
Report To: Inverclyde Integration Joint Board Audit Committee **Date:** 9 September 2024

Report By: Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership **Report No:** IJBAC/09/2024/KP

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Subject: Inverclyde Alcohol and Drug Recovery Services

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 This is a briefing paper to provide information on ongoing budgetary spend within Inverclyde Alcohol and Drug Recovery Services
- 1.3 Inverclyde ADRS funding consists of core budgets, Scottish Government MIST funding associated with delivery of Medication Assisted Treatment (MAT) standards and Alcohol and Drug Partnership funding. MIST and ADP funding is considered non-recurring and therefore all posts associated with these funding streams are fixed term and all funding is fully committed and have staff in post.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the IJB Audit Committee note the contents of this report

Kate Rocks
Chief Officer
Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 Core Budgets

3.2 ADRS available core budget is £2,127.5K and is broken down as follows:-

Pay £2,046.4k

Non Pay £81.1k

3.3 Services provided within ADRS

3.4 Current services and their funding provided within ADRS include

- ADRS core service – Core Budget
- Day Services – Core Budget and MIST funding
- Addiction Liaison Services – Core Budget, ADP and MIST funding
- Hep C Service - Core budget and funding from Public Health
- Medical Staffing – Core Budget

3.5 Current Position at Month 4

3.6 There is an underspend within core budget of £95.6k at month 4. Projected year end position is an underspend of £131k. This is wholly attributable to staff vacancies.

3.7 Inverclyde Alcohol and Drug Recovery Service (ADRS) Vacancies August 2024

3.8 From January 2024 a new NHS vacancy authorisation process, which is part of NHS Greater Glasgow and Clyde's Sustainability and Value programme, has been implemented. This means all fixed term posts are subject to further restrictions at board level from which means that the automatic approval of fixed term contract posts covering maternity, or secondments will cease.

	Vacancy	Budget	Plan	Implications
ADRS	(Band 8a Operational Manager) Band 7 Lead Nurse Support	ADRS Fix term 18 months	Vacant since January 2024. Post is not being recruited to as a band 8a due to review of the current management structure and removal of Homelessness Services from the current portfolio. It has been agreed with senior management to recruit to a band 7 Lead Nurse Support (LNS) post for fix term of 18 months.	Slippage of £6.4k per month. Post has been vacant since January 2024 – underspend on post 23/24 £19.2k, underspend on post to date 24/25 £25.6k. Anticipate further slippage of £32k – August – Dec as anticipate post will be filled 3 months from interview date. Total slippage on this post - £19.2k 23/24, £57.6k 24/25.
Day Service	Band 7 nurse team lead	MIST funding for 2 years.	Temporary funding from the Scottish Government to support- the implementation and	

			<p>delivery of Medication Assisted Treatment (MAT) Standards.</p> <p>Previous post holder retired in June 2024. Prior notice of retirement was provided to the service therefore adequate time was given (15 weeks prior to retirement date) to allow for the recruitment of a new nurse team lead to commence in the post June 2024.</p>	
Day Service	Band 5 addiction nurse	ADRS	<p>The substantive post holder has been on secondment to a promoted post within ADRS.</p> <p>A New Qualified Nurse (NQN) was recruited to back fill the post on a fix term basis in September 2023. The post became vacant again when the NQN vacated the post into a permanent post in ADRS in 2024.</p>	<p>Post was backfilled until 12 Feb 24. Slippage 23/24 from this secondment was £5k. Slippage per month on this vacant post is £3.3k. Underspend on post to date 24/25 is £13.2k. Anticipate further slippage of at least a further 3 months - £9.9k, total anticipated slippage 24/25 of £23.1k.</p>
Core Service	Band 6 addiction nurse	ADRS	<p>Vacant from the 3rd June 2024 when two members of staff reduced their hours to cover one 37-hour post.</p>	<p>Total slippage on this post 24/25 of £8.8k.</p>
Addiction Liaison Assertive Outreach Team	Band 6	ADRS	<p>Post currently vacant as substantive post holder commenced secondment into promoted post in ADRS on 5th August 2024.</p>	<p>Slippage per month on this seconded post is £4.2k. If post is not recruited to then this would result in slippage over the 2 year secondment of £100.8k.</p>
Addiction Liaison Assertive Outreach Team	Band 6	MIST funding	<p>Previous post holder attained a substantive promoted post in ADRS. Post vacant as preferred candidate currently on maternity leave at time</p>	

			<p>of interview. Post holder is not previously employed in ADRS so we are not paying for her maternity leave. Start date following maternity leave September 2024.</p> <p>Interviewed and offered post February 2024.</p>	
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3.9 While we make every effort to fill vacancies as soon as we are aware staff members are moving on, the reality is that recruitment process can often take around 4-6 months between vacancy forms being submitted and the new person being in post.

There is currently increased scrutiny at health board level on fixed term contracts which can further delay the process while approval is sought to progress vacancy to recruitment and we are no longer able to backfill for maternity leave. This delay contributes significantly to the position of underspend with posts often vacant and accruing unspent budget for potentially 6 months.

In addition, the Board recently moved to a new pharmacy system and we are validating the accuracy of our current medication costs coming through, as it seems low in comparison to previous months.

ADRS continues to proactively follow recruitment processes to ensure timeous filling of vacant posts. ADRS continues to provide the appropriate level of services, even during gaps in staffing and can utilise bank staff if required.

In addition, ADRS is continuing to proactively review fixed term funding costs associated with ADP and MIST and to plan for future services by working with Scottish Government concerning the future of MIST funding beyond 2027.

4.0 IMPLICATIONS

4.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

4.2 Finance

One off Costs – N/A

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

Annually Recurring Costs/ (Savings) – N/A

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

4.3 Legal/Risk

N/A

4.4 Human Resources

N/A

4.5 Strategic Plan Priorities

N/A

4.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement. N/A

(b) Equality Outcomes

How does this report address our Equality Outcomes?

N/A

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improving and maintaining access to specialist alcohol and drug recovery services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	nil

People with protected characteristics feel safe within their communities.	Maintaining safer communities by supporting people with vulnerabilities
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.	Nil
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Nil

(c) Fairer Scotland Duty

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

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

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. N/A

4.7 **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

4.8 **Clinical or Care Governance**

N/A

4.9 **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.	Supports access to wider range of specialist 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	Supports right care at right time in right place

People who use health and social care services have positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	
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.	
Resources are used effectively in the provision of health and social care services.	

5.0 DIRECTIONS

5.1	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	

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 N/A