

<b>Report to:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b> 25 February 2021
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<b>Contact Officer:</b>		<b>Contact No:</b> 01475 712722
<b>Subject:</b>	<b>HEALTH &amp; SOCIAL CARE COMMITTEE: EXPEDITED BUSINESS RELEVANT UPDATES &amp; OPERATION LOG</b>	

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Committee on Health and Social Services, including the current service response to Covid-19 and related interim changes to services. On 19<sup>th</sup> January 2021, the Policy and Resources Committee agreed that Officers should provide one report to Committees. This composite report provides an update on new developments including the service response to Covid, governance of external providers and the Social Care financial position at period 9.

## 2.0 SUMMARY

- 2.1 The Covid-19 pandemic has required an unprecedented re-design of services impacting on all services across Inverclyde. Business Continuity models were quickly put in place and services suspended where appropriate. Subsequently services have been adapted and adopted with some reduced and others re-designed to respond to the crisis. Any services reductions with Health and Social Care have taken place using emergency powers. Changes relating to social care services have been discussed with the Council's Corporate Management Team and recorded in an operational log. Given the span of Health and Social Care, most services are deemed essential therefore continue to be delivered.
- 2.2 Health and Social Care staff have been involved in the successful delivery of flu and Covid vaccinations to Care Home residents. Based on JVCI advice the Greater Glasgow and Clyde Health Board have made available Covid vaccinations to all priority 1 and 2 Health and Social Care staff.
- 2.3 Each service area has provided an update for this report of any matters requiring approval or which are considered worthy of note.
- 2.4 As part of the winter plan, the Scottish Government are allocating £22m in grant funding to local authorities for 2020/21. For the first time elements of this resource have been earmarked to support Vulnerable Children & Young People. The grant is targeted to address issues around residential care for children and young people as a result of Covid-19, this paper outlines suggested areas of spend subject to approval.
- 2.5 The paper provide an update on inspection activity and governance meetings with external providers.
- 2.6 The projected Revenue Outturn for Social Work as at 31<sup>st</sup> December 2020 is an overspend of £190,000 which is a reduction of £46,000 in the overspend reported at Period 7. The projection includes net Covid costs of £5.010 million which are assumed to be fully funded by Scottish Government Covid Funding (£4.977 million) and Grants (£0.033 million), leaving a net nil effect on the Social Work Net Expenditure for 2020/21.

- 2.7 The paper updates the Committee on the current staff changes and seeks approval to merge IJB CFO (Head of Service post). The paper outlines the proposed changes to the structure, the transfer of social care finance and the creation of a new finance manager post.

### **3.0 RECOMMENDATIONS**

- 3.1 The Health & Social Care Committee is asked to:

1. Note the report and in particular note:
  - a. The update on the Covid-19 recovery plan and the new Workplace Wellbeing Plan.
  - b. The previously agreed HSCP Recovery Plan has been paused while services deal with current lockdown implications for services across the HSCP.
  - c. Significant progress has been made in the vaccination programme for HSCP Staff, Care Home residents and staff within Care Homes and other providers.
  - d. The update on the new Learning Disability Hub programme and that the LD Day Centre remains open to 20% of current clients, based on a risk assessment and that outreach is being offered to others.
  - e. The River Clyde Homes (RCH) tenant consultation regarding the proposed change within Glebe Court and Monkton Place moving to a retirement housing model.
  - f. The Mental Health update including the introduction of the new Mental Health Assessment Unit model (MHAU) in Greater Glasgow and Clyde and the introduction of Distress Brief Intervention (DBI) programme commissioned Inverclyde HSCP.
  - g. The ADRS update including the introduction of a new drug and alcohol information system (DAISy) to replace the current database and improve reporting on recovery
  - h. The update on the Promise.
2. Ratify the decisions made, outlined in the HSCP log including the reduction of some services to essential only visits in response to demands for the service and capacity issues.
3. Approve the use of the Children Services Winter Grant funding £80k to residential care, £179.8k for children's hearings recovery impact and £127.8k for vulnerable children and young people, noting that this funding is still subject to clarification from Scottish Government on carry forward arrangements.
4. Note the projected Revenue Outturn for Social Work as at 31<sup>st</sup> December 2020 is an overspend of £190,000 which is a reduction of £46,000 in the overspend reported at Period 7.
5. Note the governance report for the period 28<sup>th</sup> November 2020 to 28<sup>th</sup> January 2021. Members are also asked to acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poor performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety, and to foster a commissioning culture of continuous improvement.
6. Note the ongoing discussion on revised senior management team arrangements which will be reported back as soon as possible to the Committee for information.
7. Approve the temporary alteration in Council financial reporting arrangements and note the new post of Head of Finance, Planning & Resources, who will also be the IJB Chief Financial Officer on a full-time basis, to be funded through the additional professional leadership recurrent funding approved by the IJB in March 2020; and
  - (i) the creation of a Finance Manager to support budgeting and financial planning across social care and health.

(ii) Remit it to the Chief Officer to carry out an evaluation of the new arrangements for financial monitoring and reporting and to report back thereon to the Health and Social Care Committee in the summer of 2022.

(iii) Note that there is no financial impact on the Council relative to the proposed new structure and that the finalised structure will be reported back to the Committee as soon as possible.

## 4.0 BACKGROUND

### 4.1 Recovery

The Covid-19 pandemic has required an unprecedented re-design of access and service delivery impacting on all services across Inverclyde. Business Continuity models were quickly put in place and services suspended where appropriate. Subsequently, services have been adapted and adopted with some reduced and others re-designed to respond to the crisis. Recovery planning started across the whole system in the summer with initiatives to respond to unmet need being developed. In January Scotland moved into a second full lockdown, Inverclyde HSCP services have had to be changed to keep staff and service users safe. Emergency arrangements have been put in place and a rolling decisions log is being maintained **Appendix A** details the social care related decisions made under these arrangements.

There is consensus that a long term managed transition will be required to move towards new 'business as usual' delivery models. New ways of working have been initiated to ensure that essential services continue to be available and delivered safely. This has involved the adoption of innovative solutions supported by technology, the re-design of pathways, the rapid establishment of new services and care models and re-assignment of staff, all of which have ensured vital services continued to be delivered.

Covid has impacted on all Health and Social Care staff who have worked tirelessly to deliver services and their wellbeing is a priority. The HSCP Wellbeing plan has been developed to support all Health and Social Care staff within Inverclyde. The Chief Social Worker (CSWO) was allocated ring-fenced monies of £25,000 to support them with additional tasks throughout the pandemic and Inverclyde's CSWO has allocated this to staff wellbeing. "A Workforce Wellbeing Matters" plan has been developed and is available on the staff intranet. **Appendix B**

### 4.2 Covid-19 Vaccination Update and Pandemic Response

All front-line Health & Social Care staff have been advised that they can access their 1<sup>st</sup> Covid vaccination via the staff mass vaccination program managed by NHS GG&C. Appointments are available for up to Saturday 30<sup>th</sup> January and these are being delivered across a number of locations across the Health Board area including Inverclyde Royal Hospital.

Covid Vaccinations for those over 80 are underway in GP practices with 1,500 delivered so far; these will continue over the coming weeks as supply is received. The HSCP began contacting housebound residents towards the end of January.

The HSCP continues to support Older People's and Adult Care Homes with a daily huddle and weekly meeting with care home managers to support with their Covid response. As of the week beginning 25<sup>th</sup> January, eight care home were closed to admission with a resultant impact on our ability to discharge patients from hospital to a care home with thirteen delays – eight awaiting a care home place. It is anticipated that homes will open up to admissions shortly as negative testing indicates that homes are Covid free.

All 14 Older People's Care Homes have received their first Covid Vaccination for the available service users, with staff vaccinations completed by 20<sup>th</sup> January for their first vaccination. The HSCP is currently planning for the 2<sup>nd</sup> vaccination of care home residents to commence around the 22<sup>nd</sup> February 2020. Uptake in older people's care homes so far has been 91% of service users and 74% of care home staff.

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

Lateral Flow Testing (LFT) training and deliveries have commenced for all Adult Community Nursing & Allied Health Professional Staff, Social Care Staff entering Care

Homes, Sheltered Housing/Houses of Multiple Occupancy and personal assistants who provide care. Polymerase Chain Reaction Testing (PCR) will commence with care at home staff when test kits are delivered to the HSCP, estimated 28<sup>th</sup> January 2020.

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

Planning is underway with Inverclyde Council in terms of the national programme for mass Covid Vaccination centres via the national priority list. The Inverclyde Centre will be Greenock Town Hall.

#### **4.3 Flu Vaccination**

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

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

#### **4.4 Learning Disability**

Development of the new Learning Disability Community Hub continues governed by the Learning Disability Programme Board who meet on-line every 3 weeks, attended by the Council Property Team, HSCP LD Teams, the service user/carer/community Representative, Finance and chaired by the HOS for Health and Community Care. Financial reporting and Risk Management are in situ and vital to the governance and accountability of the Programme.

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

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

The Learning Disability Day Centre remains open to 20% of current clients, based on a risk assessment and that outreach is being offered to others.

#### **4.5 River Clyde Homes Housing Model**

River Clyde Homes (RCH) are currently consulting with tenants on a proposed change within Glebe Court and Monkton Place to move to a retirement housing model. There would be no change in housing support funding to RCH as the current contractual arrangements enable providers to target resources to the highest area of need following consultation with the HSCP.

RCH recognise the needs of older people living in the community are becoming more complex and there is a requirement to prioritise and direct services to where they are most needed. This new service, Wellbeing at Home, is based on a Retirement Housing Model; the level of warden support will reduce however support will be flexible and activity based support will continue. There will also be a reduction in cost to the tenants. The intention is to increase the range of housing options for older people with the traditional sheltered housing model remaining at Broadstone Gardens in Port Glasgow and the other complexes across Inverclyde. The existing contract will be extended for one year 21/22 through extension of the contract.

#### 4.6 Mental Health Update

There have been many changes around mental health services over the years as the balance of care has moved from hospitals to community-based settings. Evidence is building to show that support and care previously provided within a hospital setting can equally or better be provided in the community with the right support in place. The NHSGGC Five Year Mental Health Strategy was developed to deliver the aims of the Scottish Government Mental Health Strategy 2017 – 2027 and the NHS Greater Glasgow and Clyde Healthy Minds Report 2017.

The core aims of the strategy are:

- That people should be supported in their home, in their community or as near as possible where appropriate
- That Community and Specialist Mental Health teams become more effective and efficient to better offer such support
- That community services, community assets, groups and self-help resources should increase, so that communities will flourish and become more resilient with a focus on recovery, resulting in healthier people maximising what they can do while living in the community
- People should only come into hospital if they need to, and only stay as long as they need to
- To adopt more formal Quality Improvement processes across our community and hospital services to reduce variation and improve standards for people no matter where they are
- To increase the range of digital and technological solutions to help achieve all of the above

Locally, delivering improvement in mental health services is taking place within a complex landscape, therefore the Inverclyde Mental Health Programme Board (IMHPB) has been established to oversee the range of activity. This includes HSCP services of inpatients, and community mental health services, and also wider mental health strategy activity related to the key areas of Prevention; Community Distress; and Unscheduled Care and Recovery.

Across HSCP inpatient and community services, there are historically and currently, recruitment issues within this workforce across all disciplines. Consultant recruitment is difficult with three consultant posts filled by locums and one by an acting consultant, with a further vacancy due in February 2021. Recruitment drives to these posts have been unsuccessful to date and are ongoing. For inpatient nursing staff, there is a requirement for supplementary staffing on a shift by shift basis to manage shortfalls due to enhanced observations, high levels of clinical activity and patient acuity and staff sickness levels.

Within the wider mental health strategic arena, work is ongoing with key partners both statutory and 3<sup>rd</sup> sector to deliver a range of interventions to support the transformation of services and alleviate pressure on HSCP services. There are a range of work streams ongoing including:

- Effective and Efficient work stream which in particular is reviewing Community Mental health team processes and reviewing the current Mental health officer (MHO) service with a view to identifying a sustainable future service model.

- Introduction of Mental Health Assessment Unit model (MHAU) by the Scottish Government will see physically fit people in urgent need of mental health support and assessment diverted to these units and away from Emergency Departments (ED) where their needs would be better met. Whilst the principles of the MHAUs are welcomed, the potential to deliver a “blended” model of service for the Inverclyde community is currently being developed with access to local mental health services Monday-Friday and the Leverndale MHAU utilised out of hours and at weekends.
- The Distress Brief Intervention (DBI) programme is established within Inverclyde with SAMH delivering the connected compassionate support for people presenting in distress in Inverclyde. An implementation group has been established and is working with HSCP staff and appropriate partners e.g. Police Scotland, Scottish Ambulance to upscale the number of staff across partners to undertake level 1 training and increase referral pathways to SAMH.

Through the current and future implementation of the Mental Health Strategy within our services and the wider community, the aim will be to modernise the provision of mental health services, based on current evidence, with the key objective to ensure people receive the care and support they require so they can lead active.

#### 4.7 Alcohol and Drugs Update

Currently all tier 3&4 services supporting people with drug and alcohol related harms require to upload information on a quarterly basis into the national Drug and Alcohol Treatment Waiting Times (DATWT) database. For Inverclyde, 4 services currently input into the Waiting Times database:

- Inverclyde HSCP Alcohol and Drug Recovery Services (currently split into alcohol service and drug service for inputting purposes)
- Inverclyde HSCP Criminal Justice ( Drug treatment and Testing Orders (DTTO) service users)
- Inverclyde HSCP Children and Families (young people requiring support with drug or alcohol use)
- HMP Greenock

The Scottish Government and Public Health Scotland are in the process of implementing a new drug and alcohol information system (DAISy) which will replace this current database. This new system will collect much more detailed information than previous systems, including:

- Service User details- demographics etc.
- Referral details
- Full assessment details including social circumstances waiting times; drug and alcohol use; prescribing information; naloxone use.
- Reviews
- Recovery Outcomes (still to be developed)

Implementation plans are underway to ensure Inverclyde ADP partners are in a position to implement DAISy from 1<sup>st</sup> April 2021, with an Implementation Group established to oversee progress. All relevant governance agreements are in place; super users' training has been completed and all staff will be trained to utilise the new system. As the system becomes embedded within Inverclyde, other commissioned partners will be added e.g. 3<sup>rd</sup> sector partner *Moving On Inverclyde*.

The information collated by DAISy will enable a more robust performance framework to be established which will be utilised by the ADP and by individual services e.g. ADRS to provide regular performance reporting and monitoring of outcomes.

#### 4.8 **Promise**

On 5<sup>th</sup> February 2020, the Independent Care Review published its vision for Scotland. Now that vision must become a reality. The Promise is working across sectors to drive the change that is needed to ensure that Scotland #KeepsThePromise made to care experienced children, young people and their families.

The Promise Partnership is an investment of £4m from the Scottish Government intended to deliver change in line with Scotland's commitment to creating capacity in the *care system* to #KeepThePromise and provide holistic family support.

Corra Foundation will administer The Promise Partnership on behalf of the Scottish Government. Approximately £3m of this investment is a catalyst for change through an open call route. Funding of up to £50,000 will be available to help organisations create capacity, adapt approaches and work towards cultural shifts and collaboration across the *care system*. These changes must reflect what is important to care experienced children, young people and families.

The open call for funding applications is targeted at organisations who have identified what needs to be done to Keep The Promise but do not have the available funds. Funding can be used for capacity building, salaries - backfilling.

Since The Promise was published, the HSCP children's services have continued to engage with The Promise Team and have developed a very ambitious long-term proposal aimed at delivering system changes in line with The Promise and it would be our intention to submit an application for funding.

#### 4.9 **Winter Grant**

The Scottish Government are allocating £22,000,000 in grant funding to local authorities for 2020/21 as part of the winter plan and for the first time parts of this resource are earmarked to support Vulnerable Children & Young People. The grant is targeted to address issues around residential care for children and young people as a result of Covid-19, to address the extra social work demands posed by children's hearings recovery plans and to support services for vulnerable children and young people.

Inverclyde has a £387,686 allocation of which officers propose:

- £80,052 is allocated to residential care,
- £179,808 for the children's hearings recovery impact, and
- £127,826 for vulnerable children and young people.

The service has outlined its proposals for the grant to the CMT and is awaiting clarification from the Scottish Government on rules for carry forward of any underspends. The service recommends utilising the grant to offset costs already accrued in residential services, on a resilient staffing expansion made up of agency, third sector and local authority resource and in direct grants and support packages to kinship carers, foster carers and vulnerable families where children are assessed to be on the edges of care in an aim to prevent family breakdowns and support children where they are living now.

#### 4.10 **Inverclyde Community Children and Young Peoples Community Mental Health and Wellbeing Plan 2020 – 2022**

Inverclyde, like all 32 authorities, has received grant funding to support children and young people's mental health and wellbeing. As part of the agreement between the Scottish Government and COSLA local authorities are asked to develop and share their plans for the delivery of enhanced or new community-based supports for children and young people experiencing emotional / mental distress. The expectation is that the plan should cover how our local need will be met and that it should be informed by the Community Mental Health and Wellbeing Framework and Principles. It is expected that the plan will refer to services for the period January 2021 and will cover the period to March 2022. The services



and supports identified for development or continued provision have been arrived at through evidence from Inverclyde's Strategic Needs Assessment of children and young people's wellbeing and mental health needs, data from the Children and Young People's Health and Wellbeing Survey 2019 as well as information from our partners. This is the abbreviated version for publication on our websites.

#### 4.11 Health & Social Care – Period 9 Revenue and Capital Monitoring Report

The projected Revenue Outturn for Social Work as at 31<sup>st</sup> December 2020 is an overspend of £190,000 which is a reduction of £46,000 in the overspend reported at Period 7.

The projections include net Covid costs of £5.010 million which are assumed to be fully funded by Scottish Government Covid Funding (£4.977 million) and Grants (£0.033 million), leaving a net nil effect on the Social Work Net Expenditure for 2020/21.

Main areas of underspend are:

- A projected underspend of £555,000 within Residential and Nursing Care client commitments as a result of a reduction in the number of beds, projecting at 525 beds for the remainder of the year.
- A £470,000 projected underspend within External Homecare based on the invoices received, projecting up to the end of the year together with a reduced adjustment of £40,000, which reflects that service delivery will continue to increase.
- A projected underspend with respite service across Older People's Service of £159,000.
- Additional turnover savings being projected across services of £66,000.

The main areas of overspend are:

- A projected overspend of £616,000 within Learning Disability Client commitments, which is a reduction of £77,000 from the position reported to the last Committee, this is mainly due to a reduction in the need for respite service.
- Within Criminal Justice a £337,000 projected overspend as a result of shared client package costs with Learning Disabilities. It is anticipated that these costs will reduce further in 2020/21 and this will be reported to the next Committee, once Officers are able to project with better certainty.
- A projected overspend of £552,000 in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the smoothing Earmarked Reserve.

The Social Work 2020/21 revised capital budget is £147,000, with spend to date of £106,000, equating to 72.11% of the revised budget. This reflects slippage of 16% from the approved budget.

Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the existing Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018.
- As previously reported, the contract had experienced delays on site and was behind programme. The Main Contractor (J.B. Bennett) ceased work on site on 25<sup>th</sup> February 2020 and subsequently entered administration. The site was secured with arrangements made to address temporary works to protect the substantially completed building.
- Following contact with the Administrators it was confirmed that the Council would require to progress a separate completion works contract to address the outstanding works. A contract termination notice has been issued for the original contract.
- Tenders were issued for the completion works in late December 2020 and are due for return mid-February 2021.
- A revised programme to completion will be advised post tender return and upon completion of evaluation.

#### New Learning Disability Facility:

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

The balance on the Integration Joint Board (IJB) reserves at 31<sup>st</sup> March 2020 was £8.450 million. The reserves reported in this report are those delegated to the Council for spend in 2020/21. The opening balance on these is £1.748 million with an additional £5.828 million received for 2020/21, totalling £7.576 million at period 9. Projected spend for 2020/21 is £6.673 million, expenditure is currently 6.6% behind phased budget.

#### 4.12 Independent Review of Adult Social Care in Scotland

In Autumn 2020 the First Minister announced the commissioning of a review of Adult Social Care in Scotland be carried out by Derek Feeley, former NHS Scotland Chief Executive. At the centre of the remit for the review was a request to recommend improvements to adult social care support in Scotland. The report was based on listening to those who use services, carers, families, staff and professional groups. The report was published on 3<sup>rd</sup> February it is 100 pages makes 53 recommendations, it purposes redesigning the system based on human rights. The recommendations breakdown to the following areas:-

- Human Rights
- Unpaid Carers
- Development of a new National Care Service (NCS)
- Quality Improvement
- Commissioning
- Finance

COSLA have arranged a special Leaders meeting to discuss and inform their position on the Independent Review, ahead of the parliamentary debate scheduled for 16<sup>th</sup> February 2021. It is expected that the recommendations will be debated a report will be brought to a future Health and Social Care Committee.

#### 4.13 HSCP SENIOR MANAGEMENT: INTERIM STRUCTURE ARRANGEMENTS

The HSCP Senior Management Team is currently affected by 1 Head of Service vacancy and the Chief Finance Officer has recently tendered her resignation from her post (0.5 FTE) to move to a promoted post at the Health Board.

The management review which was carried out by the HSCP in 2019 has been further compounded by the impact of the current COVID-19 pandemic. As this management review has not yet been finalised because of the pandemic, temporary arrangements are already in hand for two of the four Heads of Service roles within the senior management team. There is a need to stabilise the service to help respond and manage the recovery from COVID-19.

##### Chief Finance Officer Role

The Chief Finance Officer for IJB is a statutory position within the HSCP which must be filled by a suitably qualified accountant. Given the recent promotion to a new role at the Health Board of the current 0.5 FTE post holder it is anticipated that the current arrangements for this part time post will make it very difficult to successfully backfill this post.

There are different arrangements across Scotland for the managing of Social Care. The Ministerial Steering Group recommended practice that all delegated finance functions and staff, social care and health should report the IJB Chief Finance Officer. This is the case for most of the HSCPs in Greater Glasgow, although practice varies slightly across Scotland. In Inverclyde, the IJB Chief Finance Officer directly manages health finance functions and staff but social care finance staff report to the Council's Chief Financial Officer. Whilst this has worked well over the last 5 years it is not in line with Scottish Government recommendations and the Ministerial Steering Group.

It is proposed that Inverclyde move in line with the MSG recommendations and the majority of other GG&C HSCPs and transfer the social care finance function and team to the HSCP to report to the IJB Chief Finance Officer. To achieve this the IJB Chief Finance Officer post would be filled on a full time basis. Other HSCPs where this is in place still report through the Council and Health Board in terms of financial position to ensure the funding partners still have appropriate assurance. This process of information sharing is detailed in the Integration Schemes. To ensure this is working effectively in Inverclyde the Chief Officer will carry out an evaluation to ensure the Council and Health Board continue to have sufficient assurances in respect of their statutory function for stewardship of Council and Health Board resources and assets and wider governance responsibilities with a report back to the council and Health Board Chief Executives in the summer of 2022.

Other HSCPs where this is in place still report through the Council and Health Board in terms of financial position to ensure the funding partners still have appropriate assurance. This process of information sharing is detailed in the Integration Schemes.

### Strategy & Support Services

Rather than backfilling the vacant HOS SASS role it is proposed to merge elements of this role with a full time CFO position. In order to ensure this is deliverable additional support at service manager level will be brought in to support the Finance and Planning functions. The Finance Manager would manage the Health and Social Care Finance teams and oversee day to day IJB and HSCP finance issues and pulling together all Finance reports as well as producing the necessary information for the Health Board and Council annual accounts/statutory returns. This post, if filled by a qualified accountant.

The HSCP has a Planning Officer post which will become vacant in March. It is proposed this post is amended to become a Service Manager role covering Planning, Performance, Information Systems and Information Governance and Transformation to support the new CFO/Head of Service. This will allow the current service manager with responsibility for Performance, Planning and Transformation to focus on the other critical aspects of their role around Commissioning and Training both of which require significant focus due to COVID-19

Creating this combined CFO/Head of Service role would address the salary and WTE issues around the current CFO role, making it easier to attract suitably qualified and experienced candidates. It would reduce the Head of Service complement by 0.5 however increase the Service Managers by 1.0 in line with Management Review.

Funding for the new structure would be through the existing staffing budget plus an additional £46k through the increased professional leadership recurrent funding approved by the IJB in March 2020.

The post holder would have 3 Service Manager direct reports: covering Finance, Planning and Support Services. Commissioning would move to the Head of Health and Community on a short term basis, until the management review is finalised.

Finance Manager post will require to be job evaluated through the Council and NHS. The job description is being developed.

Between 28<sup>th</sup> November 2020 and 28<sup>th</sup> January 2021 there were 11 governance meetings conducted. In line with Scottish Government and Health Protection Scotland coronavirus guidance Quality Assurance visits to all older people and adult care homes were also carried out.

During the reporting period 11 of the 14 Older People Care Homes have had an outbreak of Covid-19, due to staff or residents testing positive. Following any positive test result mass testing was arranged for all residents within the Care Home in line with Scottish Government and Health Protection Scotland Guidance. Four Care Homes suffered severe outbreaks within the reporting period. The HSCP carried out extra governance meetings with the affected Care Homes, increased support was offered and Infection Control Nurses visited each home. See **Appendix E (This appendix contains exempt information and is a private item).**

## 5.0 IMPLICATIONS

### 5.1 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

## LEGAL

5.2 There are no legal issues within this report.

## HUMAN RESOURCES

5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

(b) Fairer Scotland Duty

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

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

<input type="checkbox"/>	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
<input checked="" type="checkbox"/>	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

<input type="checkbox"/>	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
<input checked="" type="checkbox"/>	NO

**REPOPULATION**

5.5 There are no repopulation issues within this report.

**6.0 CONSULTATION**

6.1 Information Paper.

**7.0 LIST OF BACKGROUND PAPERS**

7.1 HSCP Recovery Paper

## **Health and Social care Partnership**

### **Operational Decision Log**

**Corporate Director and Chief Officer  
LL/AM**

## HEALTH & SOCIAL CARE PARTNERSHIP – OPERATIONAL LOG 2021

	Service Impact	Reason	Reported to CMT	Supporting Report Yes – N/A	Implemented	Officer
1.	Children & Families services moving to back to essential service delivery model	In response to latest lockdown restrictions and current local infection rates and reduced staffing availability	11/01/21	Yes	13/01/2021	Head of Children & Families & Criminal Justice
2.	Care & Support at Home services moving back to essential service delivery model	In response to latest lockdown restrictions and current local infection rates and reduced staffing availability	11/01/21	Yes	13/01/2021	Head of Health & Community Care
3.	Prescription Management – Alcohol and Drug Recovery Service moving to essential service delivery model in response to latest lockdown restrictions and current local infection rates. Reorganising service delivery in order manage priorities described above.	In response to latest lockdown restrictions and current local infection rates and reduced staffing availability.	11/01/21	Yes	13/01/2021	Head of Mental Health, ADRS & Homelessness
4.	Prescription Management – Service to request support from other areas within HSCP with potential to request further support based on impact of Covid infection and self-isolating on staffing levels.	In response to latest lockdown restrictions and current local infection rates and reduced staffing availability.	11/01/21	Yes	13/01/2021	Head of Mental Health, ADRS & Homelessness
5.	Care Home Liaison Nurses – additional posts - 2 WTE band 5s and 2 TE band 3 posts for one year to augment the existing service. Funded through Covid LMP	To ensure ongoing, appropriate levels of support for local care homes during the pandemic and augment the existing CHLN service.	11/01/21	Yes	13/01/2021	Head of Health & Community Care

6.	Care and Support at Home - increased capacity in the two response teams which deal with urgent referrals and palliative cases: Temp appointment of: <ul style="list-style-type: none"><li>• 4 x Home Support workers Grade 3 and</li><li>• 1 x Monitoring Officer SCP42</li></ul> Costs to be offset from Home Care Services and Covid LMP claim process	In response to latest lockdown restrictions and current local infection rates and reduced staffing availability.	28/01/21	Yes	28/01/2021	Head of Health & Community Care



# **‘WORKPLACE WELLBEING MATTERS’**

**(A Wellbeing and Resilience Delivery Plan  
for Inverclyde’s Health & Social Care Workforce)**

**2020 - 2023**

**#InverclydeCares**

***20<sup>th</sup> October 2020***

**This document can be made available in large print, audio tape, computer disk and in a variety of Community Languages, on request.**

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可應要求，制作成其它語文或特大字體版本，也可制作成錄音帶。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

# **‘WORKPLACE WELLBEING MATTERS’**

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## Foreword

It is with great pleasure that I bring you another Inverclyde first, Workplace Wellbeing Being Matters.

This local delivery plan is being published at a much needed time and reminds us all of the importance of looking after the wellbeing and resilience of Inverclyde's health and social care workforce. We all have our part to play in this significant agenda.

In my role as the HSCP's Chief Officer and Corporate Director, I know that our local area's very fabric is about caring for each other, which is why people who live and work in Inverclyde, more often than not, express their solidarity by supporting others.

Workplace Wellbeing Matters captures some of this essence and I am also reminded about the community and workforce co-production efforts of the HSCP's Strategic Plan, and in looking after our wellbeing and resilience, this helps the HSCP and its partners, to deliver on the strategic vision of ensuring *"Inverclyde is a caring, compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives"*. This now extends to other recently published strategies and plans, such as the Inverclyde HSCP Workforce Plan – 2020 to 2024; Inverclyde HSCP Clinical and Care Governance Strategy 2019 – 2024 and collaborative inputs to the national Framework for Community Health and Social Care Integrated Services (November 2019).

You will see that it has been decided to 'brand' the plan within the context of 'Inverclyde Cares', recognising that everyone has a role in supporting one another. The desire to belong, to be appreciated, respected and cared for is core to all human being wellbeing. Additionally it is recognising that these inter-dependencies go a long way to developing what the caring needs are to have a workforce who deserve to have excellent wellbeing and resilience.

The delivery plan itself has been constructed in a very short space of time and has the overall aim of –

**“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”**

This is underpinned by a number of improvement actions, all of which are detailed in the following pages.

Workplace Wellbeing Matters is the result of a range of staff engagements and consultations undertaken to inform the plan and I want to express my sincere thanks to everyone who participated, providing their views and helped to guide its creation. I also want to say a thank you to my trade union colleagues and especially to CVS Inverclyde, in providing information from their community conversations.

**Louise Long**  
**Chief Officer and Corporate Director, Inverclyde HSCP**

# 1. Background & Context

Ensuring all staff working in health and social care stay safe and well is essential to support them to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience is sustained and improved.

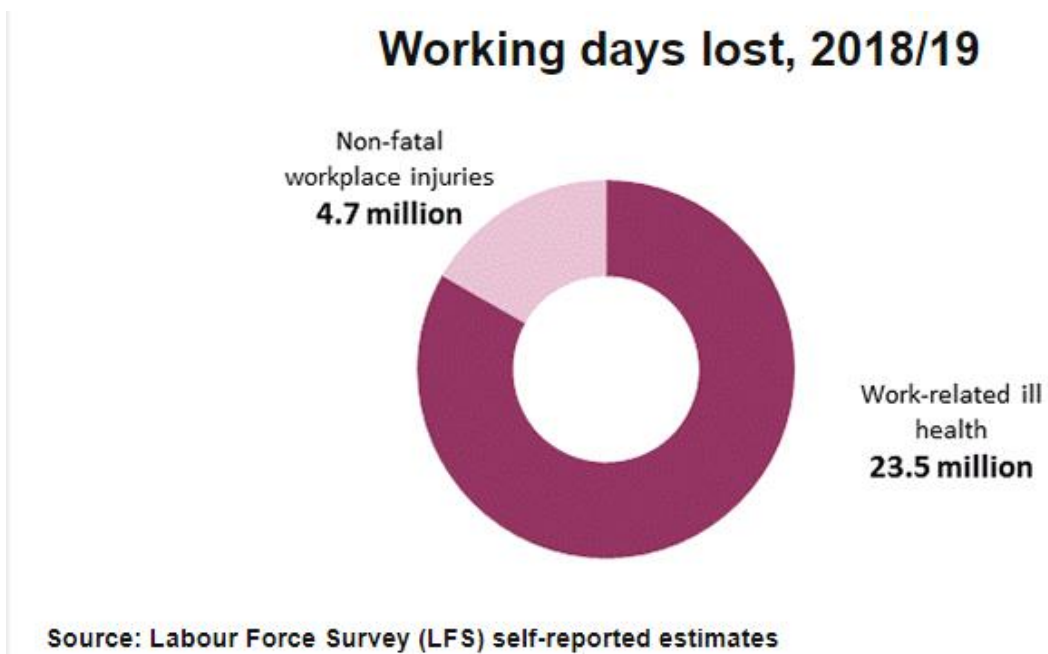
An organisation's greatest asset is its workforce and every effort should be made to ensure there are appropriate, proactive and accessible resources to keep staff mentally and physically well and ensuring that everyone supports and pays attention to wellbeing needs on a daily basis.

The arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of the entire Health and Social Care workforce and therefore, there is a collective responsibility to build on this momentum and continue to transform – keeping people at the heart of all that we are to achieve.

Research and evidence clearly recommend that a wide-scale staff process to identify needs is undertaken at different time points (3, 6 and 12 months). Moreover, staff who go on to develop mental health difficulties do not always request support from existing mechanisms many staff mental health difficulties have a late onset and often can present 6-18 months following the event.

The best current estimate, from work completed by psychology colleagues is that between 10-20% will go on to develop mental health difficulties over a period of 0-2 years.

Data published by the Health & Safety Executive suggests that it is estimated that 28.2 million working days were lost due to work-related ill health and non-fatal workplace injuries in 2018/19.



- Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 12.8 million and 6.9 million, respectively.
- On average, each person suffering took around 15.1 days off work. This varies as follows:
  - 8.1 days for Injuries
  - 17.3 days for Ill-health cases
  - 21.2 days for Stress, depression, or anxiety
  - 13.8 days for Musculoskeletal disorders

Supporting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance.

Over the years, there have been a number of policies and drivers that are aligned to sustaining and improving wellbeing and resilience in Scotland's Workforce –

- Healthy Working Lives (NHS Health Scotland/Public Health Scotland)
- Social Service in Scotland a Shared Vision and strategy 2015-2020
- Scottish Government's approach to mental health from 2017 to 2027 – a 10-year vision
- Everybody Matters 2020 Workforce Vision
- Scottish Government's National Health and Social Care Workforce Plan
- Working Well (part of NHS Scotland 's Staff Governance – A Framework for NHS Scotland's Organisations and Employees)

Other drivers that have also informed the construction of this plan are –

- NHS Greater Glasgow & Clyde Staff Health Strategy
- Inverclyde HSCP Strategic Plan
- Inverclyde HSCP Staff Governance Plan
- Inverclyde Council's People and Organisational Development Strategy 2020-2023

The latter was published in February 2020 and reflects the key objectives within the Council's Corporate Plan and Corporate Directorate Improvement Plans and developed, following an extensive consultation process. The plan has the following themes –

- 1) Organisational Development (Planning for the Future)
- 2) Employee Skills Development, Leadership, Succession Planning (Employees our most Valuable Resource)
- 3) Employer of Choice (Continuous Improvement)
- 4) Fairness & Equality (Promoting Equality, Dignity & Respect)

The themes are designed to continue with the objectives of having a skilled, motivated, flexible, and diverse workforce, aiming to develop a modern, innovative organisation, which will develop and sustain a positive and recognisable culture. Each theme is supported by number of work streams.

Further and notably –

- **Greater Glasgow & Clyde-wide Workforce, Mental Health & Wellbeing Action Plan:** an innovative approach that aims to lead and coordinate the development and implementation of appropriate mental health and wellbeing support to enable all areas in Greater Glasgow & Clyde, responding to the mental health and wellbeing impact Covid-19 on the workforce.
- **Inverclyde HSCP Workforce Plan – 2020 to 2024:** recently published plan encapsulating (backed by £100k for a Staff Development Fund), which is in the context of being complementary to Workplace Wellbeing Matters –
  - Inverclyde Strategic Plan, its 6 Big Actions and the delivery roadmaps for each action
  - Engagement & Participation – the plan was created in close liaison with partners and stakeholders
  - Demand drivers – including national policy, guidance, regulation and governance as well as the impacts of economics, demographics and local priorities • Inverclyde context – the particular issues facing the Inverclyde workforce and demand for HSCP services now and going forward, both of which are influenced by a declining and ageing population leaving fewer people of working age in the area and increasing the number of elderly local people requiring support
  - Strategic Commissioning, Market Facilitation and the links between workforce planning and purchased services in a successful mixed model economy
    - Future workforce – recruitment and retention of staff, training, and the need for a Learning & Development Board within the HSCP to support staff development and succession planning
    - Intermediate Action Plan that will be taken forward by the HSCP’s Learning & Development Group, focusing on supporting the strategic direction for workforce development, service redesign and the resulting changes to the HSCP’s workforce.
- **Inverclyde HSCP Clinical and Care Governance Strategy 2019 – 2024:** also recently published, describing a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

Inverclyde HSCP has clearly defined scope (domains) for clinical and care governance, as

–

- adverse event and clinical risk management
- continuous improvement
- person-centredness
- clinical effectiveness

The strategy, which will be accompanied by an action plan, is one of the golden threads to support and enable a culture of good wellbeing and resilience and covers both structures and processes at all levels within the Partnership and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement.

It is envisaged that the Workforce Wellbeing Matters Delivery Plan and the developing Inverclyde HSCP Clinical and Care Governance Strategy action plan will work in tandem, so as to ensure the optimum outcomes for the Health and Social Care workforce.

- ***Framework for Community Health and Social Care Integrated Services (November 2019)***: this was the response to the review of progress with integration was agreed and published by the Ministerial Strategic Group for Health and Community Care (MSG) on 04 February 2019, setting out 25 inter-related proposals designed to improve the pace and scale of integration.

The framework for community health and social care integrated services is one of these proposals and supports the improvement of outcomes for people by informing the design and delivery of assessment, care and support at a local level, ensuring that services feel integrated from the perspective of those who use them. It will therefore be necessary to adopt a whole system approach to operationalising the framework, ensuring transformation plans across organisational and sectoral boundaries are consistent and cohesive to deliver positive impacts for local people.

Inverclyde is an early adopter of this framework, demonstrating ways that collaboration across sectors is already happening, enabling direct correlations to how workforce planning and delivery will have on improving outcomes for organisations and communities.

A key and significant component in all of the above points to the importance of ensuring that there are collective actions in place, leading to improving and achieving positive outcomes for workforce wellbeing and resilience. This is particularly the case to support Inverclyde's health and social care workforce and their organisations navigate and collectively respond to the impacts of Covid-19.

The approach that is outlined in this document is consistent with that being developed at National and Greater Glasgow & Clyde-wide level, which is inclusive and integrated to include 3rd and Independent Sector providers, who have access to all of the resources available.

Through this progressive approach, the following pages also provide an important vehicle to drive forward the transformational changes outlined in the specific actions in Section 5.



## 2. Engagement & Participation

In March 2020, there was an approach from the Minister for Mental Health for each Health & Social Care Partnership and Local Authority to nominate Wellbeing Champions, who now actively engage with a national group. This group sits within the spectrum of work being taken forward by a division at the Scottish Government that has the overall strategic responsibility for providing support to the health and social care workforce through the Covid-19 crisis. The network is the primary engagement route with the workforce and how they can best offer support, in liaison with the Wellbeing Champions.

Inverclyde has been well represented and influenced the direction of travel for this group and the work that has been developed.

In the same territory, the Greater Glasgow & Clyde-wide group has collaborated and has responsibility for the implementation of their Workforce, Mental Health & Wellbeing Action Plan, has seen significant from inputs from Inverclyde. Most of this work has been to ensure that there is a pragmatic and shared approach, spanning all health and social care, in matching the available national, regional, and local resources. This is captured in the following diagram –



A summary of the themes of this plan are to –

- Sustain the Staff R&R Hubs, which were located mainly in acute settings throughout Greater Glasgow & Clyde and consider a staffing model (at least in the short term) that, would enable peer to peer support conversations and also to use the Hubs to raise awareness of all the support provision available.
- Flex the face to face Psychology Service to the needs of all health and social care staff groups/teams, who have been at the forefront of managing the pandemic.
- Continuation of the All Staff Helpline

- Develop training and use of Psychological First Aid by staff across Health & Social Care to enable more effective Peer Support conversations.
- Targeted use of Psychologist led team-based reflective practice models and also the roll out of Wellbeing Huddles
- Define arrangements with the Psychology Service for carrying out a Staff Mental Health Check-in and Assessment Process at 3, 6 and 12 month timescale and mental health assessment and treatment/care pathway.
- Consider what would be most effective support for Senior Leaders, identified as potentially high risk because they are not immune to stress caused by the crisis

The local to Inverclyde implementation of this agenda has focused on a partnership working approach, in collaboration with Staff Side, 3rd and independent sector colleagues. This approach has been to use the existing local planning structures, in the development of this plan, the valuable addition of data captured below and counsel on the content.

### **Inverclyde Staff Wellbeing Task Group**

A task group was established to oversee and implement the national and regional work, focusing on ways the local area was responding the national agenda and supporting the organisational priority and duty of care to ensure that the Health and Social Care Workforce supports good mental health and wellbeing.

Some of the activities that the Taskgroup has worked alongside and developed are –

- **Wellbeing Telephone Calls for Care at Home Staff**

In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms of the staff's day to day leadership and management and the work carried out is rewarding, it can sometimes come with its challenges.

To this end, Care at Home services, supported by the Staff Wellbeing Task Group, set up a process for two telephone conversations with staff, by managers and also by affiliated staff to gather information on staff welfare. This resulted in –

- 191 wellbeing telephone calls were carried out
- 12% (n=15) were follow up calls for staff who felt they would benefit from an additional wellbeing call

While there were initial concerns about PPE, in the very early stages of lockdown, there were no other major concerns. The findings also suggested that staff were coping well

and had good resilience in place, due to very good business continuity planning, leadership and management, open conversations, and team spirit.

- **Children and Family Team: Wellbeing and Agile Working Survey**

In June and July 2020, the children and family (C&F) leadership team, undertook a staff wellbeing and agile working survey to the wider C&F team, with the purpose to establish the impact coronavirus pandemic (COVID-19) had on mental health and wellbeing and their experiences of support, communication and connection, trust in their leadership team in relation to supporting their health and safety, and new ways of working.

In terms of a summary of the findings, this highlighted –

- When asked about if they felt supported by their manager, 82% of staff felt well supported, 7% somewhat supported, 9% indicated no change and 2% felt very unsupported.
- In terms of trusting their leadership to make decisions that protected them and their colleagues, 89% indicated they were somewhat or very trusting, 5% were neutral in reply with 6% somewhat or very distrusting.
- Regarding support for staff health, safety, and wellbeing, 100% of staff indicated they knew where and how to access support.
- Staff embraced and valued a blended and flexible approach to working - mainly from home and coming into base in a safe and controlled way. Many indicated work-life balance has improved, along with support from team leaders and colleagues, the importance of continued meetings and good communication and wearing a uniform and use of PPE helped to make them feel protected.
- In response to what else could be done support the team's health and wellbeing, some staff highlighted, IT issues did present some issues, learning new systems and working differently, would be ongoing actions to help support, for future ways of working. Most staff, however, felt they were supported and valued.

A clear positive thread throughout the survey response was the benefits of being part of a strong and supportive team. Staff generally felt well supported by their team, team leader and management structures.

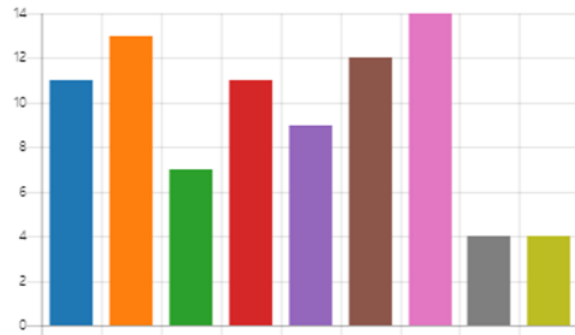
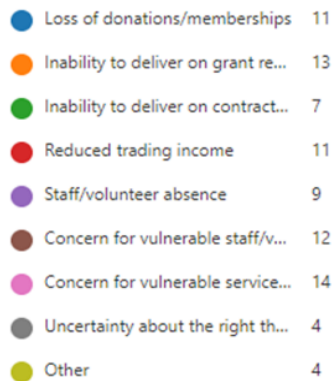
- **CVS Inverclyde – Wellbeing Conversations**

During the period April through to the end of August 2020, CVS Inverclyde - the local Third Sector Interface (TSI) organisation, funded by the Scottish Government to offer a single point of access for support and information for Inverclyde's third sector – helped to facilitate a number of engagements with the wider 3<sup>rd</sup> sector. These focused on the impacts on staff wellbeing and the following is a summary of the findings –

- Regarding the issues organisations were facing, participants highlighted concern for vulnerable staff, volunteers and service users and their ability to deliver on grant funding requirements.

### 3. Which of these issues are you currently facing?

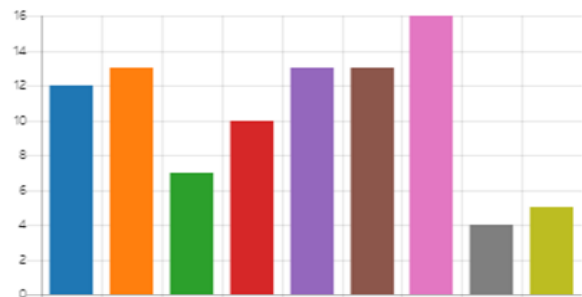
[More Details](#)



- Participants were also asked about issues that Covid-19 would cause if the pandemic continues and/or is worse than expected. Again, organisations highlighted concern for vulnerable staff, volunteers and service users and their ability to deliver on grant funding requirements.

### 5. Which of these issues do you think COVID-19 will cause you if it continues and worsens as expected?

[More Details](#)



- The above also helped to shape future sessions of the CVS Inverclyde's Covid Conversations webinar series. These webinars highlighted topics such as:
  - DigiShift
  - Covid-19 and HR Implications
  - Covid-19 and Funding
  - Future of Volunteering

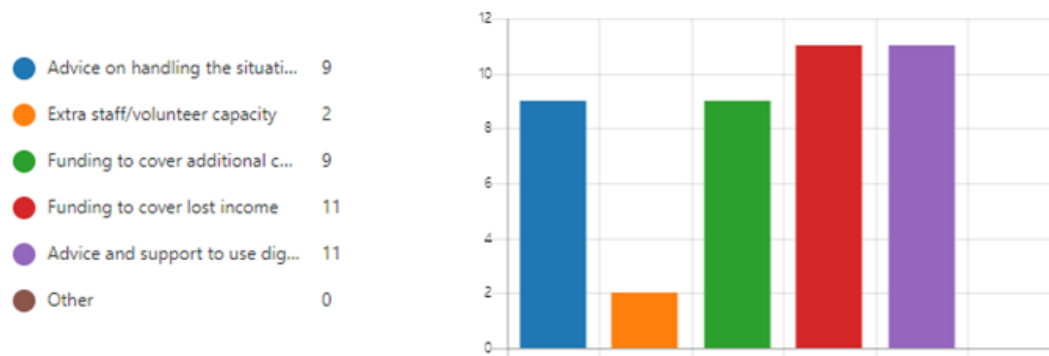
- Risk
  - Health and Wellbeing
- CVS Inverclyde was also able to establish, in their conversations, where the use of technology had been vital to how organisations connect with each other and the people they support. Technology had allowed organisations to maintain links with partners from across Inverclyde’s health and social care workforce. CVS Inverclyde continued to deliver many of their networks using the virtual platform Zoom, continuing to offer these networks a space for collaboration, knowledge exchange and ongoing partnership working –
    - Learning Disabilities Network – practitioners and service providers involved in supporting people with learning disabilities
    - Best Start in Life Network - service providers and groups supporting children and young people. This network includes local providers as well as representatives from national organisations, Children in Scotland and Education Scotland.
    - Resilience Network – originally developed around the Hard Edges Scotland report and the impact of those multiple disadvantages on the people of Inverclyde. The aim of the network is to work collectively to help people in Inverclyde build resilience and foster hope. With the additional challenges Covid-19 brings, the partners recognise that our community need resilience now more than ever.
  - Crucially, CVS Inverclyde found that the roles of volunteers were much needed, especially during the lockdown period, with the volunteers bringing a wealth of skills, knowledge and experience to organisations. Volunteering has been particularly important during the pandemic. In practical terms, volunteers have increased the size of Inverclyde’s health and social care workforce, allowing practitioners and service providers to do more.

Additionally, volunteers have provided vital psychosocial support to our community during very difficult times. Whether it is a befriending phone call or collecting a prescription, Inverclyde’s volunteers have provided a connection with the community, a community that cares.

- A question relating to what support would organisations like to see made available to the voluntary sector was asked. The joint top responses included support to use digital systems and funding support to cover lost income.

## 9. What support would you like to see made available to the voluntary sector?

[More Details](#)



- This leads CVS Inverclyde to conclude that while many of the local voluntary organisations had to adjust very quickly to the use of online platforms, achieved at great speed, with many organisations commended the creativity of staff both during lockdown and as restrictions were eased. Their innovative approaches provided more than a way to contact the people they support, it gave service users an opportunity to participate in Covid-safe activities, to develop new digital skills and to feel connected with their friends and loved ones.

Moreover, organisations have expressed that technology plays an important part in their delivery and recovery plans. At the same time, there is a collective need, in all sectors, to recognise the role technology will play in service future provision, ensuring that the workforce has the skills and confidence to use it well and have access to the resources they require.

- In determining what else that CVS Inverclyde could help to facilitate, this fundamentally is to ensure reliable and accessible information and facilitating community-based and ongoing community-wide conversations, to gain the answers to the difficult questions that are facing many third sector organisations, during these difficult times.

### • **Staff Wellbeing & Resilience – Targeted Focus Groups**

During August 2020, a series of focus groups and an online questionnaire (Webropol) were held, following discussions at the HSCP's Staff Partnership Forum, engaging with the targeted staffing groups, with 54 members of staff engaging in the process –

- Business Support (n=10)
- Primary Care Mental Health (n=6)
- Frontline managers (n=16)
- Day Care/Respite (n=11)
- Health Visiting (n=11)

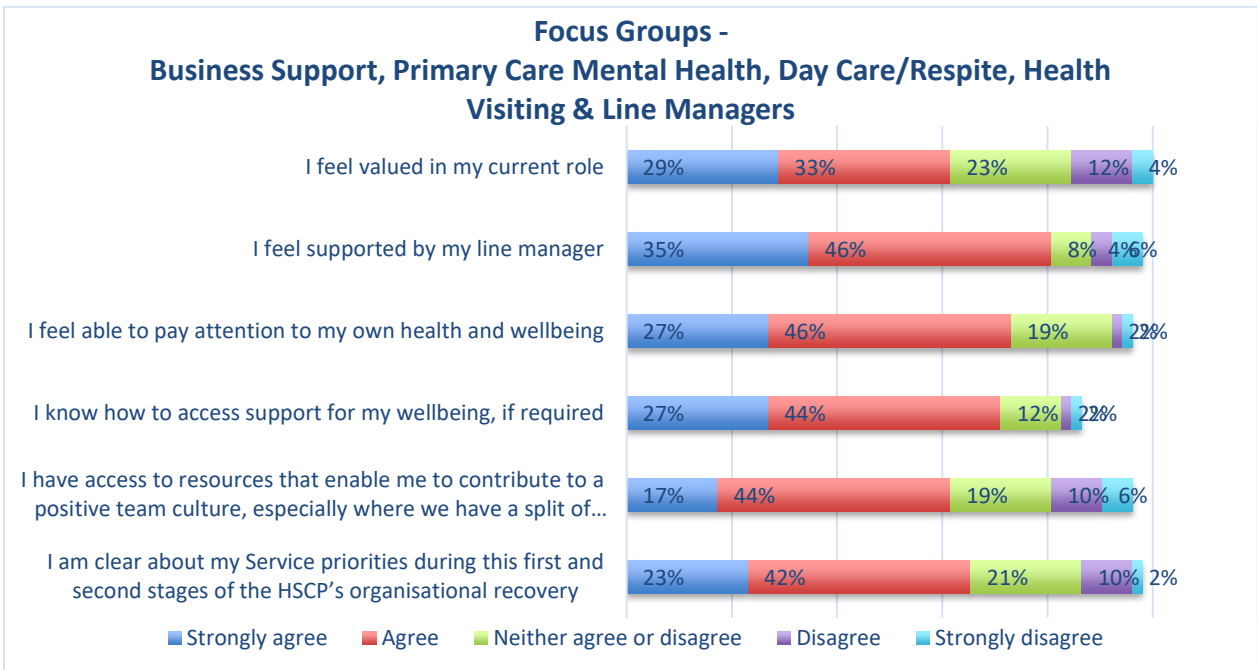
The findings, for what went well and what could have been better are summarised as –

- Good and flexible approaches to line manager/collegial support in place but some areas where this could have been better
- A mix of views on home working, which some highlighted was beneficial not ideal for others, which correlated with the lack of IT equipment and the perceived lack of team engagement, in the practice of rota systems
- Early anxieties around the availability of PPE, lack of IT equipment and conflicting systems, expected ways of working without appropriate support, had detrimental effects on how some staff wanted to work and their wellbeing
- Overall communication was not perceived as good, often conflicting and overloading, not from where some staff would have expected to receive consistent and accurate information
- A feeling of guilt if unable to carry out front line work due to shielding or health issues
- Concern for impact on job going forward, especially for staff that had been shielding and/or deployed into other service areas

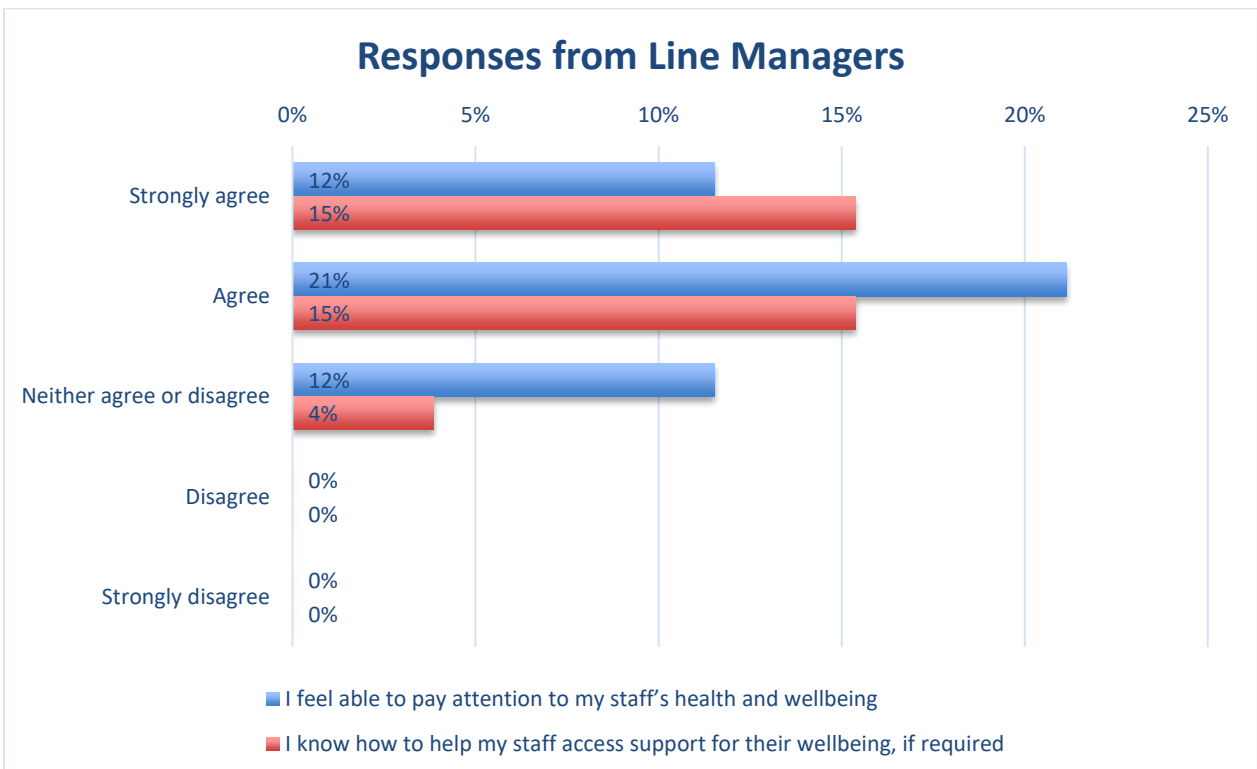
Participants were asked about any suggestions they had to improve the support/resources. These can be themed as –

- The HSCP is an integrated organisation and all resources should be available to all staff and not just either Council or NHS employees
- Ensuring that both information and resources are made available to all staff and not just to rely on the current communication media, such as ICON
- Increase the communication about national help resources
- For there to be an equal approach to the way staff have been recognised in either undertaking different roles and those who would like to have played a part but were not in a position, due to lack of systems
- More accessible information in ways to support health and wellbeing would be helpful, such as increased promotion to be given to the national offerings, such as the Promis.scot website and proactively develop according to local need
- Having dedicated team engagement time, not just focusing on the day to day operational tasks but more so having opportunities for improved communication and team time together for checking-in and supporting colleagues
- Have more purposeful communication, preventing the overload that can happen in challenging times, using a central repository for communication and information in one place that everyone can access and not dependent on managers/team leaders to cascade
- Suggestions for the way that buildings could be laid out, for the benefit of the staff and service users, along with having protected time for business and informal networking purposes and optimising screen times

Through an online poll, written responses and a show of hands, the participants were asked to rate a number of statements, either as Strongly Agree; Agree; Neither Agree –



Line managers were asked to rate an additional 2 statements –





Participants were asked a further two questions –

- As the HSCP moves through the recovery phases and where practices have changed, what specific resources do you think need to be in place to support your health and wellbeing?
- What else needs to be considered for your service area as the HSCP moves through the different stages of its organisational recovery?

With the responses themed as –

- As some staff are returning to their normal duties, consideration given to easing the pressure on these staff and for colleagues to be more aware and have a compassionate way of being
- Create more opportunities and safe spaces for people to be able to air their views and develop approaches to practice, without this always being seen as a management responsibility
- Better and improved ways of sharing information about service users and any service issues
- Having a one team approach to become a team again that will help and support the outcomes for the service, at the same time of managers understanding that the team can be more effective if the communication is improved
- Have more organisational transparency about where decisions are made and more access to minutes of meetings that are currently not shared with all staff
- Continuing to have a flexible approach to staff feeling as though they are being treated fairly and if this is not the case, there are processes strengthened where some staff can raise these issues in a supportive way
- Continue to encourage home working (as per current Scottish Government guidelines), wherever possible and managers support and trust people to undertake their agreed tasks
- Consideration given to peer support groups that are safe spaces
- Involve staff, at all levels, in the learning from the recent crisis, what things are good and should be kept/developed and what can be let go
- Have staff developing what resources they think are helpful and not just left to managers to decide
- Ensure that lessons are learned about the differing types of information and have a consistent approach in the way the staff are informed

In addition to the evidence for need for this plan that is outlined above, at the time of writing, there are the awaited outcomes from Inverclyde Council's Staff Health & Wellbeing Survey and the Scottish Government's Everyone Matters: Pulse Survey. Therefore, there may be some additional or adjusted improvement actions resulting that need to be considered in the plan's implementation.

All of the above are significant, both in terms of their approach and findings, and have paved the way for ensuring that the detail of the delivery plan in the following sections are reflective of this work and helped to ensure that Workforce Wellbeing Matters, in Inverclyde.

### 3. Governance (including Measurements & Evaluation)

The Inverclyde Integration Joint Board (IJB) has lead responsibility for the strategic planning of health and social care for delegated services. The IJB must satisfy itself that the parent body organisations (Inverclyde Council and NHS Greater Glasgow & Clyde) have effective governance systems in place.

Workforce Wellbeing Matters has been constructed with the overall aim of –

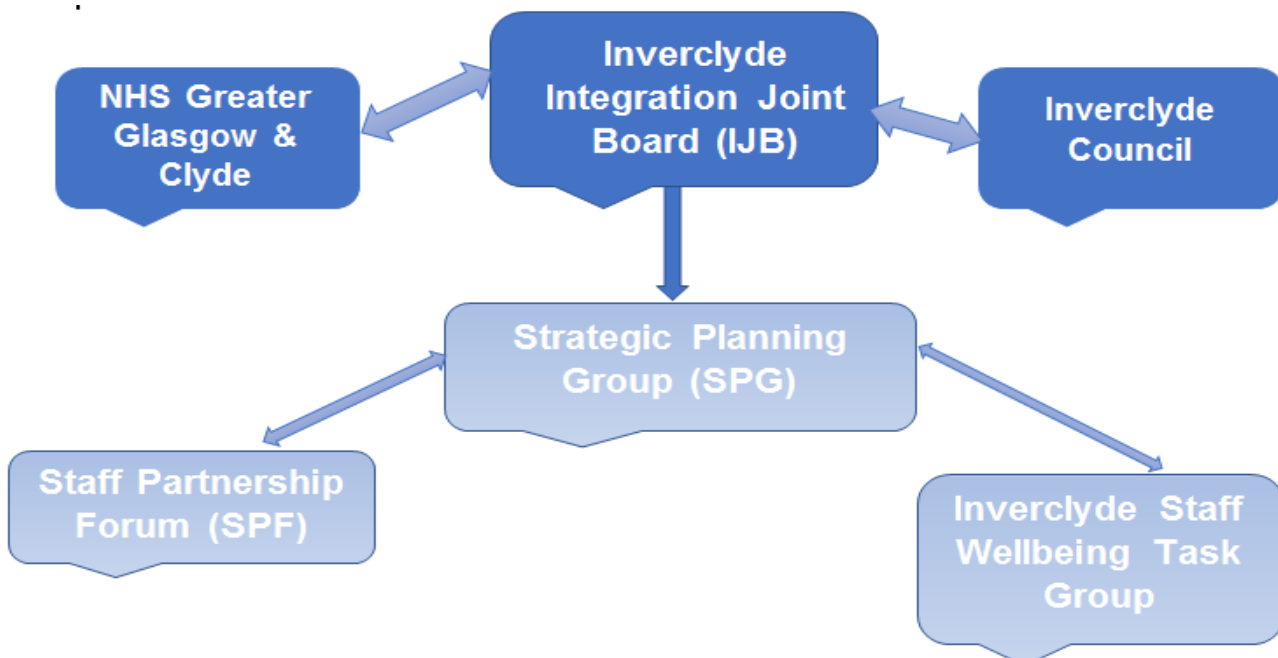
**Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce**

This aim will be fully supported by the Primary Drivers of –

- ✓ Embed and support organisational cultures, where all staff are valued
- ✓ Staff Feel Supported in their Workplaces
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)
- ✓ Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Fuller details of a Driver Diagram is outlined in the next section, with the main purpose to represent the recent engagement and consultations mentioned above, guiding the transformational change actions contained in the plan and the ways these will be measured..

From a governance perspective, the following diagram outlines the reporting structure –



To support the above structure, the main sponsor of the plan will be the Inverclyde Council's Chief Social Work Officer.

In terms of implementation, the HSCP will provide a dedicated resource, available to the wider local agencies, which will have a focus on driving forward the work that is contained in the plan and its improvement activities. This resource will also support the sponsors of the various primary drivers in the delivery of the plan, working and engaging in partnership with a range of internal and external stakeholders to develop effective collaboration and working practices that supports both transformational change and helps to ensure that all improvement actions are delivered on time and as agreed.

Integral to the governance process is the improvement actions, sitting underneath each of the Primary Drives and specifically for the timescales, these have been evaluated from the time when the plan's publication date (November 2020) and have been identified as –

- Commitment 1 - Within the next 12 months
- Commitment 2 - Up to 24 months
- Commitment 3 - Up to 36 months

## 4. Driver Diagram

WORKPLACE WELLBEING MATTERS (INVERCLYDE'S WELLBEING & RESILIENCE DELIVERY PLAN DRIVER DIAGRAM)					
Outcome	Primary Drivers		Secondary Drivers	Change Ideas	Measures
<b>Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and valued health and social care workforce</b>	Embed and support organisational cultures, where all staff are valued	←	Communication Plan Staff Wellbeing message embedded into all work streams Build on and develop further work to date	Well being campaign (email tagline with links to support) Enable all staff to promote kindness/supportive workplaces Impact on staff wellbeing is actively considered in all our work.	Measure improvement in sickness absence relating to mental health and stress, staff surveys, iMatter, user group feedback Pulse surveys
	Staff Feel Safe in their Workplaces	←	Confidence in PPE Understanding workplace guidelines Risk assessment skills/tasks	Clear and consistent guidance ease of access Message safety everyone's responsibility Promote & recruit workplace Health and Safety Ambassador role	Monitoring PPE availability Staff feedback around confidence in safety Increase number of workplace reps Development and uptake of environmental risk assessment training in teams
	Staff maintain a sense of connectedness to their team, line manager and organisation	←	Staff feel engaged not isolated All Staff roles valued Team Identity Valued	Training frontline managers in Staff Resilience and supported teams Opportunities for peer support Increase social opportunities	Uptake of training Staff feedback, good practice examples shared, Dedicated time for peer support and team connections (audit across teams) (QI approach)
	Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)	←	IT solutions available to all Managers have flexibility to support creative work Learning around new ways of working bedded in.	Link with digital strategy and employ whole systems operational approach Test of change around IT opportunities in practice Address gaps in IT training to ensure no opportunities to modernise are missed.	Evaluate and build business case for enhanced systems such as -Attend anywhere, 4G connection access to recording systems. Monitor access across services
	Staff have access to information and resources, which sustains and improves their wellbeing	←	Ease of Access to Information Working Knowledge of resources Staff understand that peer support is instrumental to recovery	Central and accessible repository of information (communication strategy) Easy read literature Promotion of Psychological first aid approach	Uptake of National training Staff feedback measure Championing within teams

## 1. Primary Driver: Embed and support organisational cultures, where all staff are and feel valued

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
1.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Supporting organisational vision and values for staff wellbeing, irrespective of an individual’s role, if it is frontline or backroom, all are valid</li> <li>Alleviate any feelings of guilt held by staff that they were not making an impact, in the same way as other staff</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Visibility of senior leadership teams</li> <li>A Culture of inclusiveness and permission to care for oneself and other that informs and permeates through the organisation</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Adopt and support approaches to optimise away from screen time and ensure this is built into staff ‘Keeping Well in Your Workplace’</li> <li>Enable and support time for check-ins on own and colleagues wellbeing</li> </ul>	Commitment 1	<p>Louise Long/Charlene Elliot (Co-sponsors)/ Champion Lead (Lead)</p>	
				Commitment 1		

## 2. Primary Driver: Staff feel safe in their workplaces

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
2.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Reducing anxiety about exposure to and catching Covid-19 and potential impact on self, family, and service users</li> <li>Support and enable staff to be proactive about keeping themselves etc. safe and thus build sense of safe workplace practices</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Physical environments are adapted to become Covid-19 compliant</li> <li>Systems in place to maintain adequate supply of PPE and staff able to have adequate access</li> <li>Appropriate risk assessments carried out, focusing on workplace environment(s), specific duties, and other work-related activities, which are kept under review and staff can access</li> <li>Infection risk and control</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Ensure there is training on the completion of Health &amp; Safety risk assessments that supports the current processes</li> <li>Recruitment and appropriate training of workplace Health &amp; Safety Champions, which complements and supports existing processes.</li> <li>Review communication approach to PPE, in terms of ensuring equity of use is in place for all staff</li> </ul>	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 1</p>	Allen Stevenson/ Champion Lead	

			<ul style="list-style-type: none"><li>▪ Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.</li></ul>	Commitment 1		
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### 3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
3.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>▪ Reduce feelings of isolation</li> <li>▪ Promote peer support</li> <li>▪ Sustain team identity and focus</li> <li>▪ Promote understanding of organisational COVID response and importance of staff's role within this</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>▪ Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy</li> <li>▪ Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions</li> <li>▪ Regular supervision taking place with all staff regardless of work location and routinely facilitates wellbeing discussions</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>▪ Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community)</li> <li>▪ Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee papers, and similar to the EQIA processes.</li> <li>▪ Devise and implement 'Keeping Well in Your Workplace</li> </ul>	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p>	<p>Louise Long/ Champion Lead</p>	

		<ul style="list-style-type: none"> <li>▪ Consideration given to different modes of communication and to have an equitable and consistent approach</li> </ul>	<p>Plans', adopting a sponsorship approach, for all staff</p> <ul style="list-style-type: none"> <li>▪ Work with key stakeholders to develop a Workplace Wellbeing Communications Plan –</li> <li>▪ including equitable access and use of devices</li> <li>▪ Design and develop an evidence-based framework that supports and enables all staff to participate in – <ul style="list-style-type: none"> <li>○ Team Wellbeing Huddles</li> <li>○ Support Bubbles (for common interests)</li> </ul> </li> </ul>	<p>Commitment 1</p> <p>Commitment 3</p> <p>Commitment 1</p>		
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#### 4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
4.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Facilitate agility in responding to changing personal, organisational and community circumstances arising from covid-19 pandemic</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Identify appropriate solutions that enables equity of access to online information and resources, for staff who may not have readily available internet access</li> <li>Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff</li> <li>Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Work with the HSCP's Digital Strategy</li> <li>Develop local Z-card information</li> <li>Continue to influence National and GGC-wide direction of travel</li> </ul>	<p>Commitment 2</p> <p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 2</p>	<p>Lesley Aird/ Champion Lead</p>	

**5. Primary Driver: Staff have access to information and resources, which sustains and improves their wellbeing**

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
5.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>To support staff to recognise signs and symptoms in themselves and others, in times of stress and anxiety</li> <li>Promotes a sense of agency over individual's wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>We will embed and encourage –</li> <li>A co-ordinated approach to ensure all staff are supported to complete relevant improving wellbeing and resilience workshops, such as Psychological First Aid Training</li> <li>Information on supporting health and wellbeing available through variety of mediums, linking to developing Communications Strategy</li> <li>Work with key stakeholders to deliver on specific multi-media campaign targeting health and wellbeing, ensuring equitable access to the information, and link with the developing Communications Strategy</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Have an inclusive and multi-agency approach to training/up skilling programmes to supporting staff and workplace wellbeing</li> <li>Design and develop a set of resources that supports and enables resilience in the workplace</li> <li>Recruit to Workplace Wellbeing Ambassadors</li> <li>Improve the uptake of the National Coaching offerings</li> <li>Improve the profile and increase the promotion of the national Promis website</li> </ul>	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 1</p>	Anne Malarkey/ Champion Lead	

## Social Work

## Revenue Budget Projected Outturn - 2020/21

Period 9 1 April 2020 - 31 December 2020

2019/20 Actual £000	Subjective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Covid Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
28,094	Employee costs	28,573	29,941	29,875	899	833	2.78
1,094	Property costs	1,090	1,103	1,140	161	198	17.93
1,098	Supplies & services	860	931	904	341	314	33.68
416	Transport & plant	376	376	282	0	(94)	(24.89)
772	Administration costs	755	783	773	0	(10)	(1.33)
41,707	Payments to other bodies	41,285	41,269	43,186	3,366	5,283	12.80
(17,153)	Income	(14,355)	(16,015)	(17,582)	210	(1,357)	6.08
<b>56,028</b>		<b>58,584</b>	<b>58,388</b>	<b>58,578</b>	<b>4,977</b>	<b>5,167</b>	<b>9.92</b>
(6,295)	Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0
1,039	Transfer to Earmarked Reserves	0	0	0	0	0	0
0	Use of Reserves	0	0	0	0	0	0
0	Scottish Government Covid Funding	0	0	0	(4,977)	(4,977)	0
<b>50,772</b>	<b>Social Work Net Expenditure</b>	<b>52,289</b>	<b>52,093</b>	<b>52,283</b>	<b>(0)</b>	<b>190</b>	<b>0.36</b>

2019/20 Actual £000	Objective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Covid Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
10,658	Children & Families	10,744	10,932	11,454	909	1,431	13.09
71	Criminal Justice	0	63	373	0	310	15.68
25,756	Older Persons	26,473	26,618	25,927	3,040	2,349	8.83
8,223	Learning Disabilities	8,147	8,147	8,497	187	537	6.59
2,487	Physical & Sensory	2,447	2,452	2,542	29	119	4.86
2,052	Assessment & Care Management	2,204	2,028	1,936	22	(70)	(3.45)
1,447	Mental Health	1,478	1,477	1,515	0	38	2.50
752	Alcohol & Drugs Recovery Service	991	991	791	0	(200)	(20.18)
1,033	Homelessness	1,106	1,097	1,109	712	724	65.96
	Planning, Health Improvement &						
1,522	Commissioning	1,664	1,722	1,685	34	(3)	(0.18)
2,027	Business Support	3,330	2,861	2,749	44	(68)	1.99
<b>56,028</b>		<b>58,584</b>	<b>58,388</b>	<b>58,578</b>	<b>4,977</b>	<b>5,167</b>	<b>9.92</b>
(6,295)	Contribution from IJB	(6,295)	(6,295)	(6,295)	0	0	0
1,039	Transfer to Earmarked Reserves	0	0	0	0	0	0
0	Use of Reserves	0	0	0	0	0	0
0	Scottish Government Covid Funding	0	0	0	(4,977)	(4,977)	0
<b>50,772</b>	<b>Social Work Net Expenditure</b>	<b>52,289</b>	<b>52,093</b>	<b>52,283</b>	<b>0</b>	<b>190</b>	<b>0.36</b>

## Social Work

### Capital Budget 2020/21

Period 9 1 April 2020 - 31 December 2020

Project Name	Est Total Cost	Actual to 31/03/20	Approved Budget	Revised Estimate	Actual to 31/12/20	Estimate 2021/22	Estimate 2022/23	Estimate 2023/24	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Social Work</b>									
Crosshill Childrens Home Replacement	1,730	1,359	175	60	52	291	20	0	0
New Learning Disability Facility	7,400	0	0	75	42	398	6,292	635	0
Swift Upgrade	1,421	0	0	0	0	600	821	0	0
Complete on Site	23	0	0	12	12	0	11	0	0
<b>Social Work Total</b>	<b>10,574</b>	<b>1,359</b>	<b>175</b>	<b>147</b>	<b>106</b>	<b>1,289</b>	<b>7,144</b>	<b>635</b>	<b>0</b>

## Social Work

## Earmarked Reserves - 2020/21

Period 9 1 April 2020 - 31 December 2020

C a t e g o r y	Project	Lead Officer / Responsible Manager	c/f	New	New	Proposed	Total	Phased Budget	Actual	Projected	Amount to be	Lead Officer Update
			Funding	Funding	Funding	Write Backs	Funding	To Period 9	To Period 9	Spend	Earmarked for	
			2019/20	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	
			£000	£000	£000	£000	£000	£000	£000	£000	£000	
C	Covid-19	Louise Long	400		4,535		4,935	400	400	4,935	0	This represents the balance of the Covid Funding allocated to Social Care by the IJB for 2019-20. Social Care has also received Covid Funding from the IJB of £4.535m in 2020-21.
C	Community Justice	Sharon McAlees	112				112	54	57	68	44	Funding for temp SW within prison service £65k, fund shortfall of Community Justice Co-ordinator post £11k, Whole Systems Approach 20/21 £19k and £17k to contribute to unpaid works supervisor post
C	Tier 2 School Counselling and Children & Young People Mental Health	Sharon McAlees	258				258	0	0	62	196	EMR covers the Tier 2 contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commences 1 August 2020 thus no use of Tier 2 element of EMR anticipated in 2020-21. £62k re Children & Young People Wellbeing will be spent in 2020-21.
C	Refugees	Sharon McAlees	432				432	0	17	50	382	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. We anticipate further increasing this balance in 2020/21 due to the front-end loading of the income received from the Home Office.
C	Integrated Care Fund	Allen Stevenson	81		959		1,040	696	665	897	143	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Spend of £946k is expected for 2020-21.

## Social Work

## Earmarked Reserves - 2020/21

Period 9 1 April 2020 - 31 December 2020

C a t e g o r y	Project	Lead Officer / Responsible Manager	c/f	New	New	Proposed	Total	Phased Budget	Actual	Projected	Amount to be	Lead Officer Update
			Funding	Funding	Funding	Write Backs	Funding	To Period 9	To Period 9	Spended	Earmarked for	
			2019/20	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	
			£000	£000	£000	£000	£000	£000	£000	£000	£000	
C	Delayed Discharge	Allen Stevenson	195		334		529	352	250	452	77	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £452k is expected for 2020-21.
C	Self Directed Support	Alan Brown	43				43	0	0	43	0	This supports the continuing promotion of SDS.
C	Dementia Friendly	Anne Malarkey	100				100	0	0	100	0	Now linked to the test of change activity associated with the new care co-ordination work.
C	Wifi	Allen Stevenson	20				20	0	13	20	0	Quotes being sought. Will be fully spent.
C	Rapid Rehousing Transition Plan (RRTP)	Andrina Hunter	83				83	0	0	45	38	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer to be employed, post was approved by CMT, March 2020. Expect post to be filled in 20/21. Some slippage in 2020-21 due to Covid - full spend is reflected in 5 year RRTP plan.
C	Growth Fund - Loan Default Write-off	Lesley Aird	24				24	0	0	1	23	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2020/21.



Social Work

Earmarked Reserves - 2020/21

Period 9 1 April 2020 - 31 December 2020

C a t e g o r y	Project	Lead Officer / Responsible Manager	c/f	New	New	Proposed	Total	Phased Budget	Actual	Projected	Amount to be	Lead Officer Update
			Funding	Funding	Funding	Write Backs	Funding	To Period 9	To Period 9	Spend	Earmarked for	
			2019/20	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	
			£000	£000	£000	£000	£000	£000	£000	£000	£000	
	<b>Total Category C to E</b>		1,748	0	5,828	0	7,576	1,502	1,402	6,673	903	

## Capital Budget 2020/21

Period 9 1 April 2020 - 31 December 2020

Project Name	Est Total Cost	Actual to 31/03/20	Approved Budget	Revised Estimate	Actual to 31/12/20	Estimate 2021/22	Estimate 2022/23	Estimate 2023/24	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Social Work</b>									
Crosshill Children's Home Replacement	1,730	1,359	175	60	52	291	20	0	0
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Swift Upgrade	1,421	0	0	0	0	600	821	0	0
Complete on Site	23	0	0	12	8	0	11	0	0
<b>Social Work Total</b>	<b>10,574</b>	<b>1,359</b>	<b>175</b>	<b>147</b>	<b>102</b>	<b>1,289</b>	<b>7,144</b>	<b>635</b>	<b>0</b>