



Council Offices, Almada Street
Hamilton, ML3 0AA



Dear Member

South Lanarkshire Integration Joint Board

The Members listed below are requested to attend a special meeting of the above Board to be held as follows:-

Date: Monday, 30 March 2020

Time: 09:30

Venue: Committee Room 1, Council Offices, Almada Street, Hamilton, ML3 0AA

The business to be considered at the meeting is listed overleaf.

Yours sincerely

Cleland Sneddon
Chief Executive
South Lanarkshire Council

Calum Campbell
Chief Executive
NHS Lanarkshire

Members

South Lanarkshire Council

John Bradley, Allan Falconer, Richard Lockhart, Jim McGuigan

NHS Lanarkshire

Philip Campbell, Michael Fuller, Lilian Macer, Lesley Thomson

Substitutes

South Lanarkshire Council

Maureen Chalmers, Hugh Macdonald, Richard Nelson, Margaret B Walker

BUSINESS

1 Declaration of Interests

| Item(s) for Consideration | |
|---|---------|
| 2 Integration Joint Board Financial Plan 2020/2021 Report dated 25 March 2020 by the Director, Health and Social Care | 3 - 26 |
| 3 Directions Report dated 26 March 2020 by the Director, Health and Social Care | 27 - 48 |
| 4 IJB Interim Governance Arrangements Report dated 25 March 2020 by the Director, Health and Social Care | 49 - 52 |

Any Other Competent Business

- 5 Any Other Competent Business**
Any other items of business which the Chair decides is competent.

For further information, please contact:-

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Report

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| Report to: | South Lanarkshire Integration Joint Board |
| Date of Meeting: | 30 March 2020 |
| Report by: | Director, Health and Social Care |

| | |
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| Subject: | Integration Joint Board Financial Plan 2020/2021 |
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the implications of the 2020/2021 grant settlement
- ◆ outline the Integrated Joint Board (IJB)'s indicative Financial Plan for 2020/2021 including details of the budget pressures facing each partner, the key financial assumptions and key risks
- ◆ outline the indicative 2020/2021 contributions from each partner
- ◆ outline the proposed efficiency savings for 2020/2021 for each partner
- ◆ outline the funding gap which requires to be managed in 2020/2021
- ◆ note the requirement to vary the directions with each partner for 2020/2021
- ◆ note the requirement to review the Integrated Joint Board reserves
- ◆ note the comprehensive improvement programme for Care at Home Services being taken forward by South Lanarkshire Council
- ◆ note the award of funding of £0.250 million for a six-month period to the voluntary sector to provide essential community services to vulnerable and isolated individuals affected during this emergency period
- ◆ note the adverse impact of the current Covid-19 virus pandemic on the achievement of the indicative Financial Plan 2020/2021
- ◆ request the delegation of authority to the IJB Chief Officer, in consultation with the IJB Chair and Vice-Chair, or their nominated deputies as necessary, the NHS Lanarkshire Chief Accountable Officer and Director Finance, and the South Lanarkshire Council Chief Executive and Executive Director, Finance and Corporate Resources, in order to make timely decisions to maintain service continuity as far as practical during this critical period.

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the contents of the report and the cost pressures identified by South Lanarkshire Council and NHS Lanarkshire be noted;
- (2) that the contributions from South Lanarkshire Council and NHS Lanarkshire to the Integration Joint Board for the financial year 2019/2020 be noted;
- (3) that the indicative Integration Joint Board Financial Plan for 2020/2021 be approved subject to a mid-year review in September 2020;
- (4) that the proposed efficiency savings of £1.058 million for 2020/2021 as detailed at section 9.3 be approved in principle for implementation by NHS Lanarkshire, subject to any adjustments which may be agreed at the NHS Health Board on 25 March 2020;

- (5) that the proposed efficiency savings of £1.100m for 2020/2021, previously considered by the IJB on 3 December 2019, and as detailed at section 9.5, for implementation by South Lanarkshire Council be noted;
- (6) that the remaining funding gap of £2.506 million for 2020/2021, and the original plan to address this through the identification of further efficiency savings (£1.136 million) and management actions (£1.370 million), be noted;
- (7) that the significant financial risk of a delay in the achievement of the efficiency savings and management actions in 2020/2021 be noted;
- (8) that the reliance on the use of £0.340 million from the IJB prescribing reserve to offset in part the anticipated increase in prescribing costs be approved;
- (9) that the requirement to vary directions on behalf of the Integration Joint Board be noted;
- (10) that the funding totalling £0.250 million which was allocated to 12 voluntary organisations to provide essential community services for vulnerable individuals during the Covid - 19 pandemic in line with section 3.12 of the IJB Scheme of Delegation be noted;
- (11) that the request to delegate authority to the Chief Officer, in consultation with the IJB Chair and Vice-Chair, or their nominated deputies as necessary, NHS Lanarkshire Chief Accountable Officer and Director of Finance, and the South Lanarkshire Council Chief Executive and Executive Director, Finance and Corporate Resources, in order to make timely decisions to maintain service continuity as far as practical during this critical period be approved; and
- (12) that this delegated authority is effective from Monday 30 March 2020 until the emergency response to the Covid-19 pandemic has been stood down by the Scottish Government.

3. Background

- 3.1. As a result of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board (IJB) has a responsibility to set a balanced budget for 2020/2021.
- 3.2. The funds for the IJB are delegated from South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) for the purpose of delivering the delegated functions as set out in the Integration Scheme and the IJB's Strategic Plan. Additionally, the Health Board will also 'set aside' an amount in respect of large hospital functions covered by the Integration Scheme.
- 3.3. As the delegated funds come from SLC and NHSL, the level of funding available to the IJB is heavily influenced by these organisations' grant settlements from the Scottish Government. Both SLC and NHSL face challenges balancing their respective budgets due to budget pressures exceeding the provisional level of funding available.
- 3.4. The financial planning assumptions in respect of the IJB Financial Plan for 2020/2021 are detailed in sections 4 to 8.

4. 2019/2020 Financial Plan Overview

- 4.1. In respect of the financial year 2019/2020, as at January 2020, partner contributions total £541.287m. The allocation of this funding is outlined at Appendix 1.
- 4.2. The 2019/2020 partner contributions also include funding from NHSL which is recognised as being non-recurring. Some of this funding may be received again in 2020/2021, however this will not be confirmed until after April 2020. Expenditure incurred in relation to non-recurring funding is managed on a year-to-year basis, as appropriate.

- 4.3. The financial position as at January 2020 is summarised as follows:
- ◆ an underspend of £0.325m on Health Care Services
 - ◆ an overspend of £0.275m on Social Care and Housing Services
- 4.4. The outturn at 31 March 2020 across Health Care Services is projected to be an underspend of £1.649m, of which £1.469m is expected to be ring-fenced or earmarked as reserves, subject to IJB approval. It is intended that the balance of the projected underspend of £0.180m across Health Care Services will be transferred to the IJB contingency reserve pending further consideration by the IJB of the Financial Plan for 2020/2021.
- 4.5. The outturn at 31 March 2020 across Social Work and Housing Services is projected to be an overspend of £0.511m, £0.191m of which relates to an overspend on the Housing Services General Fund with the balance of £0.320m relating to Social Care Services. An underspend of £0.086m on the HRA is projected at 31 March 2020.
- 4.6. For the purposes of agreeing the IJB Financial Plan for 2019/2020, the reserves position is projected to be as follows:

| 2019/2020 Projection | Ring-fenced and Ear-marked Reserves £m | Contingency Reserve £m | Total Reserves £m |
|---|---|-----------------------------------|------------------------------|
| Reserves As At 31st January 2020 | 3.255 | 2.361 | 5.616 |
| Subject to Chief Officer's delegated authority, potential draw down from the IJB contingency reserve. | 0.000 | (0.350) | (0.350) |
| Projected Underspend NHSL <i>(Indicative to be confirmed at the year-end)</i> | 1.469 | 0.180 | 1.649 |
| Reserves Projected Position As At 31 March 2020 – Indicative | 4.724 | 2.191 | 6.915 |

- 4.7. At this stage, there has been no change to the projected outturn. The financial implications of the response to the Covid-19 pandemic is a significant factor which will impact on both the year-end outturn and the additional costs incurred in 2020/2021. The pandemic, prescribing volatility, additional staff capacity, additional resource capacity and winter pressures are the key risks currently being managed by both the health partner and the local authority partner.
- 4.8. The IJB is asked to note that Mobilisation Plans have been developed which set out the response to the Covid-19 pandemic. This is also the mechanism by which the costs incurred across the health and social care partnership will be captured and reported to the Scottish Government. The first return has been based on estimates.

4.9 The IJB is also asked to note that on 20 March 2020, the Director General for Health and Social Care and Chief Executive of NHS Scotland wrote to the Chief Executive of COSLA in light of the current emergency which has been declared in the NHS in Scotland, and the immediate and urgent requirement to increase the support and staff capacity in the Social Care sector. Subject to any additional expenditure being fully aligned to local Mobilisation Plans, including the IJB responses, the decision has been taken to support reasonable funding requirements on the basis that they will be accurately and immediately recorded and shared with the Scottish Government. This expenditure includes nursing homes, care homes and care at home. The immediate requirement to substantially reduce delayed discharges across the system was emphasised.

5. 2020/2021 Financial Planning Assumptions

5.1. Overview

5.1.1. An overview of projected costs and partner funding contributions in respect of 2020/2021 is detailed at appendix 2.

5.2. Employee cost pressures

5.2.1. Employee cost pressures, including auto-enrolment costs, totalling £5.521m (NHSL - £3.419m; SLC - £2.102m) have been identified.

5.2.2. Employee cost pressures represent the largest element of the increase in cost pressures across the health and social care partnership.

- In respect of SLC, the 2020/2021 is the final year of the three year pay award agreed for all local authority employees.
- In respect of NHSL, 2020/2021 is the third year of the three-year Agenda For Change (AFC) pay deal. The AFC pay scales for 2020/2021 are the only increase in costs which have been confirmed at this stage. Employee cost pressures for all other staff groups are estimated and have been modelled locally.

5.2.3. Projected employee costs will be monitored throughout the year. In line with previous years, it has been assumed that the cost of incremental progression will continue to be managed in-year by both partners. It is expected such increases in cost will be marginally offset by turnover and in-year vacancies.

5.3. Inflationary and other cost pressures

5.3.1. Inflationary cost pressures totalling £2.596m (NHSL - £0.510m; SLC - £2.086m) have been identified.

5.3.2. In respect of SLC, inflationary cost pressures are currently projected to be £2.086m. The main factors contributing to this cost pressure include the potential impact of the negotiations in respect of the national care home contract (£0.702 million) and the inflationary cost increase across externally commissioned care services (£1.384 million). The national care home contract negotiations are not yet concluded, and there is a risk that the costs may be higher than expected. Detailed financial modelling of the impact of contract negotiations is being kept up-to-date as further information becomes available.

5.3.3. In respect of NHSL, general supply inflation in respect of health and social care agreements and other supplies is expected to range up to 3% (Other Supplies - £0.116m; Payment to Other Organisations - £0.394m).

5.3.4 The NHSL partner has also identified additional cost pressure in relation to the NHS Scotland Microsoft Cloud Computing Strategy (£0.190m) and the potential reduction in the funding for the Outcomes Framework (£0.115m).

5.4. Prescribing cost pressures

5.4.1. GP prescribing data is only available in arrears, with November 2019 being the most up-to-date information available. In order to forecast prescribing expenditure for 2020/2021, an exercise was undertaken to consolidate pharmacy and medical cost projections and trend analysis. The Prescribing Quality and Efficiency Programme achieved savings and avoided costs during 2019/2020.

5.4.2. As at January 2020, an overspend of £0.184m is reported in respect of prescribing costs. An earmarked reserve was established on 1 April 2018 totalling £0.736m to manage prescribing volatility. This overspend has been offset by other underspends across health and social care services. It has therefore not yet been necessary to draw this reserve down to date.

5.4.3. The Financial Plan for 2020/2021 assumes that total expenditure on GP prescribing will increase by £2.696m. The current financial allocation of £66.277m will be augmented to include the inflation uplift of 3% on the recurring allocation in 2020/2021 of £1.984m. Reliance will require to be placed on the effective achievement of the ongoing programme of savings plans totalling £0.712m to manage prescribing activity.

5.4.4. The cost projections do not take into consideration the impact of the withdrawal from the European Union (EU) or the impact of the potential disruption to the supply chain as a result of the pandemic.

5.4.5 As part of the year-end process, a recommendation will be made to the IJB in respect of the sufficiency of the earmarked reserve to manage the ongoing volatility of prescribing costs. Prescribing costs will continue to be closely monitored throughout 2020/2021.

5.5. Policy commitment cost pressures

5.5.1. Policy commitment cost pressures totalling £7.563m (NHSL - £4.671m; SLC - £2.892m) have been identified.

5.5.2. The increase in the cost of the ongoing policy commitments has been included in the financial plan as follows:

| | |
|------------------------------------|---------|
| Mental Health Services – Action 15 | £0.414m |
| Primary Care Improvement Plan | £3.250m |
| Alcohol and Drug Partnership | £1.007m |
| Total | £4.671m |

5.5.3. It is assumed that this increase in cost will be funded by additional Scottish Government funding in 2020/2021 as detailed at section 7.

5.5.4. The Scottish Government also advised that further funding would be made available to support the prevention of deaths as a result of drugs. Further details on how this additional funding will be distributed will be forthcoming in the year ahead.

- 5.5.5. Additional Scottish Government funding of £100 million nationally will be available for investment in social care and integration. The allocation to the South Lanarkshire IJB is £5.696m, of which £2.102 million is allocated to fund the increase in employee costs (paragraph 5.2.1) and £0.702 million is allocated to fund inflationary and other cost pressures (paragraph 5.3.2). In order to fulfil the national policy commitments, approximately £2.2 million will be incurred to meet the increase in the cost of the Living Wage and £0.108 million will be required to meet the uplift in the free personal and nursing care rate. Additional expenditure totalling £0.584 million will also be incurred in respect of Carers Assessment Support and Carers Respite Services in order to support the implementation of the Carers (Scotland) Act 2016.
- 5.6. Existing Services Projected Cost Increase
- 5.6.1. A projection in respect of the potential increase in the cost of existing services has been included. This potential increase is estimated to be £1.8 million. It is recognised that service specifications are changing due to complexity of need (£0.5 million), the timing of the implementation of transformational changes may vary (£0.3 million) and service continuity to meet current demand requires to be maintained (£1 million). In line with the strategy adopted in previous years, management actions were being developed to address in-year potential variations to the IJB Financial Plan such as these. In respect of 2020/2021, these potential costs have been estimated and included due to the risk that the management actions cannot be progressed as originally planned due to the priority to respond to the pandemic.
- 5.7. Total Increase In Projected Costs
- 5.7.1 Based on the information available, the increase in cost in 2020/2021 is projected to be £20.481 million.
- 5.7.2 The IJB is asked to note however that this does not include any costs incurred by either partner in response to the Covid -19 virus pandemic.
- 5.8. Demographic Growth Projections
- 5.8.1. Within the SLC Medium to Long Term Financial Strategy, the SLC partner considers that the increase in demand as a result of demographic growth would be offset by ongoing initiatives including the implementation of the service prioritisation framework, re-ablement opportunities, self-directed support options and supporting people to live as independently as possible at home.
- 5.8.2. Demographic growth and increasing complexity of need also impact on Health Care Services. In line with the financial planning assumption adopted in previous years, it is anticipated that the cost of this increase in demand is offset by non-recurring underspends and slippage emerging in-year across health care budgets.
- 5.8.3. The envisaged scenario was therefore that the cost increase as a result of demographic growth could be mitigated in full.
- 5.8.4. The pessimistic scenario however is that the initiatives to reduce cost cannot be implemented as originally planned and the demand for services and complexity of social care needs in particular is higher than anticipated.
- 5.8.5. An adverse movement of £2.992 million is therefore highlighted at appendix 3 which captures the key financial risks for 2020/2021.

5.9. Structure Changes

- 5.9.1. The SLC partner is taking forward a comprehensive improvement programme for Care at Home Services over the short, medium and longer term. The partner also intends to transition towards a revised model of care to ensure improvements are sustainable and regulatory requirements going forward are addressed.
- 5.9.2. Within existing permissions and available budgets, on 4 March 2020 the Social Work Resources Committee authorised additional recruitment to key posts within the Assessment and Care Management functions, including hospital discharge functions, the introduction of a new Senior Carer role and the establishment of a temporary Project Team for a two year period to support the transition and redesign of the service.
- 5.9.3 At this time, SLC had projected an underspend of £2.658m in the current year's revenue budget and agreed that this underspend would be used for future budget strategies. This included supporting the costs of the transitional change in the Care at Home Service and also the costs of the Project Team.
- 5.9.4 It is intended that further reports will be prepared setting out the longer term strategy and structure for the Service. These reports will include recommendations about the financial implications and sustainability of the remodelled service and the requirement for investment.
- 5.9.5 The IJB is asked to note that the immediate priority of both partners is to ensure safe services are delivered in response to the Covid – 19 pandemic. When it is appropriate to do so, the IJB will be provided with further updates on the progress of the strategic developments originally agreed.
- ## 5.10. Voluntary Sector Response to the Covid-19 Pandemic
- 5.10.1 The IJB Strategic Commissioning Group led the refresh of the early intervention and prevention community initiatives commissioned from the voluntary sector. Organisations and community groups were invited to submit proposals which were subsequently evaluated against pre-determined criteria.
- 5.10.2 The award of the funding however has been put on hold as a result of the Covid-19 pandemic for 6 months to September 2020. It was agreed that it would be difficult for new projects to become established at this time.
- 5.10.3. In line with section 3.12 of the IJB Scheme of Delegation, in the case of emergency involving danger to life or property, the Chief Officer and Chief Financial Officer have general delegated authority to enter into contracts for the supply of goods and materials, the execution of works and the provision of services where the estimated expenditure is more than £100,000, subject to reporting the expenditure to the Board.
- 5.10.4. As part of the IJB and partner's response to the Covid - 19 pandemic, twelve organisations have been commissioned to provide a range of community services to vulnerable individuals including telephone befriending, "check-in" calls, providing food parcels, collecting and delivering prescriptions, providing advice on money and financial concerns, escalating concerns to partner agencies if necessary and appropriate and enabling volunteers and co-ordinating the community response at a local level to replace / minimise the demand on statutory services.

- 5.10.5 The total cost of the six-month extension is £0.207m ranging from £0.003m up to £0.045m across the 12 voluntary organisations. A small voluntary sector contingency fund of £0.047m was also established to provide some flexibility to respond to emerging demands at a local level. There is no specific commitment against this sum at this present time. This total cost would be £0.250m for the 6-month period and would be non-recurring. This cost will initially be recorded as a cost in response to the Covid - 19 pandemic pending further guidance from the Scottish Government.
- 5.10.6. The IJB is asked to note the decision taken by the Chief Officer to allocate the funding of £0.250 million during the current emergency.
- 5.11 Scenario Planning
- 5.11.1 It is recommended good practice that scenario planning is undertaken to assess the impact of changes to the underlying financial planning assumptions.
- 5.11.2 In addition to the potential impact of demographic growth which cannot be mitigated during the pandemic, there is a significant financial risk that additional costs will be incurred in respect of prescribing activity and also potential price increases due to the interruption in the supply chain. A 2% increase would cost an additional £1.362 million per annum. It will also be challenging to deliver on the planned savings strategy for 2020/2021 over the forthcoming year. The timing of the saving may therefore be delayed, and this is estimated to be £1.668 million.
- 5.11.3 The financial implications of the response to the Covid – 19 pandemic for health and social care services are being estimated and included in a Mobilisation Plan Return to the Scottish Government. These projected costs will be updated weekly as plans are embedded. Until the costs are more certain they have not been included in the IJB Financial Plan at this stage. The IJB is asked to note that this work is ongoing in consultation with NHSL and SLC finance colleagues. The reassurance that reasonable funding requirements will be supported is also highlighted at paragraph 4.9.
- 6. 2020/2021 Notional Set-Aside Allocation**
- 6.1. In line with the previously agreed methodology and increasing the 2019/2020 budget by the 2020/2021 inflation uplift of 3%, the notional set-aside budget is re-stated to be £59.501 million for 2020/2021.
- 6.2. The agreement in place from 2016/17 to date in 2019/20 has been that any physical transfer of resources from the set aside will be based on agreed costed service changes. Outside of these planned changes, it has been agreed each year to date that the NHS Board will deliver the set aside services in return for the budget offered. Although under s28(4) of the Public Bodies (Joint Working) (Scotland) Act 2014 the Health Board may require the integration authority to reimburse it for the additional amount used in providing set aside services, this has not been pursued by NHSL with the IJB. All expenditure incurred on the set-aside services to date therefore has been met by NHSL. Instead the focus has been on whole system working through the unscheduled care board to develop future plans to cope with increased demand coupled with day to day integrated working to resolve the more immediate problems. This approach has allowed a constructive dialogue between the parties which focusses on the service changes that will make a difference.
- 6.3. The system reform assumptions in the Scottish Government Medium Term Health and Social Care Financial Framework which was published in October 2018 included material savings to be achieved from reducing variation in hospital utilisation across

partnerships. Planning across the whole unplanned care pathway is key to delivering this objective. Partnerships were advised that by the start of 2019/2020, the set aside arrangements were to be fit for purpose and enable this approach. However, there continues to be a significant time lag in being able to quantify reliably the hospital resource use in any year.

- 6.4 The calculation of the notional set-aside allocation and the confirmation of actual activity levels is a complex accounting process. The allocation will be updated on receipt of further validated 2018/2019 activity levels from ISD. This information however may not be available until the summer of 2020 at the earliest, based on previous experience.
- 6.5 NHSL have agreed to continue to manage the inflationary and operational cost pressures across the set-aside services which are directly managed by the Director of Acute Services on behalf of the IJB. This includes Accident and Emergency Services and other unplanned care pathways.
- 6.6 A further development of the set-aside concept would however be to increase the visibility of the hospital set-aside resource usage in financial terms, similar to the transparency across community health services and social care services. This would contribute to a balanced view of the entire patient journey. During 2020/2021, further opportunities to explore the connections between the set-aside budget and the other health and social care budgets will be considered including, in particular, the potential financial implications. A local pilot is ongoing to establish if reliance can be placed on more timely information.

7. 2020/2021 Projected Increase In Funding

- 7.1 An additional uplift of 3% will be applied to the recurring NHSL baseline. This equates to approximately £5.665 million. Approximately £1.384 million of this uplift will be transferred to SLC in respect of the uplift on resource transfer payments as well as the services commissioned through the social care fund, delayed discharge fund and integrated fund. In respect of the delegated health functions, the partner contribution from NHSL to the IJB will increase by at least 3% over the 2019/2020 agreed recurring budgets.
- 7.2. In addition to the baseline funding uplift, further funding is being invested to continue to improve patient outcomes.
 - 7.2.1. The investment in primary care services will increase nationally by £50m from £155m in 2019/2020 to £205m in 2020/2021. This will continue to support the transformation of primary care services by enabling the expansion of multidisciplinary teams of nurses, doctors, pharmacists, allied health professionals and other clinicians for improved patient care. The role of GPs as expert medical generalists and clinical leaders in the community will also be strengthened and clarified in line with the implementation of the GP contract.
 - Planned investment across NHSL will increase by £6.901m from £6.786m in 2019/2020 to £13.687m in 2020/2021. The increase in expenditure will be contained within the overall primary care improvement fund available.
 - The NHS Scotland Resource Allocation Committee (NRAC) allocation for South Lanarkshire is £3.250 million (48%).

7.2.2 In order to support both mental health services and children and adolescent mental health services (CAMHS), the investment will increase nationally by £28m from £61m in 2019/2020 to £89m in 2020/2021.

- The commitment to adult and children's mental health services and the transformation of CAMHS are ongoing strategic investment priorities for the partnership in 2020/2021. Expenditure will therefore continue to be incurred to support the ongoing delivery of the Mental Health Outcomes Framework and the NHS Workforce Development Programme as well as improved access to high quality mental health services. This will also include funding for the recruitment of 800 additional mental health workers as outlined in Action 15 of the Mental Health Strategy.
- In response to increasing demand, spending across mental health services is a priority and is in line with the Programme for Government to deliver a shift in the balance of overall spending. In order to maximise the contribution from this direct investment, the funding continues to be provided on the basis that it is in addition to a real terms increase in existing 2019/2020 spending levels by NHS Boards and Integration Authorities. This means that funding for 2020/2021 must be at least 3% greater than the recurrent budgeted allocations in 2019/2020 plus the new investment funding nationally of £28m.
- Planned investment across NHSL will increase by £0.864m from £2.099m in 2019/2020 to £2.963m in 2020/2021 and will be contained within the overall financial envelope available.
- The NRAC allocation for North Lanarkshire is £0.414m (48%).

7.2.3 A further £1.007 million will be available for 2020/2021 in respect of the Programme for Government Local Improvement Funding (LIF) to progress the proposals contained within the Alcohol and Drugs Strategy. Although this is the third year of the programme, of the total LIF of £2.069m for 2018/2019 and 2019/2020, £0.545m has been committed to date, £0.517m remains in a ring-fenced reserve held by the IJB and £1.007m has been retained by the Scottish Government pending a future call drawn down as projects are embedded. Officers across the health and social care partnership have been advised by the Scottish Government officials that the funding retained by the Scottish Government will be made available when the balance of the expenditure is incurred.

7.3 An additional £12.7 million nationally will be allocated to tackle the harm associated with the use of illicit drugs and alcohol. The investment plans for this funding will be discussed in more detail with NHS Boards and Integration Authorities in the coming months. It is expected investment by NHS Boards and Integration Authorities will increase by 3% over and above 2019/2020 agreed recurring budgets to address these issues.

7.4 Additional Scottish Government funding of £100 million nationally will be available for investment in social care and integration as follows:

| | National Allocation £m | SLC Allocation £m |
|--|------------------------------|----------------------|
| Contribution to the real living wage | 25.000 | 1.500 |
| Uprating of free personal and nursing care rate | 2.200 | 0.108 |
| Implementation of the Carers (Scotland) Act 2016 | 11.600 | 0.584 |
| Social care and integration | 57.200 | 3.449 |
| School Counselling Services | 4.000 | 0.253 |
| Total | 100.000 | 5.894 |

The school counselling services are not a delegated function of the South Lanarkshire IJB. The funding of £0.253 million will therefore be allocated directly to Education Resources within SLC. Funding of £0.113 million is also included within the Carers (Scotland) Act 2016 in respect of services for children and families.

- 7.5 The funding allocated to the IJB is additional, and not substitutional, to the SLC 2019/2020 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services will also be additional. This means that, when taken together, SLC social care budgets for allocation to the IJB and funding for school counselling services will be £6.007 million greater than the 2019/2020 recurring budgets.
- 7.6 Similar to last year, flexibility was also available to SLC to reduce their funding contribution to the IJB by up to 2% and a maximum of £50 million nationally in 2020/2021 based on local needs. This would have equated to approximately £2.557 million. SLC however chose not to reduce their funding contribution to the IJB.
- 7.7 For completeness, the IJB is also advised that NHSL will receive additional funding to help address historic underfunding and ensure that the Health Board is no more than 0.8% below the NRAC allocation. Both the South Lanarkshire IJB and the North Lanarkshire IJB were allocated a balanced budget by NHSL on inception in April 2016. As a result, NHSL retained responsibility for managing the cost pressure relating to the historical gap in funding as a result of the NRAC differentials. Notwithstanding the additional funding, there is still a gap which requires to be managed by NHSL in 2020/2021.
- 7.8 Based on the information available, the increase in funding in 2020/2021 is projected to be £15.977 million.

8. FINANCIAL SUMMARY 2020/2021

- 8.1 The total expenditure which is projected to be incurred by both partners in 2020/2021 is £561.768 million, an overall increase of £20.481 million from £541.287 million as at January 2020. This projection has not yet been adjusted for non-recurring funding.
- 8.2 The total funding contributions from both partners in 2020/2021 is £557.264 million, an overall increase of £15.977 million from £541.287 million as at January 2020. This projection has not yet been adjusted for non-recurring funding.

8.3 The 2020/2021 budget allocations will be finalised as part of the detailed budget setting process undertaken by each partner in April 2020.

9. 2020/2021 Financial Strategy

9.1 Based on the key financial planning assumptions outlined in sections 5, 6 and 7 and detailed at appendix 2, the total cost pressures are estimated to be £20.481 million in respect of the financial year 2020/2021. Additional funding totalling £15.977 million will be received in 2020/2021. The funding gap is therefore £4.504 million (NHSL - £2.649 million; SLC - £1.855 million).

9.2 In order to achieve a balanced budget and address the funding gap of £4.504 million, the proposed 2020/2021 financial strategy is summarised as follows:

| | |
|--------------------------------------|---------|
| Savings – Proposed | £2.158m |
| Savings – To be further developed | £1.136m |
| Management Actions – To be confirmed | £0.870m |
| Reliance on Reserves (Non-recurring) | £0.340m |
| Total | £4.504m |

9.3 The IJB is asked to approve in principle the proposed NHSL savings totalling £1.058 million which are detailed at appendix 4.

9.4 The IJB is however asked to note that further savings are being considered but the original timing of the achievement of these savings is likely to be delayed due to the current national emergency.

9.4.1 It was originally intended that social care fund totalling £0.500 million could be released as a result of the reduction in named care home placements. This saving had originally been proposed as the number of care home placements previously made had reduced in 2019/2020 and a further reduction was expected in 2020/2021. Although this saving is still included as a proposal at appendix 4, the IJB is asked to note that further discussion is required with the SLC partner to assess the recurring impact of the response to the Covid -19 virus pandemic on the increase in the number of care home placements.

9.4.2 The IJB is also asked to note that further work is required to assess the current feasibility of further savings options totalling £0.636m for the NHSL partner. This will be considered further in future reports to the IJB.

9.5 On 3 December 2020, the IJB was previously advised that efficiency savings had been proposed by the South Lanarkshire Council partner totalling £1.100m, as outlined on the attached appendix 5. As the ongoing reviews were still to be finalised, the IJB was asked to consider and note the savings proposals. The IJB approved the proposal by South Lanarkshire to progress each review on the understanding that if the value of the savings identified on conclusion of the reviews is lower than those currently included in the savings proposals attached on the appendix, SLC would manage any shortfall through the use of SLC reserves and/or from any other potential funding identified in the SLC Budget Strategy once the Government Grant has been confirmed in 2020. It is expected that the outcome of these reviews will be reported to a future meeting of the IJB. The ongoing reviews are likely to be impacted upon by the current Covid - 19 virus pandemic.

- 9.6 The IJB is asked to note that further work is required to assess the current feasibility of the management actions totalling £0.870m for both partners which were originally being considered to achieve a balanced budget for 2020/2021. This will also be considered as part of the financial implications of the Mobilisation Plan being reported to the Scottish Government.
- 9.7 A formal review of IJB reserves will be undertaken as part of the year-end process. The contingency reserve is projected to be £2.191 million at 31 March 2020. At this stage, reliance of at least £0.340 million is proposed in respect of the management of additional prescribing costs.
- 9.8 Senior officers across the health and social care partnership have explained the implications of the savings to key stakeholders as part of each partner's own internal budget setting processes. In relation to the proposed savings for 2020/2021 recommended to the IJB for approval, work had been carried out by each partner to assess the risks and the deliverability of each saving. The IJB is asked to note however that the financial strategy for 2020/2021 does not account for the unpredictability associated with the response to the Covid – 19 virus pandemic and the actions both partners are implementing to respond to this.
- 9.9 The IJB strategy will also continue to promote early intervention and prevention and to signpost people to the third sector and community supports as appropriate. Demographic growth continues to be a key financial risk across the partnership and further updates on the transformational change programme will be reported to future meetings of the IJB.

10. Employee Implications

- 10.1. It is anticipated that the employee implications associated with any proposed savings can be managed through the range of options available to each partner as appropriate including anticipated natural turnover, vacant posts and the removal of temporary posts.

11. Financial Implications

- 11.1 The IJB and both partners are required to achieve a balanced budget for 2020/2021. The financial implications are as detailed in sections 4 to 9 of this report.
- 11.2 Consistent with the majority of public sector organisations, the IJB continues to experience a number of cost pressures which it needs to consider during its financial planning process.
- 11.2.1 The most significant risks to expenditure relate to the current pandemic, the withdrawal from the EU, prescribing activity and cost volatility and the ongoing negotiations in respect of contractual arrangements, including the national care home contract. There is also a significant risk that proposed savings will not be progressed as originally planned during the period when the response to the pandemic is prioritised.
- 11.2.2. The cost of demographic growth and increasing complexity of need will also impact on health care services however this is not accounted for in the financial plan for 2020/2021. This is in line with the financial planning assumptions adopted in previous years whereby the cost of the increase in demand is offset by non-recurring underspends and slippage emerging in-year across health services.

- 11.3. The IJB Financial Plan for 2020/2021 remains indicative at this stage until the year-end outturn for the current financial year 2019/2020 is confirmed and the detailed budget setting processes in relation to the IJB are concluded. Reliance is placed on the financial management and budgetary control processes embedded within each partner's existing reporting arrangements. Until the financial assumptions are confirmed and the funding gap detailed in the IJB Financial Plan for 2020/2021 is addressed through the implementation of savings, there is a financial risk that one or both partners may overspend. The financial monitoring reports in the early part of the year will indicate this.
- 11.4. The IJB is asked to note that a review of reserves will be undertaken as part of the year-end process.
- 11.5. The IJB is also asked to note that it is also intended to undertake a mid-year review of the IJB Financial Plan for 2020/2021 in September 2020.

12. IJB Approval of Delegated Authority to the IJB Chief Officer

- 12.1. The IJB and both partners are reacting to the emerging issue of the COVID-19 pandemic. It is likely that unbudgeted expenditure will require to be incurred. The IJB Chief Officer may therefore be required to incur emergency expenditure in respect of the response to the COVID-19 pandemic.
- 12.2. The IJB is therefore asked to approve the delegation of powers to the IJB Chief Officer to make strategic and operational decisions of an urgent nature on issues that in normal circumstances would require IJB approval. This would be subject to consultation with the IJB Chair and IJB Vice-Chair, or their nominated deputies as necessary, the NHSL Chief Accountable Officer and Director of Finance, and the SLC Chief Executive and Executive Director, Finance and Corporate Resources.
- 12.3 Subject to IJB approval, the delegation of authority to deal with urgent matters would take effect from Monday 30 March 2020 until the emergency response to the Covid-19 pandemic is stood down by the Scottish Government.
- 12.4 This is a period of national emergency which has been declared by the Government. This emergency situation involves the closure of public buildings and the cancellation of meetings. The delegation of authority to the IJB Chief Officer will ensure that decisions taken during this emergency are competent. It will also ensure that strategic and operational decisions of an urgent nature can be taken immediately where it is necessary to protect patients, service users, residents, staff and the general public. The detail of urgent issues dealt with during such a period including expenditure incurred as part of the IJB and partner's emergency response will be reported to the IJB for noting at the earliest opportunity.
- 12.5 These arrangements will be subject to ongoing review until normal IJB meeting arrangements are reintroduced when it is safe and appropriate to do so.

13. Other Implications

- 13.1. There are provisions within the IJB Financial Regulations which set out an agreed process to be followed in the event that an overspend is forecast on either partner's in scope budget.
- 13.2. In relation to the proposed efficiency savings recommended to the IJB for approval, work has been carried out by each partner to assess their deliverability. Through this exercise, risks which may impact on service delivery will be considered.

- 13.3. In preparing the IJB Financial Plan for 2019/2020, a range of estimates have been included that contain elements of risk and uncertainty. These are detailed in section 11.2.
- 13.4. NHSL was originally expected to breakeven in 2019/2020 however reliance was being placed on non-recurring means to do so. It is also acknowledged that the impact of the response to the Covid -19 pandemic will impact on the financial outturn for 2019/2020 and also the financial planning assumptions for 2020/2021.
- 13.5. NHSL have agreed the IJB budget offer in principle. By allocating the inflation uplift of 3% to the IJB, NHSL is also accepting that the Health Services not delegated to the IJBs would require to make a higher level of efficiency savings in line with their greater cost pressures. Full solutions have not yet been identified. There is significant uncertainty about NHSL cost pressures in 2020/2021. There will also be significant uncertainty about SLC cost pressures in 2020/2021.
- 13.6. The sustainable medium to long term financial strategy for the IJB is being developed in consultation with each partner and will be reported to a forthcoming Performance and Audit Sub-Committee.
- 13.7. There are provisions within the IJB Financial Regulations which set out an agreed process to be followed in the event that an overspend is forecast on either partner's in scope budget.
- 13.7.1. The IJB Chief Officer and the IJB Chief Financial Officer will agree a budget recovery plan with the relevant partner to balance the overspending budget.
(IJB Financial Regulations Section 5.15 and 5.16).
- 13.7.2. In exceptional circumstances, should the South Lanarkshire Council or the Health Board require the Board to identify resources to offset an in-year overspend, they (i.e. the partner) must do this by amending their contributions to the Board.
(IJB Financial Regulations Section 5.17).
- 13.7.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the overspending partner has the option to:
- (a) Make an additional one-off adjustment to the resources it is making available to the Board, or
 - (b) Provide additional resources to the Board which are then recovered in future years from subsequent underspends in that Partner's contribution, (subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this).
- (IJB Financial Regulations Section 5.19).*

14. Equality Impact Assessment and Consultation Arrangements

- 14.1. The Equality Act 2010 expects that those making decisions give 'due regard' to equality considerations during the course of decision-making. The Equality Impact Assessments (EQIAs) and their outcomes should help inform board members so that their decisions have taken account of the different needs and rights of members of the community. This does not mean that difficult decisions cannot be made, but that they are made in a fair and transparent way.
- 14.2. In terms of the public sector duties under the Equality Act 2010, initial EQIAs have been carried out on all the proposals which require them. Savings will be evaluated in terms of clinical risk and financial risk. Any proposal which has identified potential adverse impacts will also have mitigating actions to remove or lessen the impact on protected groups. The protected characteristics are age, disability, sex, sexual

orientation, pregnancy and maternity, marriage and civil partnership, race, religion and beliefs and transgender identity.

14.3. Consultation has been undertaken with relevant stakeholders on agreed efficiency savings as required.

14.4. The Director of Finance of NHSL and the Executive Director (Finance and Corporate Resources) of SLC have both contributed to the development of the IJB Financial Plan for 2020/2021.

15 Climate Change, Sustainability and Environmental Implications

15.1 There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

15.2 There are no sustainable development issues associated with this report.

16. Directions

16.1. As part of the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to direct NHSL and SLC to deliver integrated service provision in line with the IJB’s Strategic Plan. These directions will be varied to reflect the IJB Financial Plan for 2020/2021. The directions will also note that, following approval by the IJB, the partners will require to implement agreed efficiency savings to address the funding gap. The directions are set out in a separate report to the IJB for the following partners as appropriate.

| Direction to: | |
|--|-------------------------------------|
| 1. No Direction required | <input type="checkbox"/> |
| 2. South Lanarkshire Council | <input type="checkbox"/> |
| 3. NHS Lanarkshire | <input type="checkbox"/> |
| 4. South Lanarkshire Council and NHS Lanarkshire | <input checked="" type="checkbox"/> |

Val de Souza
Director, Health and Social Care

Date created: 25 March 2020

Link(s) to National Health and Wellbeing Outcomes

| | |
|--|--------------------------|
| People are able to look after and improve their own health and wellbeing and live in good health for longer | <input type="checkbox"/> |
| People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community | <input type="checkbox"/> |
| People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected | <input type="checkbox"/> |
| Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services | <input type="checkbox"/> |

| | |
|---|-------------------------------------|
| Health and Social Care Services contribute to reducing health inequalities | <input type="checkbox"/> |
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing | <input type="checkbox"/> |
| People who use Health and Social Care Services are safe from harm | <input type="checkbox"/> |
| People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide | <input type="checkbox"/> |
| Resources are used effectively and efficiently in the provision of Health and Social Care Services | <input checked="" type="checkbox"/> |

Previous References

- ◆ Integrated Joint Board 25 March 2019

List of Background Papers

- ◆ Efficiency Savings 2020/2021

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Marie Moy, Chief Financial Officer
 Ext: 3709 (Phone: 01698 453709)
 Email: marie.moy@southlanarkshire.gov.uk

South Lanarkshire IJB Financial Plan 2019/2020

Appendix 1

2018/2019

As At December 2018 /
January 2019

Budget Allocations

2019/2020

As At January 2020

| £m | % |
|----------------|------------|
| 168.523 | 33% |
| 42.100 | 8% |
| 66.208 | 13% |
| 26.325 | 5% |
| 6.518 | 1% |
| 4.356 | 1% |
| 2.919 | 1% |
| 3.917 | 1% |
| 320.866 | 62% |

| | |
|----------------|------------|
| 90.082 | 17% |
| 54.715 | 11% |
| 48.238 | 9% |
| 2.859 | 1% |
| 195.894 | 38% |

| | |
|----------------|-------------|
| 516.760 | 100% |
| (7.255) | |
| 509.505 | |

| Directly Managed Budgets | £m | % |
|--|----------------|------------|
| Social Care Services | 178.702 | 33% |
| Hosted Services Led By South Lanarkshire IJB | 46.970 | 9% |
| Prescribing | 66.277 | 12% |
| Locality Health Care and Other Services | 28.436 | 5% |
| Area Wide Services | 7.568 | 1% |
| Addiction Services | 3.470 | 1% |
| Medical and Nursing Directorate | 3.117 | 1% |
| Out of Area Services | 3.940 | 1% |
| Sub Total | 338.481 | 62% |

| Non-Directly Managed Budgets | | |
|--|----------------|------------|
| Family Health Services | 97.578 | 18% |
| Set-Aside Budget | 56.292 | 10% |
| Hosted Services Led By North Lanarkshire IJB | 52.586 | 10% |
| Housing Services | 2.882 | 1% |
| Sub Total | 209.338 | 38% |

| | | |
|---------------------------------|----------------|-------------|
| Total Budget Allocations | 547.819 | 100% |
| Gross Income (SLC) | (6.532) | |
| Net Expenditure | 541.287 | |

| | 2020/2021 | | |
|---|---------------|--------------|---------------|
| | NHSL £m | SLC £m | Total £m |
| SECTION A PROJECTED INCREASE IN COSTS | | | |
| Employee Costs | 3.419 | 2.102 | 5.521 |
| Inflationary Cost Pressures | 0.394 | 1.384 | 1.778 |
| Other Supplies | 0.116 | 0.000 | 0.116 |
| Inflationary Cost Pressures - Contract | 0.000 | 0.702 | 0.702 |
| NHS Scotland Microsoft Cloud Computing Strategy | 0.190 | 0.000 | 0.190 |
| Outcomes Framework - 5% Cost Pressure | 0.115 | 0.000 | 0.115 |
| GP Prescribing Costs | 2.696 | 0.000 | 2.696 |
| Policy Commitments | 0.000 | 2.308 | 2.308 |
| Carers Assessment Support and Carers Respite Services | 0.000 | 0.584 | 0.584 |
| Mental Health Action 15 (Note: Led by North Lanarkshire IJB) | 0.414 | 0.000 | 0.414 |
| Primary Care Improvement Plan (Note: Led by South Lanarkshire IJB) | 3.250 | 0.000 | 3.250 |
| Alcohol and Drug Partnership | 1.007 | 0.000 | 1.007 |
| Alcohol and Drug Partnership - Preventing Drug Deaths | 0.000 | 0.000 | 0.000 |
| Existing Services Projected Cost Increase | 0.000 | 1.800 | 1.800 |
| Demographic Growth | 0.000 | 0.000 | 0.000 |
| Section A Total Projected Increase In Costs | 11.601 | 8.880 | 20.481 |
| SECTION B PROJECTED INCREASE IN FUNDING | | | |
| NHSL Inflation Uplift | 4.281 | 0.706 | 4.987 |
| NHSL Resource Transfer Inflation Uplift | 0.000 | 0.678 | 0.678 |
| Scottish Government Funding - Carers Act | 0.000 | 0.584 | 0.584 |
| Scottish Government Funding - Free Personal and Nursing Care | 0.000 | 0.108 | 0.108 |
| Scottish Government Funding - Social Care and Integration | 0.000 | 4.949 | 4.949 |
| National Policy Initiatives Funding | 4.671 | 0.000 | 4.671 |
| Section B Total Projected Increase In Funding | 8.952 | 7.025 | 15.977 |

| | 2020/2021 | | |
|--|----------------|----------------|----------------|
| | NHSL £m | SLC £m | Total £m |
| SECTION C ENVISAGED FUNDING GAP | (2.649) | (1.855) | (4.504) |
| SECTION D FINANCIAL STRATEGY TO ADDRESS FUNDING GAP | | | |
| Savings - Planned | 1.058 | 1.100 | 2.158 |
| Savings - To be further developed | 1.136 | 0.000 | 1.136 |
| Management Actions - To be confirmed | 0.115 | 0.755 | 0.870 |
| Reserves Strategy - To be confirmed | 0.340 | 0.000 | 0.340 |
| Section D Total Financial Strategy To Address Funding Gap | 2.649 | 1.855 | 4.504 |

Pessimistic Scenario Planning Of Key Financial Risks

Appendix 3

| | 2020/2021 | | |
|---|--------------|--------------|--------------|
| | NHSL £m | SLC £m | Total £m |
| Key Financial Risks | | | |
| Cost of prescribing is 2% higher than planned | 1.362 | 0.000 | 1.362 |
| Cost of demographic growth cannot be offset by management actions | 0.000 | 2.992 | 2.992 |
| Timing of achievement of saving during the first year of implementation | 1.136 | 0.532 | 1.668 |
| Potential Adverse Movement | 2.498 | 3.524 | 6.022 |

Note:

Negative income or expenditure balances is a favourable movement.

Positive income or expenditure balances is an adverse movement.

Efficiency Saving 2020/2021 – NHS Lanarkshire

Appendix 4

| Ref. | Savings Type | Description | Employee FTE | Saving £m |
|---|--------------|--|--------------|--------------|
| NHSL01 | | Prescribing The prescribing cost pressure is £2.696m which will be offset by 3% inflation uplift of £1.984m and efficiency saving of £0.780m totalling £2.764m. The outcome would be a net saving of £0.068m which can be allocated to the funding gap. The preference would be to retain the £0.068m in the prescribing budget. If other savings options can be identified, the £0.068m can be returned to the prescribing budget. | N/A | 0.780 |
| NHSL02 | | Base Budget Adjustments Uncommitted Social Care Fund budget held by NHSL. | N/A | 0.120 |
| NHSL03 | | Review of Locality Budgets Following a review of the locality budgets, savings across pay budgets were identified as a result of skills mix and redesign (0.4 FTE Band 7 post released). A total of £0.104m can also be released from unutilised budgets across non-pay services. | 0.4 | 0.158 |
| Sub Total – NHS Lanarkshire Proposals | | | 0.4 | 1.058 |
| NHSL04 | | Social Care Fund - Named Care Home Placements In 2016/2017, South Lanarkshire HSCP received £15.282m in respect of the Social Care Fund. Of this, £2.3m was originally allocated to meet the recurring cost of additional care home placements which had been made between 2011 and 2016. These placements were in addition to the number of placements that could be supported from the core Social Work budget and reflected the demand for care home placements over this period following discharge from hospital. Since 2017/2018, funding of £1.051m has been released as some of the care home residents have since passed away. Of the balance of £1.249m, there has been a further reduction of £0.342m in 2019/2020. An anticipated reduction of £0.160m in 2020/2021 may also be realised. A total saving of £0.500m is therefore proposed for 2020/2021. The expenditure will continue to be monitored. Since this saving was originally proposed however the current demand for care home placements has increased during the response to the Covid – 19 pandemic which is impacting on the SLC partner. For this reason this saving requires further consideration before it can be approved. | N/A | 0.500 |
| | | Savings To Be Further Developed A number of other savings options were being pursued by officers across the Health and Social Care Partnership. Further work is required before these proposals can be considered for approval. This work will continue at the earliest opportunity. | TBC | 0.636 |
| Sub Total – Savings to be further developed and considered | | | N/A | 1.136 |
| Total – NHS Lanarkshire Proposals | | | 0.4 | 2.194 |

| Ref. | Savings Type | Description | Employee FTE | Saving £m |
|-------|----------------|---|--|-----------|
| IJB01 | Service Impact | <p>Day Services</p> <p>The Council operates 19 Day Services for both Adults (6) and Older People (13) across South Lanarkshire with the potential to provide 3,230 registered days of care per week. The Service budget is £10.060m (£8.400m internal and £1.660m external). These services operate significantly under occupancy - typically 1,942.5 days of care/week (60% average occupancy: across locality are range from 56% - 69%; lowest centre 24.6% occupied). Whilst some centres have reduced capacity reflecting dependency levels of service users, the impact of prioritisation, Self-Directed Support (SDS) choices and personal budget levels may further reduce demand. There are also service users with more complex needs attending day centres or being placed externally in specialised services that could potentially be provided in-house. The occupancy levels and need for external services will be considered, in particular the use of external provision. The physical estate is in good order but overall has under-utilised capacity and there are too many bases operating and some which could be used differently.</p> <p>Recent positive tests of change include shared transport and some shared activity at Stonehouse Lifestyles and including day care as an intermediate care option. There is also a Community Support Service operating within the locality offices which support adults with learning disabilities who have less complex needs to access support. This element of the service is also being considered.</p> <p>A paper was presented to the Social Work Resources Committee on 02 October 2019 which outlined a review on improvements to Day Care Services, and to identify efficiencies. It is anticipated that savings of £0.550m can be realised in 2020/2021, however, full consideration of the Service is required before this can be confirmed. Staff affected will be considered as part of the review.</p> | Will be confirmed following the review | 0.550 |

| Ref. | Savings Type | Description | Employee FTE | Saving £m |
|--|----------------|--|--------------|--------------|
| IJB02 | Service Impact | <p>Care and Support This is a legacy Supported Living Service for mostly adults with a learning disability which has dwindling numbers (34) and an ageing cohort of service users. The net budget for the service is £4.286 million which is comprised of mostly staffing costs. An external framework of providers is in place for all new services users. The Service will undertake care reviews for all service users applying Self-Directed Support (SDS) principles to determine the most appropriate means of providing the care in the longer term. It is anticipated that the number of service users will continue to reduce. The service will consider alternative forms of delivery which will sustain the quality of care whilst also releasing resource. The current registration model and staffing structures are being considered to identify ways to reduce both core costs and overtime. This will also provide useful benchmarking data in relation to the cost to the council versus the cost to the framework provider of delivering the service. Given the complex and sensitive nature of the needs of service users, it is anticipated that only a part year saving could be achieved in 2020/2021, with further savings realised in future years. The Service users have an aggregated assessed need for 3,187 hours which could be purchased through a framework provider for circa £2.720m. This would achieve savings of over £1m from 2020/2021 compared to the current model.</p> <p>A paper was presented to the Social Work Resources Committee on 02 October 2019 which outlined a review considering the current Care and Support Service, and to identify efficiencies. It is anticipated that savings of £0.550m can be realised in 2020/2021, however, full consideration of the Service is required before this can be confirmed. Staff affected will be considered as part of the review. Existing staff within the service will be redeployed into alternative social care roles.</p> | 5.0 (min) | 0.550 |
| Total – South Lanarkshire Council Proposals | | | 5.0 | 1.100 |

Report

| | |
|------------------|--|
| Report to: | South Lanarkshire Integration Joint Board |
| Date of Meeting: | 30 March 2020 |
| Report by: | Director, Health and Social Care |

| | |
|----------|-------------------|
| Subject: | Directions |
|----------|-------------------|

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ outline the arrangement through which the Integration Joint Board will issue Directions in relation to the operational delivery of the delegated functions
- ◆ confirm the Directions to each partner for the financial year 2020/2021

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the mechanism set out in relation to issuing Directions to one or both of the partners be noted; and
- (2) that the proposed Directions attached at Appendices 1 and 2 be approved for issue to NHS Lanarkshire Health Board and South Lanarkshire Council to take effect from 01 April 2020.

3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on the Integration Joint Board (IJB) to prepare a Strategic Commissioning Plan (SCP).
- 3.2. The IJB is required to confirm the strategic direction and intended use of integrated budgets under their control which relates to the delegated functions outlined within the Integration Scheme.
- 3.3. The mechanism which allows the IJB to action the intentions outlined in the SCP is provided in the Act and takes the form of binding Directions which are issued to the Health Board and Local Authority.
- 3.4. Directions issued by the IJB tell the Health Board and Local Authority what is to be delivered using the integrated budget. Directions are the legal basis on which the Health Board and the Local Authority deliver services that are under control of the IJB.
- 3.5. The Scottish Government issued a good practice note in March 2016 on Directions in order that IJBs had appropriate arrangements in place to allow the functions to be delegated.

4. Current position for issuing directions

- 4.1. Within the South Lanarkshire Health and Social Care Partnership (SLHCP), there is an approved SCP in place for the period 2019 - 2022.
- 4.2. Given that the IJB requires to have an approved SCP in place to allow the functions to be delegated, it is also necessary for the IJB to have an appropriate mechanism in place to issue Directions to the Council and NHS Board as referred to in 3.3. above. These Directions should not be viewed as one off as they may be revised, revoked or superseded and must follow the format outlined at 3.4. above.
- 4.3. The financial resource allocated to each function is a matter for the IJB to determine. However, the Direction must take account of the following:
- ◆ the functions must be consistent with the agreed SCP Strategic direction. A Direction, unlike the SCP, can include detailed operational instructions in relation to that function
 - ◆ Directions issued at the beginning of a financial year may be subsequently revoked, revised or superseded during the year in response to any changes or developments

5. Directions for 2020/2021

- 5.1. In developing the SCP for 2019 – 2022, the consultation and engagement process identified that the original 10 strategic themes in the 2016-2019 Plan remain relevant today. However, there was an appetite to see other areas added to the 10 strategic themes. The table below re-states the commitment to the original strategic themes, plus the new themes (shaded for ease of identification):

| Strategic Themes | |
|---|--------------------------------------|
| Early intervention, prevention and health improvement | Delivering statutory/core duties |
| Mental health and wellbeing | Seven day services |
| Suitable and sustainable housing | Preventing and reducing homelessness |
| Single points of contact | Intermediate/transitional care |
| Unscheduled care | Carers support |
| Models of self-care and self-management | Transitional arrangements |
| Enablers | |

- 5.2. Of equal priority is the focus of the Health and Social Care Delivery Plan 2016 to shift the balance of care by reducing demand on acute and long-term care. The six identified areas of scrutiny which have been prioritised nationally are:
- ◆ reducing unplanned admissions
 - ◆ reducing occupied bed days for unscheduled care
 - ◆ A&E performance
 - ◆ reducing the impact of delayed discharges
 - ◆ where possible, providing end of life care within the person's home and community
 - ◆ redressing the balance of spend across institutional and community services
- 5.3. The 13 strategic priorities designed and developed through the consultation and participation process have a strong resonance with the six Health and Social Care Delivery Plan priorities and nine health and wellbeing outcomes.

- 5.4. In view of the above, it is proposed that Directions for 2020/2021 should have a strong correlation and relevance, enabling the IJB to demonstrate progress against the 13 strategic priorities as outlined in the SCP 2019-2022.
- 6. Proposed Directions from the IJB to NHS Lanarkshire Health Board and South Lanarkshire Council 2020/2021**
- 6.1. The Directions need to be approved and in place for the beginning of a new financial year, from 01 April 2020. For the purposes of 2020/2021, the proposed Directions to the NHS Lanarkshire (NHSL) Health Board and South Lanarkshire Council (SLC) are attached at Appendix 1 for approval by the IJB.
- 6.2. In summary, the IJB directs that from 1 April 2020, all services related to the functions delegated to the IJB by virtue of the integration scheme from the Council and the Health Board, as set out in Section 5 of the integration scheme dated 11 June 2015, shall continue to be delivered by the Council and the Health Board respectively taking account of the variations noted at Section 6.3. The General Directions are broadly similar to the Directions presented by the IJB to the parties over the last four years and are set out in Appendix 1.
- 6.3. Appendix 2 highlights where there is an existing Direction, and how this supports the delivery of the 13 strategic themes and 43 new commissioning intentions set out in the Plan. In respect of the variation to the Directions from 01 April 2020, it is intended, as part of the continuing implementation of the SCP across the three-year period 2019-2022, that further Directions will emanate as appropriate during the course of the year.
- 7. South Lanarkshire Position and Next Steps**
- 7.1. Whilst there have been a number of changes and additions to the guidance, South Lanarkshire IJB has progressed a number of areas in line with recent guidance, particularly with regards to:
- ◆ a recognised process for issuing Directions which occurs at, but is not limited to, budget setting time, along with Directions issued during in year as required
 - ◆ a Directions Log already in place
 - ◆ IJB reports which articulate whether the report (if approved) will result in a new Direction or change of existing Direction
 - ◆ a standard reporting format for Directions
 - ◆ a direct correlation between the Direction and the Strategic Commissioning Plan
- 7.2. There is a recognition that further work needs to be undertaken to develop and refine this process, particularly in identifying the budget/finance attached to each Direction, and which outcomes and performance the measures relate to. With reference to the latter, a first draft of this is proposed in Appendix 2, regarding performance measures and outcomes that individual Directions impact upon.
- 7.3. It is also recognised that Directions, and reviewing the Directions Log, should be a more frequent item of Sub Committee and IJB agendas, and that there is a need to be read across between Directions and the IJB Risk Register.
- 7.4. With regards to the SCP, there needs to more explicit linkage detailing how Directions are supporting the overall delivery of the SCP and the progress being made. It is proposed that some of this will be picked up in the IJB Annual Performance Report (APR).

7.5. In addition to this, the regular/standing items on the IJB agenda relating to Performance Monitoring and Financial Monitoring should be further developed to recognise how Directions can positively impact performance and influence on how resources are being shifted from a balance of care perspective.

8. Employee Implications

8.1. There are no employee implications associated with this report. The functions and services outlined in Directions will continue to be delivered by the existing employees of NHSL and SLC respectively.

9. Financial Implications

9.1. The financial resources which will be delegated by the IJB to each partner are as follows:

9.1.1. The NHSL recurring budget allocations for in-scope Health Care Services including Hosted Services. For 2020/2021, the total indicative budget allocation for directly managed services, including hosted services but excluding the notional set-aside budget, is £356.021 million, however this is based on the 2019/2020 budget as at January 2020. This indicative budget allocation will be adjusted to reflect the changes in non-recurring funding and the relevant share of the additional funding once confirmed.

9.1.2. The SLC recurring budget allocations for in-scope services. For 2020/2021 the total indicative budget allocation for in-scope Social Care Services is £128.973 million, however this is based on the 2019/2020 budget as at January 2020. This indicative budget will be adjusted to reflect the relevant share of the additional funding once confirmed.

9.1.3. Additional funding in 2020/2021 totals £15.977 million and will be allocated to each partner as appropriate in line with the IJB Financial Plan for 2020/2021.

9.1.4. Additional funding received in-year from NHSL, which is ring-fenced for areas covered by the IJB, will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.

9.1.5. NHSL Health Board and SLC will implement as appropriate any agreed efficiency savings plans.

9.1.6. The Acute Services set-aside budget will be adjusted to reflect the 2017/2018 activity levels and the 2020/2021 price levels in line with the Scottish Government Guidance. The notional value of the set-aside budget for 2020/2021 is £59.501m.

9.1.7. Notwithstanding the above allocations, the IJB is asked to note that it may be necessary for the Chief Financial Officer to vary the 2020/2021 allocations to reflect the detailed budget setting process undertaken by each partner. Any such accounting adjustment to assist with budget monitoring arrangements will be undertaken in consultation with the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council.

10. Climate Change, Sustainability and Environmental Implications

10.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

10.2. There are no sustainable development issues associated with this report.

11. Other Implications

- 11.1. There are no legal requirements associated with this, given that the Directions are a statutory requirement as per the Public Bodies (Joint Working) (Scotland) Act 2014.
- 11.2. The IJB has an established Risk Register. The Risk Register is subject to continual update and will be matched against the SCP to ensure that all relevant risk issues are taken account of and mitigation agreed.
- 11.3. There are no other issues associated with this report.

12. Equality Impact Assessment and Consultation Arrangements

- 12.1. An Equality Impact Assessment on the SCP has been completed as part of developing the 2019-2022 SCP.
- 12.2. A full and extensive consultation process was undertaken to develop the SCP, to which the Directions relate.

13. Directions

- 13.1. This report sets out at Appendix 1 the General Directions to each partner for the wider integration functions and the delivery of services with the financial allocations set out in the IJB financial plan for 2018/2019. This report also lists the existing Specific Directions for the partners at Appendix 2.

| Direction to: | |
|--|-------------------------------------|
| 1. No Direction required | <input type="checkbox"/> |
| 2. South Lanarkshire Council | <input type="checkbox"/> |
| 3. NHS Lanarkshire | <input type="checkbox"/> |
| 4. South Lanarkshire Council and NHS Lanarkshire | <input checked="" type="checkbox"/> |

Val de Souza
Director, Health and Social Care

Date created: 26 March 2020

Link(s) to National Health and Wellbeing Outcomes

| | |
|--|-------------------------------------|
| People are able to look after and improve their own health and wellbeing and live in good health for longer | <input checked="" type="checkbox"/> |
| People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community | <input checked="" type="checkbox"/> |
| People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected | <input checked="" type="checkbox"/> |
| Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services | <input checked="" type="checkbox"/> |
| Health and Social Care Services contribute to reducing health inequalities | <input checked="" type="checkbox"/> |

| | |
|---|---|
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing | ☒ |
| People who use Health and Social Care Services are safe from harm | ☒ |
| People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide | ☒ |
| Resources are used effectively and efficiently in the provision of Health and Social Care Services | ☒ |

Previous References

- ◆ Integrated Joint Board Directions March 2016/2017, 2017/2018 and 2018/2019

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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South Lanarkshire Integration Joint Board

Directions to South Lanarkshire Council and NHS Lanarkshire Board

Financial Period 2020/2021

1) Purpose and Context

In accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act, 2014, Integration Joint Boards (IJBs) are required from 01 April 2016 to issue Directions to Local Authorities and NHS Boards regarding the functions and services listed within the Act and Integration Schemes. This is set out in Sections 26 and 27 of the Act.

This document sets out the South Lanarkshire Integration Joint Board Directions to South Lanarkshire Council and NHS Lanarkshire Health Board.

2) Functions and Services to be Delivered by South Lanarkshire Council

South Lanarkshire Council are directed to continue to deliver the services specified in 2.1 below pursuant to the functions delegated to the IJB in line with the Integration Scheme and Integration Joint Board's Strategic Commissioning Plan.

This direction will remain in force until it is varied, revoked or superseded by a later direction in respect of the same function.

The Council, will be responsible for the operational delivery of the following functions:

- Social Work Services for Adults and Older People
- services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and alcohol services
- adult protection and domestic abuse
- Carers Support Services
- Community Care Assessment Teams
- Support Services
- Care Home Services
- Adult Placement Services
- aspects of housing support, including aids and adaptations
- Day Services
- local area co-ordination
- respite provision
- Occupational Therapy Services
- Re-ablement Services, equipment and telecare

3) Functions and Services to be Delivered by NHS Lanarkshire Health Board

NHS Lanarkshire Health Board are directed to continue to deliver the services specified below pursuant to the functions delegated to the IJB in line with the Integration Scheme and Integration Joint Board's Strategic Plan.

This direction will remain in force until it is varied, revoked or superseded by a later direction in respect of the same function

NHS Lanarkshire Health Board will be responsible for the operational delivery of the following functions:

Hospital Services

- Accident and Emergency Services provided in a hospital
- Inpatient Services related to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and palliative care service provided in a hospital
- Paediatrics
- Psychiatry of learning disability (Learning Disability Services)
- Inpatient Hospital Services provided by General Medical Practitioners
- services in relation to addiction or dependence on substances

- Mental Health Services with the exception of Forensic Mental Health Services

Community Health Services

- District Nursing Services
- Health Visiting
- Addiction Services
- Allied Health Professionals in an outpatient department, clinic, or out with a hospital
- Public Dental Services
- Primary Medical Services
- General Dental Services
- Ophthalmic Services
- Pharmaceutical Services
- Primary care out-of-hours
- Geriatric Medicine
- Palliative Care
- Community Learning Disability Services
- Mental Health Services (including Community Forensic Services)
- Continence Services
- Kidney Dialysis Services
- services provided by health professionals that aim to promote public health
- Community Paediatrics

Hosted Services

| Services to be hosted by the South Lanarkshire Integration Joint Board | Services to be hosted by the North Lanarkshire Integration Joint Board |
|--|--|
| Community Dental Services Diabetes Health and Homelessness Primary Care Administration Palliative Care GP Out of Hours Traumatic Brain Injury Occupational Therapy Physiotherapy | Care Home Liaison Community Children's Services Paediatrics Dietetics Mental Health and Learning Disability Psychology Continence Services Podiatry Sexual Health Speech and Language Substance Misuse Prisoner Health Care |

4) Delivering the Functions and Services

The Council and NHS Lanarkshire Health Board will carry out the functions and deliver services in a way which complies with and achieves the following:

- The integration delivery principles
- The Integration Scheme
- The Strategic Plan
- The National Health and Wellbeing Outcomes
- All legal and regulatory requirements

5) Budget Allocation for the Delegated Functions

The financial resources which will be delegated by the IJB to each partner are as follows:

1. The NHSL recurring budget allocations for in-scope Health Care Services including Hosted Services. For 2020/2021, the total indicative budget allocation for directly managed services, including hosted services but excluding the notional set-aside budget is £356.021 million. This is based on the 2019/2020 budget as at January 2020. This indicative budget allocation will be adjusted to reflect the changes in non-recurring funding, the relevant share of the additional funding and the agreed IJB efficiency savings.
2. The South Lanarkshire Council recurring budget allocations for in-scope services. For 2020/2021 the total allocation for in-scope Social Care Services is £128.973 million however this is based on the 2019/2020 budget as at January 2020. This indicative budget allocation will be adjusted to reflect the relevant share of the additional funding and the agreed IJB efficiency savings.
3. Additional funding in 2020/2021 totals £15.977 million and will be allocated to each partner as appropriate in line with the IJB Financial Plan for 2020/2021.
4. Additional funding received in-year from NHS Lanarkshire which is ring-fenced for areas covered by the IJB will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.
5. NHS Lanarkshire Health Board and South Lanarkshire Council will implement as appropriate any agreed efficiency savings plans.
6. The acute services set-aside budget will be adjusted to reflect the 2017/2018 activity levels and the 2020/2021 price levels in line with the Scottish Government Guidance. The notional value of the set-aside budget for 2020/2021 is £59.501 million.

Notwithstanding the above allocations, it may be necessary for the Chief Financial Officer to vary the 2020/2021 allocations to reflect the detailed budget set in process undertaking by each partner. Any such accounting adjustment to assist with budget monitoring arrangements will be undertaken in consultation with the Director of Finance of NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council.

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|---|---|--------------------------------------|---------------------------------------|---|----------------------|--------------------------------|
| <p>Early intervention, prevention and health improvement</p> | <p>Work with partners to deliver an increased range of activities to mitigate the negative health consequences of poverty and welfare reform</p> | <p>Y</p> | <p>Ongoing</p> | <p>Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building</p> | <p>NI 2 NI 3</p> | <p>Outcome 1 Outcome 5</p> |
| | <p>Work with key partners to implement the Strategic ambitions of Rights, Respect and Recovery – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths</p> | <p>Y</p> | <p>Ongoing</p> | <p>Utilise additional investment from Programme for Government 2018/19 Scottish Government to reduce the impact of problem alcohol and drug use</p> | <p>NI 1 NI 2</p> | <p>Outcome 4 Outcome 9</p> |
| | <p>Contribute to the South Lanarkshire Child Poverty Action Plan and deliver the relevant actions to address child poverty</p> | <p>Y</p> | <p>Ongoing</p> | <p>Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building</p> | <p>NI 1 NI 2</p> | <p>Outcome 5</p> |
| | <p>Support improvement programmes identified and in practice, as part of the Children and Young People Improvement Collaborative</p> | <p>Y</p> | <p>Ongoing</p> | <p>Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building</p> | <p>NI 1 NI 2</p> | <p>Outcome 5</p> |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|--|--|--------------------------------------|--|--|------------------------|------------------------|
| | Working with VASLan and South Lanarkshire Leisure and Culture Trust, develop a local framework and pathway that offers a range of social and community based alternatives and supports from the third sector organisations that provide a flexible and innovative approach to health and care that reach the most in need of support. These supports will reduce reliance on health and social care and provide early intervention and prevention approaches that improve health and wellbeing and provide a cohesive social prescribing approach. | Y | Ongoing | Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building | NI 1 NI 2 | Outcome 5 |
| | | | | Through Integrated Care Fund Investment, increase capacity within the Third Sector and Leisure to promote alternatives to formal services | NI 1 NI 2 | Outcome 5 |
| | Provide a range of programmes in conjunction with SLL&C and other partners that support people to keep physically and mentally active, live life well, maintain community connections and so reduce isolation and the subsequent health consequence | Y | Ongoing | Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building | NI 1 | Outcome 5 |
| | Deliver on the ambitions in the Green Health Partnership action plan and Our Natural Health Service ambitions given the noted benefits to mental health and wellbeing | Y | Ongoing | Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building | NI 1 | Outcome 4 Outcome 5 |
| | Align our key health improvement programmes and strategies to the National Public Health Priorities | Y | N/A | | | |
| Deliver the actions in the Lanarkshire Healthy Weight Strategy and the Diabetes Prevention Framework to support people | Y | Ongoing | Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local | NI 1 NI 2 NI 11 | Outcome 4 Outcome 5 | |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes | |
|---|---|--------------------------------------|---------------------------------------|---|---|-------------------------|--|
| | to be of a healthy weight and reduce the incidence of Diabetes | | | Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building | | | |
| Delivering Statutory / Core Duties | Enhance the Self-directed Support (SDS) journey for service users and carers as part of increasing the choice and options available to people in accessing supports | N | N/A | | | | |
| | Target social care resources to the most vulnerable through the implementation of a prioritisation/eligibility framework | Y | Ongoing | Implement Prioritisation Framework in line with the four national categories of Low, Moderate, Substantial and Critical | NI 9 | Outcome 9 | |
| | Continue to design / develop the Primary Care Transformation plan and ensure readiness to align to the new GMS contract effectively | | Y | Ongoing | Directs NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address existing challenges, for example General Practitioner capacity | NI 1 NI 2 MSG 6 | Outcome 8 Outcome 9 |
| | | | Y | Ongoing | Reduce prescribing activity for South Lanarkshire to achieve a level which is more comparable with the national averages through: <ul style="list-style-type: none"> 1) Increased social prescribing 2) Alternative medicines and drugs 3) Changes to practice and culture | NI 1 NI 2 | Outcome 9 |
| | | | Y | Ongoing | Implement Primary Care Transformation programme in relation to general practice and community redesign, urgent care, the house of care model, pharmacy support in practice and GP sustainability | NI 1 NI 2 MSG 6 | Outcome 1 Outcome 3 Outcome 8 Outcome 9 |
| | | | Y | Ongoing | Implement the new requirements with regards to General Medical Services 2018 Contract. Specifically the development of a Primary Care | NI 1 NI 2 MSG X 6 | Outcome 8 Outcome 9 |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|--------------------|--|--------------------------------------|---------------------------------------|---|------------------------|-------------------------------------|
| | | | | Improvement Plan (PCIP) by June 2018 to outline how existing and new services which affirm the role of GPs as expert medical generalists | | |
| | | Y | Yes | Develop Memorandum of Understanding to support the production and implementation of the Primary Care Improvement Plan (PCIP) | NI 11 | Outcome 8 Outcome 9 |
| | Deliver all services in line with statutory requirements as set out in the legislation cover Health and Social Care Services e.g. legislation pertaining to Public Protection; Mental Health, Learning Disability and Carers | Y | Ongoing | Global Direction issued in relation to the delivery of all delegated functions | ALL NI MSG X 6 | Outcomes 1 - 9 |
| | | Y | Ongoing | Maintain existing commitments to ensure that all statutory and legal duties are delivered, for example adult support and protection, child health surveillance, immunisation, Self-directed Support (SDS), Community Empowerment and mental health requirements, safeguarding the interests of the most vulnerable within our society | ALL NI MSG X 6 | Outcomes 1 - 9 |
| | Deliver locality based home care services which support the delivery of personal care and maximise the opportunity for people to be maintained at home | Y | Ongoing | Directs that South Lanarkshire Council will deliver home care services in terms of the new contractual framework agreement; that mobile working and efficiencies in scheduling will be introduced | NI 2 NI 18 MSG 4 | Outcome 2 Outcome 4 |
| | | Y | Ongoing | Implement the recommendations of the home care service review to maximise capacity to support people at home | NI 2 NI 18 MSG 4 | Outcome 2 Outcome 4 |
| | Support the personal outcomes and preferences of people in 'end of life' through the delivery of palliative care services which focus on being: Safe; Person centred; Accessible; Efficient; Affordable; Deliverable | Y | Y | Commission inpatient Palliative Care services (12 beds) within the South Lanarkshire geographical area | NI 15 | Outcome 2 Outcome 3 Outcome 4 |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|------------------------------------|---|--------------------------------------|---------------------------------------|---|---------------------|--|
| Mental Health and Wellbeing | Develop a single service approach for community based mental health services across the four localities of South Lanarkshire | Y | Ongoing | Integration and co-location of mental health services for health and social care across the four localities within South Lanarkshire | NI 1 NI 2 | Outcome 1 Outcome 2 Outcome 3 Outcome 4 Outcome 5 Outcome 7 |
| | Implement the Good Mental Health for All local action plan to support mental health and wellbeing in the population | N | N/A | | | |
| | Review the range of 'Link' workers already working across primary care and mental health service and agree model to maximise posts – and to link people to alternative supports in the community | N | N/A | | | |
| | Review the provision of mental health beds for adults and older people in South Lanarkshire. | N | N/A | | | |
| Seven Day Services | Implement a programme of work to maximise efficiency within the care at home sector | N | N/A | | | |
| | Develop the number and range of services provided over 7 days. | Y | Ongoing | Develop proposals for IJB approval which consolidate and co-locate out of hours services across health and social care | MSG 1 - 4 | Outcome 9 |
| | Work with acute hospital colleagues to maximise 7 day working and support flow across all areas | N | N/A | | | |
| | Implement a model of day opportunities which support people's personal outcomes and preferences | Y | Ongoing | Develop and commission a day opportunities model for Adult and Older People which promotes enablement, independence, self-care and self-management | NI 2 | Outcome 1 Outcome 2 Outcome 9 |
| Carers | Increase support to carers in maintaining their caring role through the implementation of the duties outlined in the Carers Act 2016 pertaining to: <ul style="list-style-type: none"> Information and advice Adult carer support plans Young carer statements | Y | Ongoing | Implement the requirement of the Carers (Scotland) Act 2016 pertaining to: <ul style="list-style-type: none"> A new adult carer support plan with personal outcomes focus A new young carer support plan with a personal outcomes focus | NI 8 NI 27 | Outcome 6 |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|---|--|--------------------------------------|---------------------------------------|--|---------------------|------------------------|
| | <ul style="list-style-type: none"> Short breaks | | | <ul style="list-style-type: none"> A duty to support carers including by means of a local eligibility criteria A duty to prepare a local Carers Strategy A duty to provide an information and advice and publish a short breaks services statement A duty to involve carers in the discharge from hospital of the people they care for | | |
| | Strengthen the 3 rd Sector support model for carers through reviewing how existing services are commissioned in relation to carers support services, information and advice, consultation and engagement, training, practical support and consultation and engagement | Y | Ongoing | to procure services which provide equitable access to carer support services, information and advice, short breaks, consultation and engagement, training, practical support and assistance for adult and young carers | NI 8 NI 27 | Outcome 6 |
| Suitable and Sustainable Housing | Increase housing supply and improve access to and choice of housing options that suit people's needs and which they are able to afford and sustain | N | N/A | Actions being picked up through Local Housing Strategy 2017-22 and Rapid Rehousing Transition Plan (RRTP) | | |
| | Ensure people with particular needs and their carers are better supported to live independently within the community in a suitable and sustainable home, reducing requirement for institutional care and risks of homelessness | N | N/A | Actions being picked up through Local Housing Strategy 2017-22 and Rapid Rehousing Transition Plan (RRTP) | | |
| Preventing and Reducing Homelessness | Improve and increase provision of housing support for households to live independently within communities | N | N/A | Actions being picked up through Local Housing Strategy 2017-22 and Rapid Rehousing Transition Plan (RRTP) | | |
| | Expand the scope and capacity of Housing First approach to be the first response for households with multiple complex needs. | Y | Ongoing | Directs NHS Lanarkshire and South Lanarkshire Council to prioritise access to general medical and universal health screening services for homeless people, including those currently engaged with the Housing First model. | NI 2 MSG 6 | Outcome 1 Outcome 2 |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|---------------------------------|---|--------------------------------------|---------------------------------------|---|---------------------|------------------------|
| | Increase awareness and reach of health and social care services to help early identification of need and subsequent prevention of homelessness | Y | Ongoing | Directs NHS Lanarkshire to deliver routine enquiry across all services, including visiting outreach, GP services and A&E to identify housing issues and requirements | NI 2 MSG 6 | Outcome 1 Outcome 2 |
| Single Points of Contact | Reducing the impact of people being delayed in hospital through the implementation of <ul style="list-style-type: none"> • rapid response short-term care at home teams • integrated care and support teams • Remodelled assessment and care management systems • Technology Enabled Services | N | N/A | | | |
| | Across the four locality planning areas maximise opportunities to streamline how we support people who require health and social care support. This will include: <ul style="list-style-type: none"> • closer alignment of community based health and social care staff, including further co-location • integrated support planning and review • Sharing information across I.T systems • workforce planning to identify areas of need and development | Y | Ongoing | Directs both South Lanarkshire Council and NHS Lanarkshire to implement an integrated locality planning and management model for the Partnership which has broad consistency across each of the four localities | MSG x 6 | Outcomes 1 - 9 |
| | | Y | Ongoing | Develop whole system working approach to locality planning | MSG x 6 | Outcomes 1 - 9 |
| | | Y | Ongoing | Implement a locality operational model across the 4 geographical localities of South Lanarkshire | MSG x 6 | Outcomes 1 - 9 |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|--------------------------|---|--------------------------------------|---------------------------------------|---|---------------------|--|
| Intermediate Care | Implement the new care facilities model across the four localities to provide people with more choice and options to be maintained at home and in the community | Y | Y | Directs both South Lanarkshire Council and NHS Lanarkshire to complete a feasibility study which review care pathways and maximises use of existing community based resources – including all beds, regardless of setting | MSG x 6 | Outcome 1 Outcome 2 Outcome 3 Outcome 9 |
| | | Y | Ongoing | Reduce reliance on Nursing and Residential Care through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the 'home for life' principle | MSG x 6 | Outcome 1 Outcome 2 Outcome 3 Outcome 9 |
| | Enhance community based rehabilitation and re-ablement interventions as part of shifting delivery of services away from the hospital | Y | Yes | Strengthen community based services resulting from the re-allocation of resources from acute to community as a result of the agreed IJB Direction to close the Douglas Ward in Udston Hospital (30 beds) | MSG x 6 | Outcome 1 Outcome 2 |
| | | Y | Ongoing | Support people to maximise their independence through the delivery of reablement (SYI) | MSG x 6 | Outcome 1 Outcome 2 |
| | | Y | Ongoing | Redesignate off-site acute hospital beds within Udston and Stonehouse hospitals to support step down intermediate care patients undergoing a guardianship (AWI) process | MSG x 6 NI 9 | Outcome 1 Outcome 2 Outcome 9 |
| | | Y | Ongoing | Integrate the Hospital at Home Service with other community based intermediate care services such as Integrated Community Support Teams (ICST) | MSG x 6 | Outcome 1 Outcome 2 Outcome 9 |
| | | Y | Y | Redesignation of Lockhart inpatient beds to a community based facility | MSG x 6 | Outcome 1 Outcome 2 Outcome 9 |
| Unscheduled Care | Agree target for average length of stay across South Lanarkshire HSCP with regards to Older Peoples unscheduled | Y | Ongoing | Establish and implement an agreed average length of stay for emergency admissions related to Care of Elderly | MSG x 6 | Outcome 1 Outcome 2 Outcome 9 |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|--|--|--------------------------------------|---------------------------------------|---|---------------------|-------------------------------------|
| | care to reduce overall demand on the use of hospital beds | | | | | |
| | Agree and introduce Unscheduled Care Plan to include: <ul style="list-style-type: none"> • Frailty • Front Door Senior Decision Making • Frequent Attendees | Y | Y | Directs NHS Lanarkshire Acute Services to work jointly with the Health and Social Care Partnership to develop proposals which more effectively supports a reduced number of A&E attendances, associated admissions and generally shifts the balance of care and reduces unplanned care requirements in a hospital setting | MSG 1 - 4 | Outcome 1 Outcome 2 Outcome 9 |
| | Implement re-ablement approach to care across acute hospital ward settings. | N | N/A | | | |
| Models of self-care and self-management | Further extend the use of Technology Enabled Care to support people to be active participants in managing their own health and wellbeing | N | N/A | | | |
| | Through improved awareness and visibility of the 'Locator' tool link local health and social care professionals to a wider network of alternative interventions and support options. Note: this would equally link to intermediate care (step down), single point of contact, mental health and wellbeing and transitions | N | N/A | | | |
| | Support the introduction of new unscheduled care pathways which maximise the use of Technology Enabled Care | | | | | |
| Transitional Arrangements | Review current transitional arrangements from Children's Service to Adult Services with a view to achieving better outcomes for vulnerable young people | N | N/A | | | |

| Strategic Priority | Strategic Commissioning Intention | Is there an existing Direction (Y/N) | Direction Complete Yes / No / Ongoing | Detail | Milestones/ Link PI | Outcomes |
|--------------------|---|--------------------------------------|---------------------------------------|---|---------------------|-----------|
| | Work with carers as key partners in the review of 'Transitional arrangements' | N | N/A | | | |
| Enablers | Ensure that integration arrangements have the necessary support services capacity to underpin the delivery of better integrated strategic and operational delivery of health and social care services | Y | Y | Develop and implement a performance management approach for the Partnership | All PIs | Outcome 9 |
| | | Y | Ongoing | Further integration of I.T and information sharing to allow access to partner I.T systems | All PIs | Outcome 9 |

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| Report to: | South Lanarkshire Integration Joint Board |
| Date of Meeting: | 30 March 2020 |
| Report by: | Director, Health and Social Care |

| | |
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| Subject: | IJB Interim Governance Arrangements |
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an overview of the interim governance arrangements for the Integration Joint Board and the partners during the COVID-19 virus pandemic.

2. Recommendation(s)

2.1. The Integration Joint Board (IJB) is asked to approve the following recommendation(s):-

- (1) that the content of the report is noted;
- (2) that the issue of future briefing notes to keep IJB Members advised of developments be noted; and
- (3) that the regular updates posted on the South Lanarkshire Health and Social Care Partnership website be noted.

3. Background

3.1. Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in the Hubei Province of Wuhan, China during November / December 2019. As a novel virus there is no pre-existing individual or community immunity to the virus. A vaccine does not exist at this time. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020. COVID-19 is now present within communities in the UK including Scotland.

3.2. Extensive measures have been implemented across many countries to slow the spread of COVID-19. In the UK and Scotland, the current recommendations are that people can only leave home for one of the four following reasons:

- Shopping for groceries or essentials
- Any medical need
- One form of exercise per day
- Travelling to and from work, if it's absolutely necessary and the individual cannot work from home

4. Protecting Front-line Service Delivery

4.1. The key priority for the IJB and both partners is to protect and support the residents of Lanarkshire and staff colleagues.

4.2. Health Protection Scotland continues to update its guidance for health protection teams and healthcare practitioners as the situation evolves. Guidance is also

available for non-healthcare settings including schools and places of detention. Separate guidance is available for social care settings.

- 4.3. The latest guidance from NHS Inform about COVID-19 from NHS Scotland and the Scottish Government, including social distancing and stay at home advice is available at the following web-site: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>
- 4.4. Health Protection Guidance can be located at the following web-site: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>
- 4.5. Advice regarding infection control, actions in consequence of symptoms, routes to health services and travel is being issued to employees by both partners. A proactive media and communications campaign which delivers consistent public messaging is also a key priority for all partners at this critical time. NHS Lanarkshire (NHSL), South Lanarkshire Council (SLC) and North Lanarkshire Council (NLC), Trade Unions and Employee representatives are engaging regularly to support the workforce and partners.

5. Emergency Response

- 5.1. Like a number of Health Boards across the country, Lanarkshire has confirmed cases of the coronavirus (COVID-19) and these are being managed in line with robust planning and preparations.
- 5.2. The structure for Civil Contingencies Planning is in place.
- 5.3. The Command and Control Structure has been established within NHS Lanarkshire with key stakeholders represented on the Strategic (Gold) Command, the Tactical (Silver) Command and the Operational (Bronze) Command. South Lanarkshire Council has convened an Emergency Management Team to co-ordinate the corporate and multi-agency response. The South Lanarkshire Health and Social Care Partnership Senior Management Team are communicating key issues and taking action daily in response to the pandemic.
- 5.4. The Government described four phases to limit or slow the spread of the illness: Contain, Delay, Research and Mitigate. Daily teleconference calls have been set up between relevant officers and Scottish Government officials. Reporting mechanisms have also been established with CoSLA who are providing support and practical advice.
- 5.5. NHS Lanarkshire established an Incident Management Team (IMT) with representation from key stakeholders. The IMT is supported by a number of tactical groups focusing on specific issues.
- 5.6. Mobilisation Plans have been developed and are being implemented across a range of vital services. This includes scaling up Intensive Treatment Units, scaling up general bed capacity, scaling back elective inpatients, day patients and outpatients, actions to reduce delayed discharges and whole system response planning across Acute, Primary and Social Care Services. Full cancer and urgent care services will be maintained. The South Lanarkshire and North Lanarkshire Health and Social Care Partnerships are actively engaged in establishing additional community capacity, including voluntary sector capacity, to meet the increase in demand for services. This is being secured in partnership with external care home and homecare providers.

- 5.7. Each partner has established arrangements to record emergency expenditure in relation to managing the response to the Covid -19 virus pandemic. Officers are still asked to adhere to best value and to follow procurement and staffing procedures when considering emergency spend. The additional costs are being included in the Mobilisation Plans which are being submitted to the Scottish Government on a weekly basis. The first return has been based on estimates.
- 5.8. The IJB is also asked to note that on 20 March 2020, the Director General for Health and Social Care and Chief Executive of NHS Scotland wrote to the Chief Executive of COSLA in light of the current emergency which has been declared in the NHS in Scotland and the immediate and urgent requirement to increase the support and staff capacity in the Social Care sector. Subject to any additional expenditure being fully aligned to local Mobilisation Plans, including the IJB responses, the decision has been taken to support reasonable funding requirements on the basis that they will be accurately and immediately recorded and shared with the Scottish Government. This expenditure includes nursing homes, care homes and care at home. The immediate requirement to substantially reduce delayed discharges across the system was emphasised.
- 6. Delegated Authority to the IJB Chief Officer**
- 6.1. This is a period of national emergency which has been declared by the Government. This emergency situation involves the closure of public buildings and the cancellation of meetings. During the period of disruption arising from public health led restrictions on unnecessary workplace and social contact, the decision has been taken to suspend all formal meetings and working groups. Attendance at work also needs to be essential.
- 6.2. The IJB and both partners are reacting to the emerging issue of the COVID-19 pandemic. It is likely that unbudgeted expenditure will require to be incurred. The IJB Chief Officer will therefore be required to incur emergency expenditure in respect of the response to the COVID-19 pandemic.
- 6.3. Subject to IJB approval, the IJB Chief Officer will have delegated authority to make strategic and operational decisions of an urgent nature on issues that in normal circumstances would require IJB approval. This would be subject to consultation with the IJB Chair and Vice-Chair, or their nominated deputies as necessary, the NHSL Chief Accountable Officer and Director of Finance, and the SLC Chief Executive and Executive Director, Finance and Corporate Resources. The delegation of authority to deal with urgent matters would take effect from Monday 30 March 2020 until the emergency response to the Covid-19 pandemic is stood down by the Scottish Government.
- 6.4. The delegation of authority to the IJB Chief Officer will ensure that decisions taken during this emergency are competent. It will also ensure that strategic and operational decisions of an urgent nature can be taken immediately where it is necessary to protect patients, service users, residents, staff and the general public. The detail of urgent issues dealt with during such a period including expenditure incurred as part of the IJB and partner's emergency response will be reported to the IJB for noting at the earliest opportunity.
- 6.5. IJB and IJB (Performance and Audit) Sub-Committee (PASC) papers will continue to be produced as normal and will be subject to engagement with the IJB Chair and Vice-Chair. There will be an online pre agenda meeting with the IJB Chair and Vice-Chair prior to the publication of the IJB and PASC reports. This will be distributed to the IJB or PASC Members via the normal communication methods and will be

published on the IJB website, however clear advice will be provided that the IJB or PASC meeting will not take place on the scheduled date. This will allow all IJB or PASC members to give consideration to the reports as appropriate. This arrangement will ensure members of the public will have clear and transparent access to items under consideration.

- 6.6. These arrangements will be subject to ongoing review until normal IJB meeting arrangements are reintroduced when it is safe and appropriate to do so. Future briefing notes will be issued to keep IJB Members advised of developments, and regular updates will also be posted on the South Lanarkshire Health and Social Care Partnership website.

7. Employee Implications

- 7.1. There are no employee implications associated with this report.

8. Financial Implications

- 8.1. There are no financial implications associated with this report.

9. Climate Change, Sustainability and Environmental Implications

- 9.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

10. Other Implications

- 10.1. There are no additional risks associated with this report.

11. Equality Impact Assessment and Consultation Arrangements

- 11.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

- 11.2. There was also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza

Director, Health and Social Care

Date created: 25 March 2020

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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