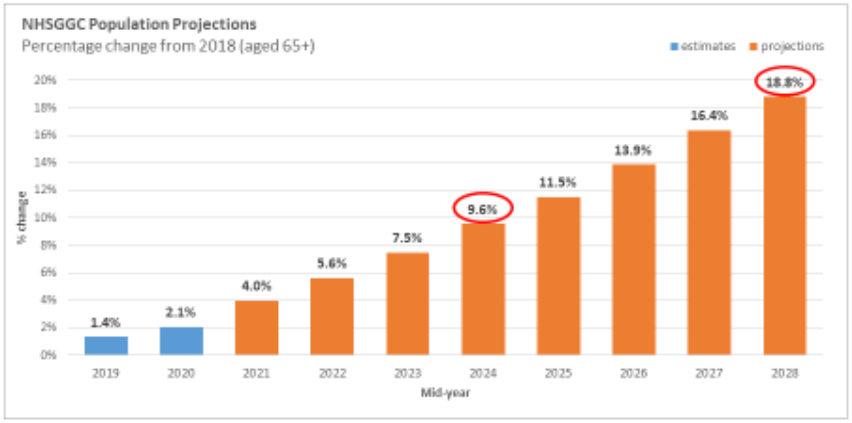
Number of people (aged 65+)



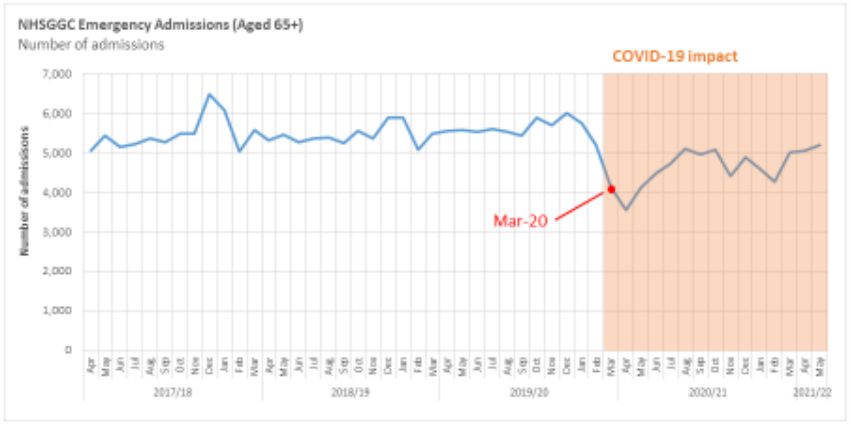
Population Projections
Additional people from 2018 (aged 65+)



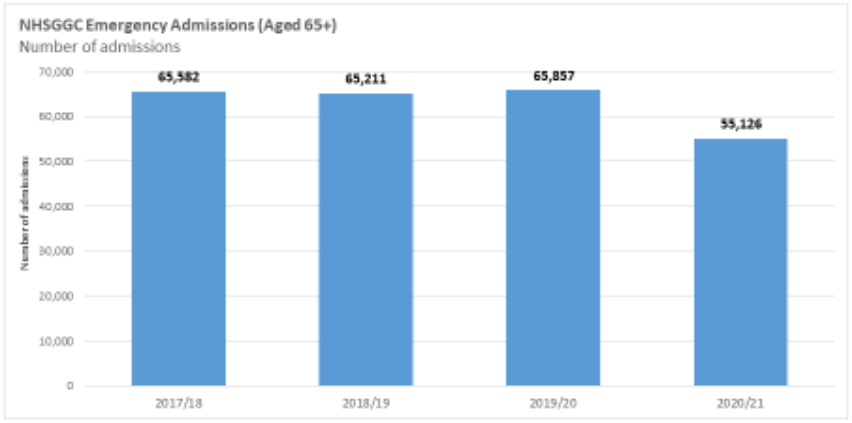
Population Projections
Change from 2018 (aged 65+)



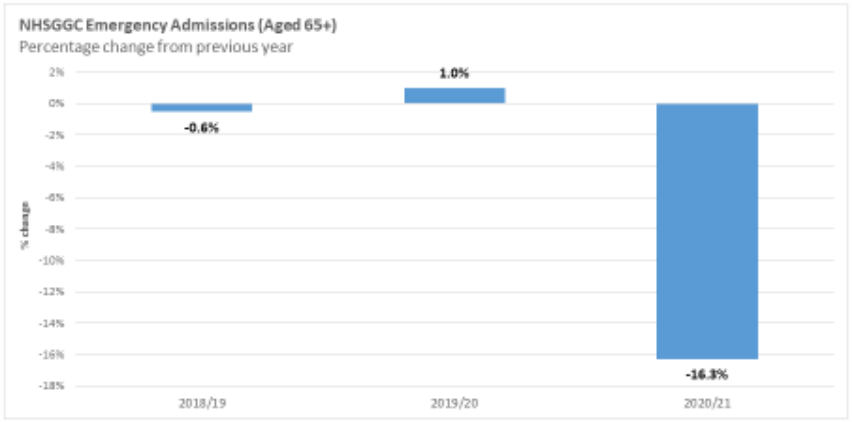
Emergency Admissions (Ages 65+)
Number of admissions



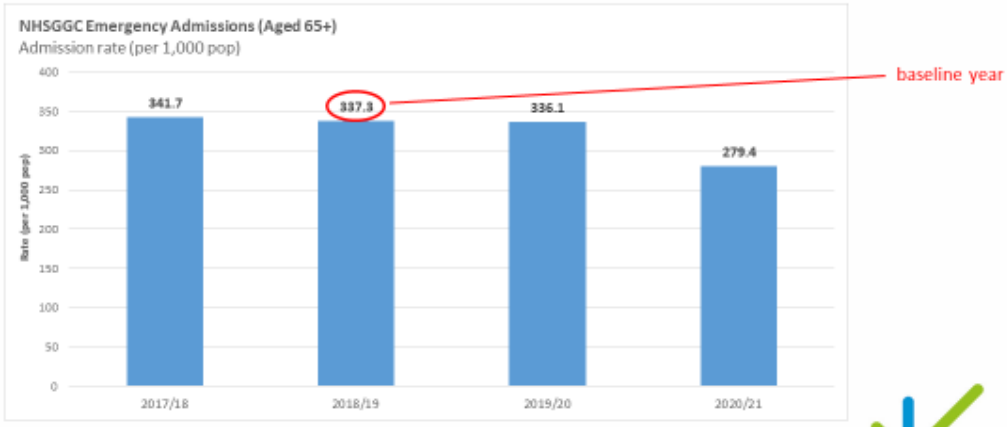
Emergency Admissions Ages 65+
Number of admissions



Emergency Admissions Ages 65+
% change from previous year



Emergency Admissions Ages 65+
Admission rates (per 1,000 population)



Emergency Admissions Ages 65+
Projection Scenarios

Scenario 1

No implementation ⇨ No reduction in 2018/19 baseline rate

Scenario 2

Partial implementation ⇨ 5% reduction

Scenario 3

Full implementation ⇨ 10% reduction

RMP3 is a 14.2% reduction

⇨ While factoring in RMP3 targets for 2021/22

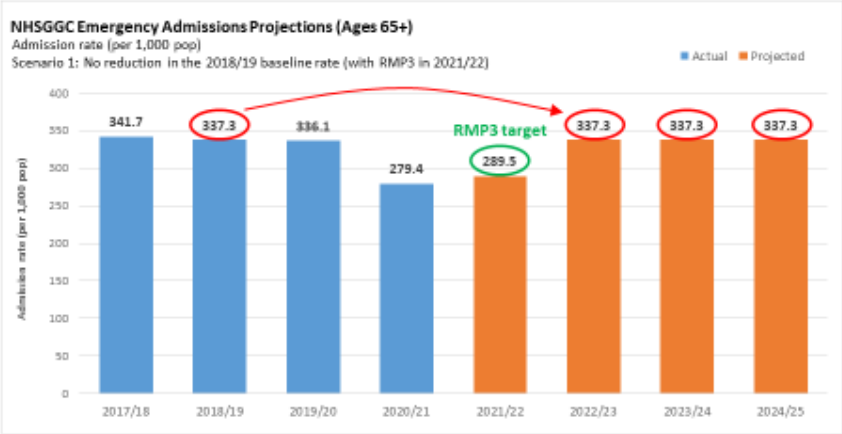
RMP3 target 2021/22:
138,594 (All ages)

Estimate for ages 65+:
138,594 x 42%
= 58,209

Ratio of EAs:
Age 65+ / All ages

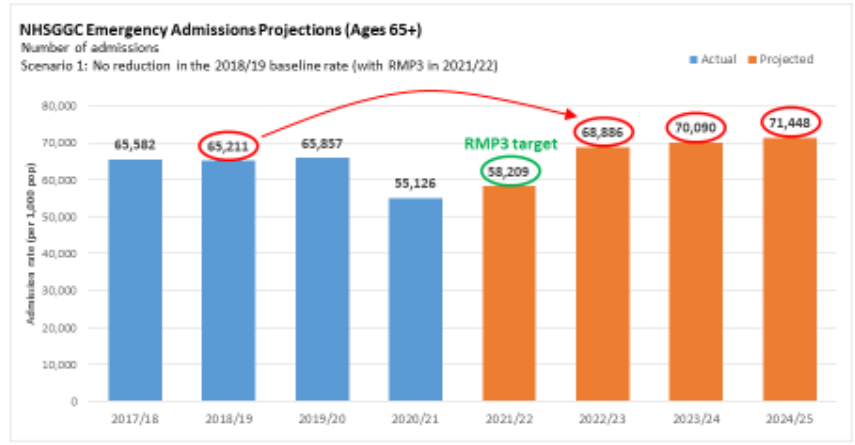
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Admission rates (per 1,000 population)



Scenario 1 No reduction in 2018/19 baseline (no implementation)

Number of Admissions

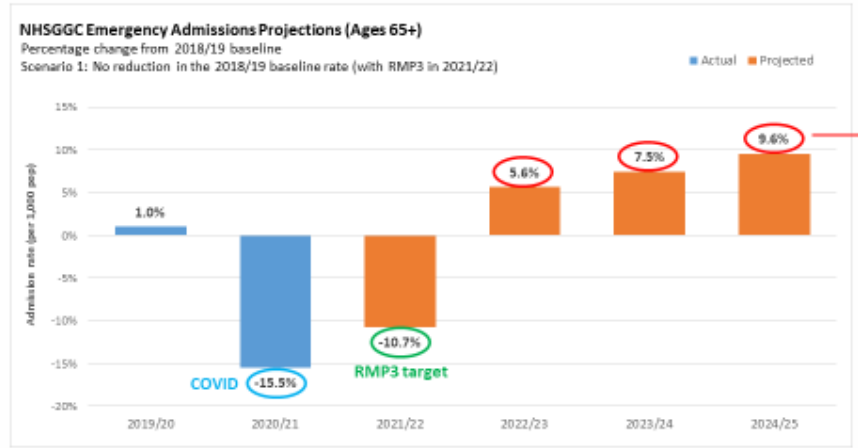


RMP3 target 2021/22:
138,594 (All ages)

Estimate for ages 65+:
138,594 x 42%
= 58,209

Scenario 1: No reduction in 2018/19 baseline (no implementation)

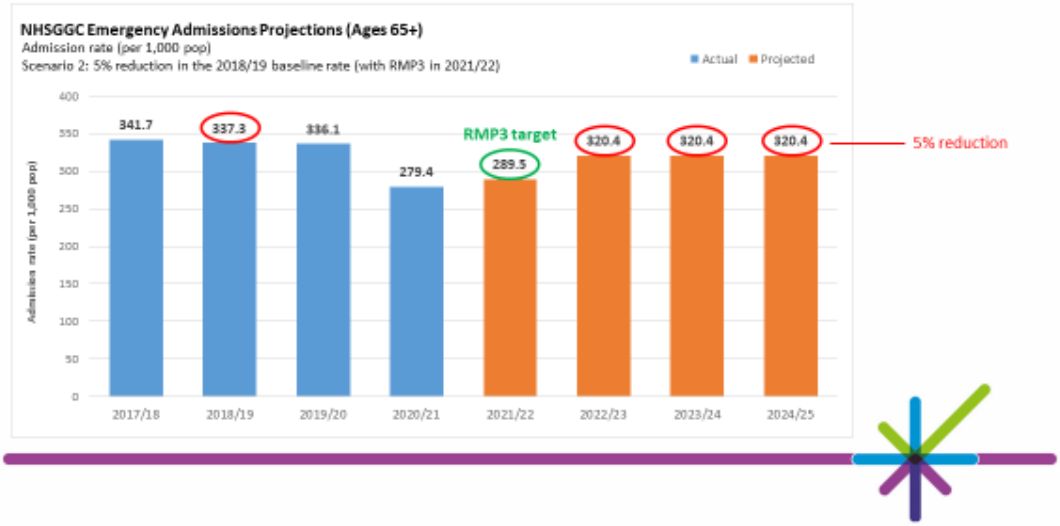
Percentage change from 2018/19 baseline



Increase solely due to the 65+ projected population increase

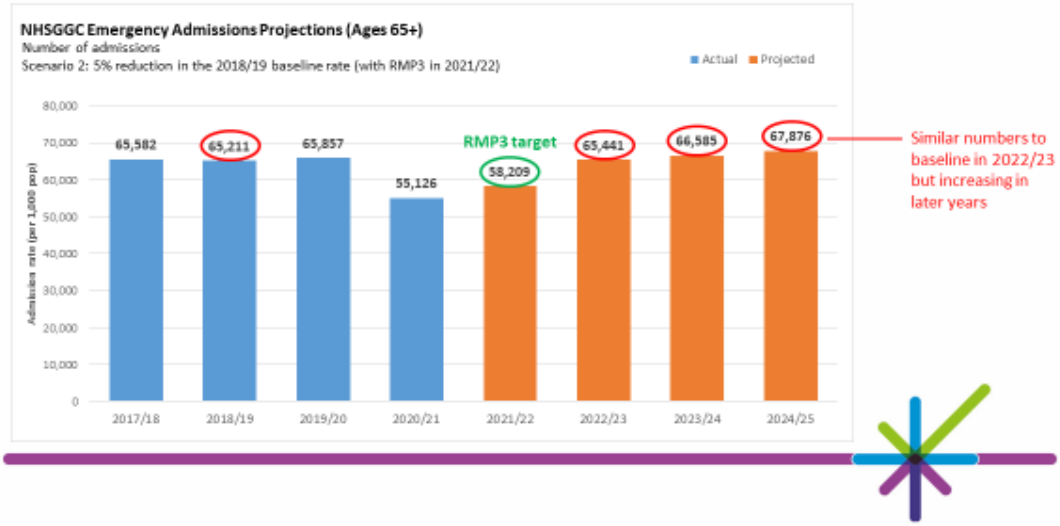
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Admission rates (per 1,000 population)



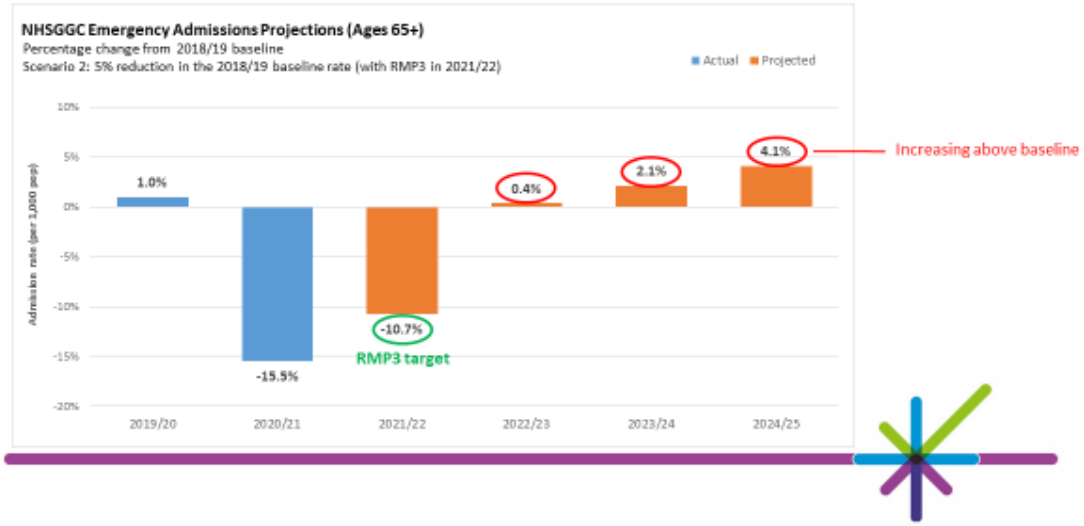
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Number of Admissions



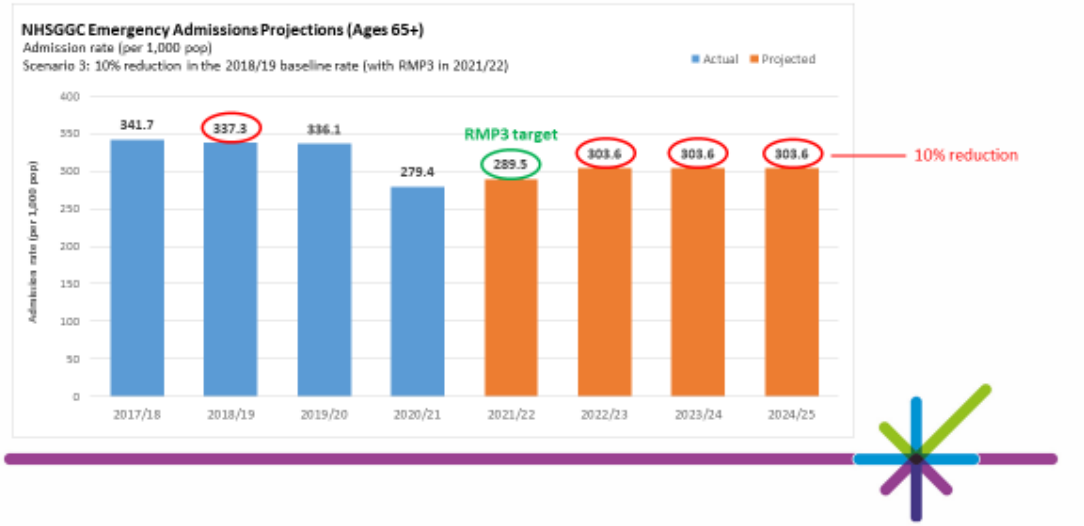
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Percentage change from 2018/19 baseline



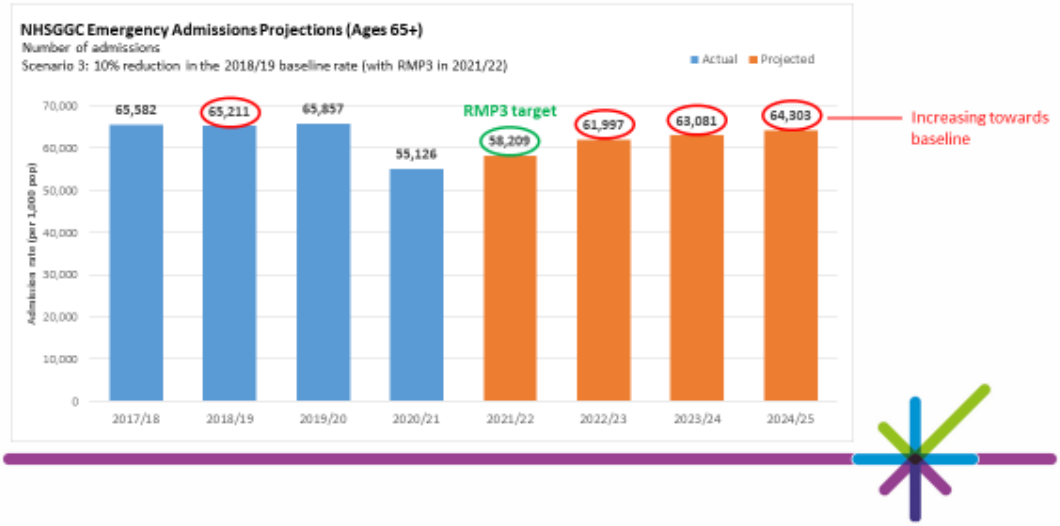
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Admission rates (per 1,000 population)



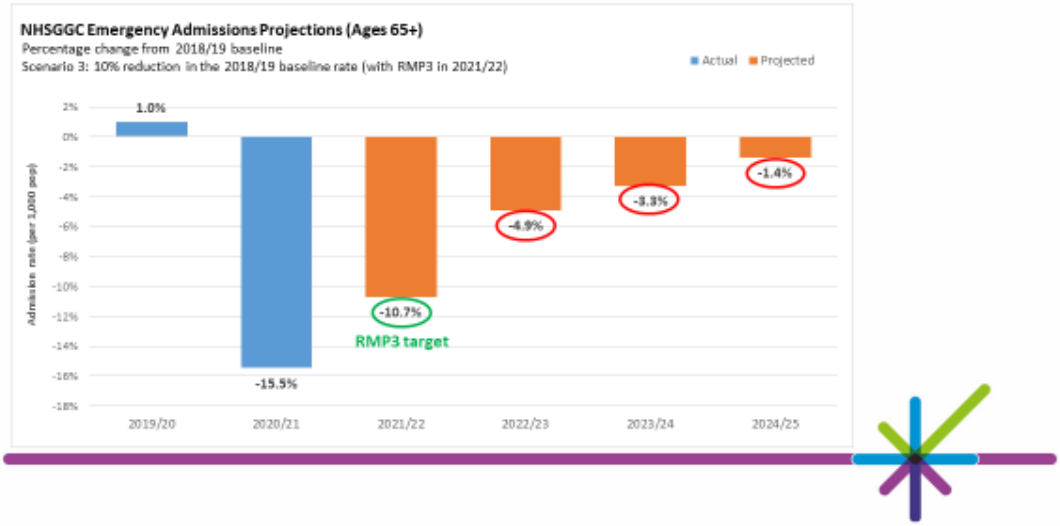
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Number of Admissions



Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Percentage change from 2018/19 baseline



Item No: 9

Appendix 3

Meeting Date: **Wednesday 22nd September 2021**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer**

Contact: **Stephen Fitzpatrick, Assistant Chief Officer, Older People's Services and South Operations**

Tel: **0141 276 5627**

Unscheduled Care Commissioning Plan Update

Purpose of Report:	To present the draft Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

Background/Engagement:	At its meeting in March 2020 the IJB received a report on the Board-wide draft unscheduled care plan, which was subsequently agreed by the other five HSCPs in Greater Glasgow & Clyde. Since then unscheduled care services have changed in response to the coronavirus pandemic, including a national redesign of urgent care. A programme of engagement has also taken place, and further work undertaken on the financial and performance frameworks to support delivery of the strategy. This report presents the updated unscheduled care programme in the form of the draft Design and Delivery Plan for the period 2021/22 to 2023/24. Similar reports are being considered by the other five HSCPs in GG&C and the Health Board.

Recommendations:	The Integration Joint Board is asked to: a) Note the content of the draft Design & Delivery Plan 2021/22-2023/24 attached as the updated and re-freshed Board-wide unscheduled care improvement programme; b) Note the financial framework outlined in section 7 of the Plan, and note specifically that the funding shortfall identified will require to be addressed to support full implementation of phase 1; c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan,

	including the KPIs and projections for emergency admissions for 2022/23 outlined in section 8 of the plan; d) note the governance arrangements outlined in section 9 of the Plan to ensure appropriate oversight of delivery; e) note the ongoing engagement work with clinicians, staff and key stakeholders; f) note that the Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle; and; g) receive a further update on the draft Design & Delivery Plan including the financial framework towards the end of 2021/22,

Relevance to Integration Joint Board Strategic Plan:

Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The unscheduled care programme contributes to all nine national outcomes and in particular is fundamental to the delivery of outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.

Personnel:	None at this stage. Work force plans will be developed for each work stream.

Carers:	Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.

Provider Organisations:	The plan ensures that HSCPs, with NHS Boards, local authorities and other care providers, make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings.

Equalities:	None at this stage. An EQIA will be completed during phase 1.

Fairer Scotland Compliance:	None at this stage.

Financial:	The IJB's budget for 2021/22 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £225,983,000 for Glasgow City. Section 7 outlines the financial framework to deliver against the phased approach. This has highlighted a gap between current available financial resources and the funding required to deliver the programme in full across GG&C. The key actions identified to be implemented in Glasgow City will cost £2.950m, of which £1.613m is recurring and £1.336m is non-recurring. Full funding has been put in place to meet these costs. This draft plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde.

Legal:	The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	This plan will comply with these requirements.

Risk Implications:	A risk analysis will be developed alongside the detailed action plan.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	The approach outlined in this draft Design & Delivery Plan will have implications for the planning and delivery of acute hospital services for Glasgow City residents and residents in other HSCPs. These are currently being discussed with the NHS Board.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☒
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 The purpose of this report is to update the IJB on progress in taking forward the GG&C unscheduled care programme, and asks the Board to note the content of this draft design and delivery plan, financial framework and governance arrangements.

2. Background

2.1 The IJB at its meeting in March 2020 considered and approved a draft strategic commissioning plan for unscheduled care. That plan fulfilled the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme.

2.2 The draft was subsequently approved by the other five HSCPs in GG&C. The plan was developed in partnership with the NHS Board and Acute Services Division and built on the GG&C Board-wide Unscheduled Care Improvement Programme which was integral to the Board-wide Moving Forward Together programme.

2.3 Since the plan was developed in early 2020 there has been considerable change in the health and social care system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remain relevant, some need updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a large scale strategic system wide change programme as unscheduled care in Scotland's biggest, most complex and diverse health and social care economy with many moving and inter related parts.

2.4 In addition further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

2.5 The paper also updates the IJB on the HSCP's plans to respond to seasonal pressures due to winter, including coronavirus.

3. Unscheduled Care Programme

3.1 The purpose of the draft plan presented to the IJB in March 2020 was to show how we aim to respond to the pressures on health and social care services in GG&C and meet future demand. The draft explained that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and with better understanding amongst the public of how to use them.

3.2 The programme outlined in the plan was based on evidence of what works and estimates of patient needs in GG&C. The programme was focused on three key themes following the patient journey:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
- **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.

3.3 The draft also described how we needed to communicate more directly with patients and the general public to ensure that people knew what service is best for them and can access the right service at the right time and in the right place.

3.4 Further work was also outlined on the financial and performance frameworks to support delivery of the plan, and engagement with key stakeholders including service users, partners, staff and clinicians.

4. Covid-19

4.1 The scale and pace of change in the health and social care system as a result of the pandemic has exceeded anything we have experienced in the past. In the space of a few short months in the spring of 2020 services changed dramatically. So much so that some services may not return to their former delivery models. It is important therefore that we build on the successful new models of care and apply the learning to our change programme from our experience over the past few months. As part of this we need to review and evaluate new service models and pathways to ensure that the patient experience is maximised.

5. National Urgent Care Redesign

5.1 The Scottish Government has launched a national redesign of urgent care (RUC) to improve performance in response to the pandemic. All Health Boards were required to implement the national redesign in preparation for winter 2020/21. The key components of the RUC were:

- the redesign of urgent care pathways to deliver a more planned response for patients who self-present to emergency departments where this is clinically appropriate and safe to do so via:
    - initial call handling delivered nationally by new NHS24 111 service;
    - developing ‘call MIA’ - a pathway to schedule minor injuries – to be piloted at Glasgow Royal Infirmary; and,
    - developing options for non-minor injuries that will enable scheduling of ‘Near Me’ patient assessment through a clinical decision maker.
- implementation of a Flow Navigation Centre (Hub) at the main acute sites with both admin and clinical resources established to support the redesign and streaming of patients referred from NHS24;
- continuation of the Mental Health Assessment Units; and

- all underpinned by a national communications campaign to introduce service change and inform the way patients access primary and acute care service

6. Design and Delivery Plan (Draft)

6.1 The draft Design & Delivery Plan attached updates the actions in the unscheduled care plan reported to IJBs in 2020, new actions that have arisen from the response to the pandemic and implementation of the RUC. The refreshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).

6.2 Further work is included on:

- **Engagement:** the programme includes engagement with other key stakeholders including primary and secondary care clinicians, Scottish Ambulance Service, NHS24, and the third and independent sectors. The draft plan has been discussed at various events and fora across GG&C; and,

- the **performance framework** including the key impact measures to be used to demonstrate improvements in performance with a focus specifically on:

    - ✓ emergency admissions;
    - ✓ acute unscheduled hospital bed days;
    - ✓ A&E attendances; and,
    - ✓ bed days lost due to delayed discharges.

6.3 Projections for emergency admissions for aged 65+ for 2022/23 and future years, recognizing the demographic changes forecast are included. Emergency admissions 65+ account for approximately 40% of all emergency admissions in GG&C.

7. Financial Framework

7.1 A financial framework has been developed in partnership with all six IJBs and Greater Glasgow and Clyde NHS Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2021/22 cost base. This Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GG&C.

7.2 This draft Design and Delivery Plan outlines a number of step change projects which have been implemented as part of Phase 1 and has resulted in investment of circa £14m in unscheduled care within IJBs and the Health Board during 2020-21, some of which has been funded non-recurrently.

7.3 A number of key actions have been identified which require financial investment to deliver on Phase 2 and Phase 3 priorities. The recurring funding gap for Phase 1 and the investment required to deliver Phase 2 has been fully costed and is included in the Financial Framework (see annex F of the Design and Delivery Plan). This highlights the need for £8.862m of investment across Greater

Glasgow and Clyde, of which £7.337m is required on a recurring basis and £1.525m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £7.337m required, only £2.704m of funding has been able to be identified on a recurring basis. This funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 2. This has implications for the delivery of the plan, even for Phase 2, with actions not able to be fully implemented in all IJBs until funding is secured.

7.4 Appendix A provides details of key actions identified to be implemented in Glasgow City at a cost of £2.950m, of which £1.613m is recurring and £1.336m is non recurring. Full funding has been put in place to meet these costs.

7.5 Phase 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 3. Details can be found in the draft Design and Delivery Plan.

7.6 A further update on the draft Design & Delivery Plan including the financial framework, will be provided to the IJB towards the end of 2021/22.

8. Recommendations

8.1 The Integration Joint Board is asked to:

a) note the draft Design & Delivery Plan 2021/22-2023/24 attached as the updated and re-freshed Board-wide unscheduled care improvement programme;
b) note the financial framework outlined in section 7 of the Plan, and note specifically that the funding shortfall identified will require to be addressed to support full implementation of phase 1;
c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23 outlined in section 8 of the plan;
d) note the governance arrangements outlined in section 9 of the Plan to ensure appropriate oversight of delivery;
e) note the ongoing engagement work with clinicians, staff and key stakeholders;
f) note that the Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle, and;
g) receive a further update on the draft Design & Delivery Plan including the financial framework towards the end of 2021/22,

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	210922-09
2	**Report Title**	Unscheduled Care Commissioning Plan Update
3	**Date direction issued by Integration Joint Board**	22nd September 2021
4	**Date from which direction takes effect**	22nd September 2021
5	**Direction to:**	NHS Greater Glasgow and Clyde only
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	No
7	**Functions covered by direction**	A range of unplanned health and social care services including the provision of support to patients at their home, booking of urgent or emergency GP appointments and emergency department/hospital treatment.
8	**Full text of direction**	NHS Greater Glasgow and Clyde is directed to allocate the funding required to fulfil the key actions within the Design and Delivery Plan to be implemented within Glasgow City, as set out in the Appendix to this report.
9	**Budget allocated by Integration Joint Board to carry out direction**	The cost of implementation is £2.950m, of which £1.613m recurring budget has been made available and £1.336m has been made available non-recurrently.
10	**Performance monitoring arrangements**	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	**Date direction will be reviewed**	22nd September 2022

APPENDIX A

Unscheduled Care : Financial Framework		Glasgow City IA						
		Recurring (R)/ Non Recurring (N/R)	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1								
Communications								
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	N/R	£0	£74,000	£0	£0	£0	£74,000
Prevention & Early Intervention								
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£0	£9,987	£51,561	£0	£0	£61,548
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	R	£0	£33,696	£33,696	£0	£0	£67,392
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£0	£69,654	£208,962	£0	£0	£278,616
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0	£0	£0
6	We will increase the number of community links workers working with Primary Care to 50 by the end of 20/21.		£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£0	£674,092	£0	£0	£0	£674,092

Unscheduled Care : Financial Framework		Glasgow City IA					
		Recurring (R)/ Non Recurring (N/R)	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Primary Care & Secondary Care Interface								
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£0	£531,721	£0	£0	£0	£531,721
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).	N/R	£0	£570,322	£291,860	£0	£0	£862,182
Improving Discharge								
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	N/R	£0	£0	£200,000	£200,000	£0	£400,000
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	£0	£0
Total			**£0**	**£1,963,472**	**£786,079**	**£200,000**	**£0**	**£2,949,551**

	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£0	£1,319,150	£294,219	£0	£0	£1,613,369
Non Recurring	£0	£644,322	£491,860	£200,000	£0	£1,336,182
Total	**£0**	**£1,963,472**	**£786,079**	**£200,000**	**£0**	**£2,949,551**

Funding : Recurring Expenditure	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Mental Health Assessment Unit - LMP/Additional Scottish Government Funding (to be confirmed)	£0	£531,721	£0	£0	£0	£531,721
Scottish Government Funding : HB		£0	£0	£0	£0	£0
HB Budget						
IJB Budget	£0	£787,429	£294,219	£0	£0	£1,081,648
PCIP Funding	£0	£0	£0	£0	£0	£0
Total Funding Recurring	**£0**	**£1,319,150**	**£294,219**	**£0**	**£0**	**£1,613,369**

Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Funding : Non Recurring Expenditure	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£227,000	£0	£0	£0	£227,000
Manage within HSCP Budget	£0	£242,322	£491,860	£200,000	£0	£934,182
Scottish Government Funding : HB		£0	£0	£0	£0	£0
Hospital at Home Pilot Funding - HIS	£0	£175,000	£0	£0	£0	£175,000
PCIP Funding	£0	£0	£0	£0	£0	£0
Total Funding Non Recurring	**£0**	**£644,322**	**£491,860**	**£200,000**	**£0**	**£1,336,182**

Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date: 1 November 2021**
Report By:	**Allen Stevenson** **Interim Chief Officer** **Health Social Care Partnership**	**Report No:** **IJB/45/2021/SMcA**
Contact Officer	**Sharon McAleese** **Head Children's Services Criminal Justice**	**Contact No: 715282**
Subject:	**INVERCLYDE WELLBEING SERVICE**	

1.0 PURPOSE

1.1 The Purpose of this report is to advise the Integrated Joint Board on the progress of the Action for Children Inverclyde Wellbeing Service Tier 2 mental health service established and launched August 2020

2.0 SUMMARY

2.1 Inverclyde HSCP and Education Services have committed to improve Children and Young Peoples tier 2 mental health in Inverclyde based on a collaborative model. This is via Action For Children Inverclyde wellbeing Service 5 -18 year olds. This is funded jointly through Scottish Government Programme for Change monies awarded 2019-2023 for access to counselling services through schools and supplementary funding from the Inverclyde IJB.

3.0 RECOMMENDATIONS

3.1 The IJB note the content of this report and the Inverclyde Wellbeing Service progression to year two of service development.

Allen Stevenson
Interim Chief Officer
Health Social Care Partnership

4.0 BACKGROUND

4.1 Service Delivery

The main elements to the service are the one to one counselling service, and programme based group work, both of which were discussed and coordinated with schools to support pupils to access services, in response to the Covid-19 pandemic.

4.2 One to One Counselling

Work to promote the service as a school aged Children & Young People's service, and not purely schools based involved meeting with a range of teams and networks of services across Inverclyde, which continues, to promote the services as widely as possible, encourage self-referrals, and make sure information on the service and how to access support is as widely disseminated as possible.

Initially, a combination of online meetings, and where possible and safe to do so, in person meetings took place, to raise the profile of the service across Inverclyde. Meetings with teams included:

- Initial online launch of the service to partners in August 2020
- GP forum
- CAMHS
- Social Work
- School Nursing Team
- Mind Mosaic
- Barnardos
- Community Learning and Development
- Parent Council Representatives
- Regular scheduled attendance at Addition Support Needs leaders WebEx meetings

A dedicated local website:- https://services.actionforchildren.org.uk/inverclyde-children-and-young-peoples-wellbeing-service/ was developed and launched in addition social media was used to promote and encourage self-referrals from Children & Young People as well as from parents and/or carers who wished to access the service or further available resources on supporting emotional health and wellbeing.

Over 20 contacts have been made through the website leading to a number of self-referrals from senior phase students and parents.

All parents and senior phase students also received a newsletter by email containing information on the counselling service, how to access support in a bid to encourage self-referrals. Greater access to schools for informal drop in information sessions when relaxing of Covid safety guidance applies will allow the team to continue to raise awareness also raising the profile of the service to Children & Young People, increasing the potential for self-referrals.

4.3 Counselling Delivery

Initial referrals for counselling were received form schools in October 2020 with the delivery of sessions commencing on the return to school after the October school holidays.

The service model of 8 counselling sessions.

Review sessions within the counselling team is through line management supervision, person centered clinical supervision. Discussion taking place within the staff team, and as appropriate, with school leads, local authority staff, where decisions are made to extend sessions are made on an individual basis with input from stakeholders, based

on an assessment of the needs of the Children & Young People.

To date:

- 172 referrals have been received for counselling.
- 95 Children & Young People offered access to counselling support.
- 77 remain on the waiting list
- 43 currently engaging,
- 27 completing agreed sessions,
- 7 disengaged from support,
- 7 accessing other supports (CAMHS, Mind Mosaic, Private Counselling, LIAM),
- <5 no further support required on assessment (support from project staff provided),
- <5 moved local authority,
- <5 out with Local Authority post code,
- 8 referrers contacted to follow up with Children & Young People referred/tbc.

During the lockdown period from January 2021, Counsellors moved to a combination of telephone support, walk and talk sessions, and accessing schools hubs to continue to offer support to Children & Young People engaging with the service during this period. Returned of face to face support as soon pupils returned to schools and access was available to both schools and Children & Young People.

Circa 780 counselling sessions were offered calculated on the staged starts of staff throughout the development of the service from September to December start dates, and restrictions in permitted contacts with Children & Young People per day.

Figure 1 below indicates the age ranges of those Children & Young People offered support.

Fig. 1

Stage specific data	11 P2-P5
Number of children in P6	12
Number of children in P7	14
Number of children in S1	5
Number of children in S2	11
Number of children in S3	16
Number of children in S4	13
Number of children in S5	6
Number of children in S6	7

Figure 2 indicates the number of Children & Young People male, female or non-binary.

Fig 2.

Number of female pupils accessing provision	46
Number of male pupils accessing provision	48
Number of young people identifying as non-binary	1

Figure 3 indicates the referral source

Fig 3.

Referrals In	
Numbers of referrals from	
Self-referral	5
School Staff	83
Social Services	1
GP	1
School Nurse	1

Health Professional	3 CAMHS 1 Disability Nurse Specialist
Other	

Figure 4 indicates the issues reported by referral information.

Fig. 4

Mental Health and Wellbeing issues reported by children and young people			
Exam Stress	**1**	Self-Harm	**4**
Trauma	**1**	Depression	**0**
Bereavement	**1**	Anxiety	**37**
Gender Identity	**0**	Emotional/Behavioural Difficulties	**49**
Substance Use	**0**	Body Image	**0**
Other:	**Please add rows if required**	Low Mood	**2**

4.4 **Group Work Program**

Delivery of Bouncing Back began in Inverclyde Academy, Notre Dame and Lomond View Academy and was delivered to all S3 students before the end the term at Christmas.

225 students took part in Inverclyde Academy & Notre Dame prior to Christmas 2020. 400 students took part in St Columba's High School, Clydeview Academy, St Stephen's High School and Port Glasgow High School, St Columbas Kilmacolm and Cedars between April and June 2021.

Delivery of Bouncing Back also took place in all primary schools in the final term to all P7 classes. The focus for P7 was the transition to S1, which had again been affected by the pandemic in a reduction to the usual transition which primary pupils receive when moving to secondary school.

In total 102 sessions were delivered to: -

940 pupils

68 sessions were delivered to students in secondary school classes in 8 secondary school, including Cedars and St Columba's Kilmacolm (34 classes received both sessions)

34 sessions were delivered to all primary schools P 7 classes

As part of the Inverclyde Academy's Wellbeing Programme to welcome back BGE pupils, sessions were delivered to 230 pupils across S1 to S3, on the return to school in March.

Individual pupil support drop in sessions for Children & Young People arranged with project staff were also delivered in Inverclyde Academy and Notre Dame, to 20 students, in March.

Clydeview Academy, to 6 students, May – June
St Columbas Gourock, to 6 students, May – June

Project staff also delivered Mental Health and Wellbeing input for staff via Zoom, in October, as a pilot programme, with a view to offer further sessions to staff teams when conditions allowed in person contact to resume.

Project staff and counsellors have continued to offer support to Children & Young People who are engaging during the school summer holidays, with counsellors accessing school buildings to see Children & Young People, and project staff attending school hubs, affordable childcare groups, CLD activities and summer based activities to both network with staff and CYP, raising the profile of mental health and wellbeing and engaging with more Children & Young People in an informal setting to lay the groundwork for working across schools on the return after the summer holidays.

4.5 **Single Point of Access – Centralised Referral System**

From the outset of the project, discussions around establishing a Single Point of Access steering group took place, with the aim of involving the relevant services, led by HSCP senior management and including input from Educational Psychology, School Nurse team, Barnardos, CAMHS and Social Work in a group were referrals could be taken with relevant data sharing protocols in place, to discuss and determine the correct route and service which should be offered and available to any Children & Young People's referrals brought by group members to discuss. This group meets regularly, and continues to develop the model.

4.6 **Key Performance Indicators**

Example Key Performance Indicators	Example Year 1 Targets:	Year 1 Outcomes:
Reach KPIs: ▪ Number of appointments ▪ Number of group work sessions ▪ Number of 1:1 sessions ▪ Number of preventative sessions	▪ 1,415 pupils directly supported in Year 1 i.e.: ▪ 560 primary pupils - *Friends Resilience* groups ▪ 480 secondary pupils - *Blues Programme* groups ▪ 375 pupils - targeted 1:1 support/counselling ▪ Additional 400 pupils monthly - school drop ins	▪ 1890 directly supported i.e.: ▪ 940 Primary pupils accessing groups– Bouncing Back ▪ 855 Secondary pupils accessing groups – Bouncing Back ▪ 95 offered 1:1 support/counselling ▪ 34 - school drop ins
Outcome KPIs: ▪ Improved CYP wellbeing, mental health and resilience ▪ Reduced Tier 3/CAMHS referrals	▪ 75% of pupils improving against selected *SHANARRI Wellbeing Outcomes* ▪ % of pupils addressing their needs without the requirement for specialist services (*to be agreed*)	▪ 89% of CYP completing agreed counselling sessions reported improved outcomes using a Young persons Clinical outcome e.g. Young Persons CORE
Quality KPIs: ▪ Accessible service/the right help at the right time ▪ Structured support and goal-setting ▪ Providing relationship-based	▪ 75% of pupils providing positive feedback on their experience of the service - including: o Service accessibility o Relationship-based support o Quality of interventions	▪ 86% of P7 pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5 ▪ 83 % of secondary pupils (S3) gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5

interventions ▪ Informing CYP/families of available support		

4.7 **Next Steps – Year 2**

Further relaxation of guidance around Covid safety measures within schools and establishments on the return in August 2021 will provide the service with increased opportunity to reach more Children & Young People, and begin to co-ordinate and deliver more targeted interventions i.e. The Blues Programme and increasing the number of Children & Young People who can access counselling.

School drop-in sessions, workshops, for staff and parents, will be revisited and discussed with schools to best meet their individual needs, when the opportunity to hold in person group work sessions returns. We continue to remain open to using online tools to allow wider access to Children & Young People, parents and staff, while looking forward to making further positive impact on emotional health and wellbeing, and building on the positive relationships established with schools, partners and Children & Young People in our first year.

Establishing a new emotional health and wellbeing service in the midst of a global pandemic has been a challenge, but the relationships built in the first year are an indication of the willingness of schools and partner agencies to create a positive culture going forward, where as a service we feel able to contribute and develop to become a core aspect of support to Children & Young People across Inverclyde.

We look forward to increasing our reach and engaging with more Children & Young People in year 2.

5.0 IMPLICATIONS

FINANCE

5.1 No additional cost implications. Current budget will support service delivery model described above.

In year 1 the funding allocated was £290,972, with a spend of £216,026 projected to the end of August 2021. A projected underspend of £79,011 has been returned in March 2021, with the actual figure now projecting at £74,946 due to costs accrued between March and August 21. The variance in the projected underspend submitted as of March 21 to the actual underspend figurer in August 21 will be included in the monthly bill for September 21.

The commissioners are considering the use of the returned underspend, with discussion around its potential to expand the counselling capacity available within the project by further recruitment of counsellors an option.

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 NIL

HUMAN RESOURCES

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

5.4 **EQUALITIES**

5.4.1 Has an Equality Impact Assessment been carried out?

	YES
✓	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.

5.4.2 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.

NATIONAL WELLBEING OUTCOMES

5.6 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	None

longer.	
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.	None

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 1 November 2021**
Report By:	**Allen Stevenson Interim Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB/54/2021/AS**
Contact Officer:	**Allen Stevenson**	**Contact No: 01475 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 range of interesting updates.

2.0 SUMMARY

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- Dementia Care Co-ordination Program Update
- District Nursing Workforce
- Learning Disability Resource Hub Development
- Covid & Seasonal Vaccination Update

3.0 RECOMMENDATIONS

3.1 The IJB is asked to note the content of this update.

Allen Stevenson
Interim 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 for this month.

5.0 BUSINESS ITEMS

5.1 Dementia Care Co-ordination

As part of Scotland's third National dementia strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve care co-ordination for people living with dementia from diagnosis to end of life.

Priority areas for improvement include care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post Diagnostic Support Service; care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination, and care co-ordination for people living with advanced dementia at a palliative and/or end of life

In addition, the following actions will be implemented:

- Creating a sustainable approach to dementia workforce development
- Clarification of roles and responsibilities and service pathways
- Development and testing of a self-management leaflet and app
- Local implementation of the Dementia and Housing Framework
- Enhancement of the Allied Health Professional contribution to an integrated and co-ordinated approach
- Improvement in the completion and consistency of Anticipatory Care Planning for individuals with dementia and
- Re-establishment of Dementia Friendly and Enabled community work.

5.2 District Nursing Workforce

Development is ongoing in relation to the Scottish Government investment to District Nursing aligned to Health and Social Care Workforce Plan recommendations published in December 2019.

Future reports will provide an overview of the outline plan across NHS Greater Glasgow and Clyde (GGC), including planning intentions for Inverclyde HSCP.

In late 2020, the Scottish Government wrote to Boards with regard to the allocation of funding for November 2020 - April 2021, and recurring funding until 2024/25. The Board allocation across NHS GG&C is £10,081,786 equating to 47.8 skill mixed posts, Inverclyde's allocation is £705,470 equating to 4.5 skill mixed posts realised at end point 2024/25.

A future paper will be presented to the IJB as this investment in the District Nursing workforce develops.

5.3 Learning Disability Resource Hub

The Programme Board for the Development of New Learning Disability Hub continues to meet where programme timeline, risk register and budget managed by Property Services are reviewed.

The project Design Team continue to develop the design proposals with

supplementary site surveys currently being progressed to provide more detail on the shallow rock substrate across the site to inform the design for drainage. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the impending zero carbon building standards. Formal cost planning and estimates will be prepared at the relevant Architectural stages to address a comparison of the available budget against the developing design. Consultation with service users, families, carers and learning disability staff continues supported by the HSCP Hub development team and Advisory Group.

The programme for the project estimates completion by the end of 2023 with projected construction commencement subject to the continued progression of the design stages and formal tender process.

5.4 **Covid and Seasonal Flu Vaccination**

As of 3rd October 93% of over 16s had received their first vaccination and 86% had received their second compared to 91.4% and 85% respectively for Scotland as a whole. For 16 and 17 year olds 74.2% had received a first vaccination and 8.9% a second compared to 71.9% and 10.8% for Scotland. Vaccinations for 12-15 year olds are now available via appointment with 16.1% having received a first dose compared to 20.4% for Scotland. These will continue to be available via the local vaccination centres.

Covid 3rd dose booster and seasonal flu vaccination are also now available via the local vaccination centres. The HSCP commenced delivery of these within adult and older people care homes for both staff and residents and these will be completed by 8th October. Vaccinations for housebound residents have also commenced with an expectation that all flu vaccinations will be completed early in December. Covid booster will continue after this time due to the 6 month timing between 2nd & 3rd doses.

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 N/A

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.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

NATIONAL WELLBEING OUTCOMES

6.6 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.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A

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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

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 Interim 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.

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**1 November 2021**
Report By:	**Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/55/2021/CG**
Contact Office	**Craig Given Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**PROPOSED APPROACH- 2022/23 IJB BUDGET**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the proposed approach to approving the 2022/23 Revenue Budget and provide updates in respect of the current overall position, the proposed process/timelines and the current position of savings proposals and cost pressures.

2.0 SUMMARY

2.1 The IJB requires to approve its approach to the 2022/23 Budget and identify the key assumptions for funding from both the Health Board and the Council. The IJB expect the Health Board funding to be based on 2021/22 funding plus any proposed pay award. The IJB expect the Council funding to be based on 2021/22 funding plus any pay award. From 2022/23 onwards the Council is proposing not to fund any non-pay inflation pressures outwith pass-porting any increased ring-fenced funding from the Scottish Government.

2.2 The current timeline for the IJB budget is described in section 6 with the main driver being the Scottish Government funding announcement on 9 December 2021. The budget requires to be set in March 2022.

2.3 The Key budget announcement will be the Scottish Government funding announcement but the Scottish Government has also announced a recurring £300m Winter Support package with full funding allocations still to be announced in the coming weeks / months. The Scottish Government continue to fund Covid-19 costs via the Local Mobilisation Plan (LMP). The IJB's financial plan assumes this will not be funded in 2022/23 so no further announcement has been made yet.

2.4 The IJB will continue to work with Inverclyde Council in identifying potential savings to help reduce the Council's projected funding gap in 2022/23. Officers have already started this process by identifying a number of potential recurring savings / budget adjustments for consideration by both the Council and the IJB. This will be further developed over the coming months.

2.5 As part of the Period 5 monitoring Officers have reported a number of cost pressures which are estimated to be £2.588m for 2022/23. Officers will review these pressures and bring forward recommendations to reduce / fund these at a future IJB.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Note the proposed approach to the 2022/23 Budget
2. Note the key timelines and Budget Announcements to the preparation of the 2022/23 Budget
3. Note the Funding pressures identified and that officers have developed initial savings proposals which will be reported to a future meeting of the IJB.

Allen Stevenson
Interim Corporate Director (Chief Officer)

Craig Given
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. The 2021/22 Budget was agreed in March 2021 and the IJB issued relevant directions to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.

4.3 In line with previous years the IJB are expecting to set a 1 year budget in line with the Scottish Government funding settlement.

4.4 Inverclyde Council will set their 2022/23 budget in March 2022 and then confirm a proposed funding allocation for the IJB for the year. Greater Glasgow & Clyde Health Board will also confirm an indicative funding allocation for 2022/23 in March 2022. An indicative budget will be kept under review until such time as the final budget pressures and non-recurring settlements are formalised.

5.0 PROPOSED BUDGET APPROACH

5.1 The IJB currently receives a resource allocation from both Inverclyde Council and Greater, Glasgow and Clyde. At present we expect to receive a similar Resource Allocation from the Health Board as the IJB did for 2020/21. The IJB expect the Health Board to continue to fund the 2022/23 pay award.

5.2 The IJB expects a different approach from the Council going forward from 2022/23 in light of the IJB becoming more financial independent of the Council and leaning towards the direction of travel with the National Care Service. The Council approach is as follows:

- The start point for the 2022/23 Council contribution to the IJB is the 2021/22 current approved contribution.
- No new pressures aside from funding for the 2022/23 Pay Award and NI increase are added to the Council's contribution to the IJB in 2022/23.
- The Social Care savings proposals continue to be included in the overall savings review with the MBWG and JBG.
- Any new 2022/23 Scottish Government funding for Social Care be pass-ported to the IJB

6.0 CURRENT TIMELINES

6.1 Both Inverclyde Council and Greater Glasgow & Clyde Health Board will produce a 1 year budget in line with the Scottish Government settlement.

6.2 Inverclyde IJB will review estimated 2022/23 cost pressures and anticipated savings required during Oct / Nov 2021. The IJB will work with Inverclyde Council during this time period on potential savings options which will be considered by in February/March, 2022. Any savings proposals will thereafter go to the IJB Board for approval.

6.3 Inverclyde Council will take a report to the Policy & Resources Committee in November which will highlight the future direction in its funding arrangements for the IJB as above.

6.4 The IJB will review current reserves in Oct / Nov 2021 with the view of redirecting funds to an overall Transformation fund which will be used to fund spend to save projects within pressure areas. The IJB will have a development session in Nov / Dec 2021 to agree any potential redirection of Reserves.

The Scottish Government will set its proposed budget on 9 December 2021.

6.5 A further IJB development session will take place in Jan / Feb 2022 to review budget proposals.

6.6 The IJB expect both Inverclyde Council and Greater Glasgow & Clyde Health Board to confirm indicative funding in March 2022.

6.7 The IJB 2022/23 Budget will be set Mid / Late March.

7.0 KEY BUDGET ANNOUNCEMETS

7.1 The main budget is announced from the Scottish Government is due on 9 December 2021. This will highlight the core funding available for both NHS and Council in determining the IJB's core Resource Allocation. The IJB assume that any pay awards in 2022/23 continue to be fully funded by both the Council and the Health Board.

7.2 In October 2021 the Scottish Government announced £300m recurring Winter Planning funding to be used across a number of Social Care elements including:

- Recruiting 1,000 additional NHS staff to support multi-disciplinary working
- £40 million for 'step-down' care to enable hospital patients to temporarily enter care homes, or receive additional care at home support, with no financial cost to the individual or their family
- Over £60 million to maximise the capacity of care at home services
- Up to £48 million will be made available to increase the hourly rate of adult social care staff offering direct care, from a minimum of £9.50 to a minimum of £10.02.
- £20 million to enhance Multi-Disciplinary Teams, enable more social work assessments to be carried out and support joint working between health and social care
- £28 million of additional funding to support primary care
- £4.5 million available to Health Boards to attract at least 200 registered nurses from out with Scotland by March 2022
- £4 million to help staff with their practical and emotional needs, including pastoral care and other measures to aid rest and recuperation

Full details on Inverclyde IJB's share of these funds will be distributed in the coming weeks / months.

7.3 At present the IJB continues to fund Covid 19 costs out of the Scottish Government's Local Mobilisation Fund (LMP). This is expected to conclude at the end of 2021/22 and from 2022/23 onwards the IJB's budget strategy will reflect this.

8.0 POTENTIAL SAVINGS /ADJUSTMENTS

8.1 As part of the ongoing budget process working in partnership with Inverclyde Council, The IJB continues to review the current expenditure and income with the view of making savings or increasing charge where appropriate.

8.2 Inverclyde Council continues to face year on year budget reductions and is facing an estimated funding gap of £5.4m in 2022/23 which is currently proposed to be part funded by the use of £4.0m non-recurring reserve funding. The IJB is expected

to play a part in offering potential savings to help with the overall funding gap.

8.3 Officers have put forward £490k worth of potential savings in 2022/23 increasing to £865k in 2023/24. These savings will be considered by both the Council's Members working group and the IJB board over the coming months.

8.4 Further adjustments to the Budget will also be considered by the Councils Policy and Resources Committee and these will also be reported back to the IJB in coming months.

8.5 At present no budget savings are being considered on the Health side of the Budget.

9.0 INDICATIVE BUDGET PRESSURES

9.1 Based upon the current Period 5 projections the IJB is currently expecting the following pressures in 2022/23:

Estimated Cost Pressures	£000
Children & Families Care Packages	2,100
Continuing Care	118
Learning Disabilities Care Packages	370
	2,588

9.2 The pressures are projected on the basis that the IJB will not receive any further Covid-19 funding into 2022/23 and there will be no further use of smoothing reserves.

9.3 The key pressure is clearly within Children's & Families and officers are developing spend to save proposals in this area. Care packages in Children & Families have been a pressure on the overall IJB budget for a number of years now. This has only been enhanced with Covid over recent times with a small number of high value care packages creating this pressure. This proposal will be reported to the IJB for approval at the January 2022 IJB Board.

10.0 FINANCE

10.1 Financial Implications:

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			2588		Current Financial Pressures

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.

10.4 **EQUALITIES**

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.

10.4.1 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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

10.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

10.6 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

11.0 DIRECTIONS

11.1

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	

12.0 CONSULTATION

12.1 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.

13.0 BACKGROUND PAPERS

13.1 N/A