

REPORT

Item No:

SUBJECT:	Reserves Strategy 2018/2019
TO:	Integration Joint Board
Lead Officer for Report:	Chief Accountable Officer
Author(s) of Report	Chief Financial Officer
DATE:	30 th October 2018

1. PURPOSE OF REPORT

1.1 This paper is coming to the Integration Joint Board (IJB):

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	For noting	<input type="checkbox"/>
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1.2 This report provides an update on the position with the North Lanarkshire Integration Joint Board (IJB) reserves, the requirement to undertake a review of the IJB Reserves Strategy and the details of further earmarked reserves for endorsement by the IJB.

2. ROUTE TO THE INTEGRATION JOINT BOARD

2.1 This paper has been:

Prepared By; Chief Financial Officer	Reviewed By; Chief Accountable Officer
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3. RECOMMENDATIONS

3.1 The IJB is asked to note the following recommendations:

- (1) That the update on the position with the IJB reserves is noted;
- (2) That the further work required to review the IJB Reserves Strategy is noted; and
- (3) That the further earmarked reserves summarised at section 6.1 are endorsed.

4. VARIATIONS TO DIRECTIONS

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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The IJB directions will be varied following the endorsement of the earmarked reserves.

5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 As at September 2018, the North Lanarkshire IJB reserves total £15.574m of which £11.183m is ring-fenced and ear-marked for specific commitments.

5.2 In respect of the balance of £4.391m, this is included as a contingency fund. The use of this balance has not been approved by the IJB.

5. BACKGROUND/SUMMARY OF KEY ISSUES (CONT.)

5.3 An indication of how this contingency fund may be allocated in the future is as follows:

Contingency Fund	£m
Change Fund	1.000
ICT Fund	0.500
Test of Change Pilots	0.500
General Balance	2.391
Contingency Fund Total	4.391

5.4 The External Auditors highlighted the following observations in their 2017/2018 Annual Audit Report to the Board Members on 4th September 2018.

5.4.1 The IJB should further develop a robust annual process for approving reserves, including their expected use and the expected timing of future cashflows.

5.4.2 The IJB does not have a reserves strategy in place that sets out a minimum balance that should be held. This is not currently an issue as the general fund balance is healthy, although it may be something for the IJB to consider going forward.

5.4.3 As the reserve position of the IJB represents 3% of NLIJB budgets, the IJB should consider developing a reserves strategy that includes reporting the purpose and expected future periods that earmarked funds will be used annually to committee. Members of the IJB are provided with descriptions of the use of funds to be earmarked but there is no detail on the amounts and timing of associated cashflows. This will also help the two host organisations manage the future cashflow implications and assist them when preparing medium and long term financial plans.

5.4.4 The IJB should satisfy itself that it has sufficient information to scrutinise all the earmarked reserves held by the IJB and should review the information provided on earmarked reserves to ensure it can effectively scrutinise their planned use annually.

5.5 The Head of Business Solutions (Finance) of NLC and the Director of Finance of NHSL are also being consulted on the proposals for the allocation of the IJB reserves, as detailed in this report.

6. CONCLUSIONS

6.1 The IJB is asked to endorse the following earmarked reserves:

Appendix 3	Proposal	Year 1 £m	Year 2 £m	Total £m
A	Financial Inclusion Services	0.212	0.000	0.212
B	Social Care Contracting Staff within Quality Assurance Services	0.093	0.093	0.186
C	Social Care Contract Monitoring Staff	0.125	0.124	0.249
D	MRT Leadership	0.129	0.000	0.129
E	Equipment and Adaptations	0.100	0.000	0.100
F	Contribution to Decontamination Post	0.016	0.000	0.016
G	Administration Support Services	0.036	0.035	0.071
H	Sexual Health Services	0.218	0.000	0.218
Total of Proposed Earmarked Reserves		0.929	0.252	1.181

6.2 The total impact of the above earmarked reserves will reduce the general balance of the contingency fund by £1.181m from £2.391m to £1.210m.

7. RESERVES STRATEGY

- 7.1 The CIPFA guidance on reserves advises that there are many factors involved when considering appropriate levels of reserves and that these can only be assessed properly at a local level. A considerable degree of professional judgement is required. External Auditors have not issued any guidance to auditors concerning the IJB’s minimum reserve levels.
- 7.2 In respect of local authorities, an amount of between 3 and 5 per cent of the expenditure is considered as a prudent level for risk-based reserves. This would equate to between £17m and £28.4m in respect of the North Lanarkshire IJB, based on gross expenditure and excluding the element of hosted services relating to the South Lanarkshire IJB.
- 7.3 Further guidance is being sought from Audit Scotland by the Chief Financial Officer on minimum reserves balances. This guidance will inform the review of the IJB Reserves Strategy, the outcome of which will be presented to a future meeting of the IJB. In the interim, the current decision-making responsibilities are set out at appendix 1 which also includes the rationale adopted by the Senior Management Team in arriving at the additional earmarked reserves.
- 7.4 Details in respect of each of the additional earmarked reserves set out at section 6.1 are attached at appendix 3. This meets in part the recommendation made by the External Auditors that sufficient information is provided to the IJB to allow it to scrutinise all the earmarked reserves held by the IJB and to effectively scrutinise their planned use annually.

8. ADDITIONAL EARMARKED RESERVES

- 8.1 The current reserves position statement as at September 2018 is attached at appendix 2 for information. The reserves balance is £15.574m of which £11.183m is ring-fenced and ear-marked for specific commitments and £4.391m is a contingency fund balance.
- 8.2 The detail in respect of additional earmarked reserves is attached at appendix 3 for endorsement following which £12.364m will be ring-fenced and ear-marked for specific commitments and the contingency fund balance will be £3.210m.

9. IMPLICATIONS

9.1 NATIONAL OUTCOMES

This relates to all nine national outcomes.

9.2 ASSOCIATED MEASURE(S)

The IJB and both partners are required to achieve a balanced budget for each financial year. The identification and implementation of a reserves strategy contributes to this financial strategy.

9.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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9.4 PEOPLE

None.

9.5 INEQUALITIES

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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9.6 CARBON MANAGEMENT IMPLICATIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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10. BACKGROUND PAPERS

None.

11. APPENDICES

Current Decision-making Responsibilities	Appendix 1
North Lanarkshire IJB Reserves Position Statement 2018/2019	Appendix 2
Additional Earmarked Reserves	Appendix 3



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Marie Moy on telephone number 01698 453709

1. IJB Financial Regulations

In line with sections 4.11, 4.12 and 4.13 of the IJB Financial Regulations, the Chief Accountable Officer has authority to vire funding up to £0.250m subject to discussion with the partner holding the funding.

Section 4.11.

It is accepted that in year there may be cause for variation in individual budget lines and virements of resources from one heading to another may be required to make best use of the overall resource. In-year virement of budgets after the financial plan has been set will require to be specified in the scheme of delegation for each of the partners. Authorisation for in year virements will be required from the Board for any proposed transfer in excess of £0.250m.

Section 4.12.

The Chief Officer must discuss any in year virement proposal with the partner holding the funding to determine whether the proposal is sound. This will include determining that the funding is free for virement, that no funding conditions, regulations or tax requirements would be breached by its proposed use and that there are no other unmanageable risks.

Section 4.13.

Having determined the proposed virement is feasible the following delegated authorities exist:

- (i) Where the proposal for virement exceeds £0.250m, the Chief Officer requires the Board approval to proceed. In taking the proposal to the Board any concerns raised by the partner holding the funding, (or in the event of a transfer between partners or a potential impact on the either partner) must be reflected in the virement request to the Board.
- (ii) For virements below £0.250m between lines within the same partner's budget which have no likely service impact on the other partner, the Chief Officer may proceed providing they have agreement from the relevant accountable officer for that body that the virement is feasible. This would be the Chief Accountable Officer of the Health Board and the Section 95 Officer in the case of North Lanarkshire Council.
- (iii) It would be for the partners scheme of delegation to determine a proportionate and reasonable mechanism for seeking this agreement for virement under £0.250m. In the event of a difference of opinion between the Chief Officer and the relevant partner's accountable officer as to whether the virement is feasible, the proposed virement should be referred to the Board for a decision. The Board cannot compel the partner to execute a virement that would lead it to be a breach of regulations, funding requirements, its overall budget limits or other duties. In other circumstances the Board may direct the partner to execute the virement but in doing so would also have to agree how the Board would manage the consequences of any residual risk flagged by the partner.
- (iv) For virements below £0.250m which are likely to have a service impact on the other partner or which are between partners' budgets the above applies but is widened to take account of both partners' views.
- (v) If the virement has revenue implications for future years, the virement will firstly be approved by the appropriate partner's Committee and thereafter approved by the Board.

Virement may be required to make best use of the overall resource. Any proposed virement in excess of £0.250m requires to be authorised by the IJB.

2. Delegated Authority

At the IJB meeting on 18 July 2017, specifically in relation to reserves, the IJB decided to delegate authority to the Chair, Vice-Chair and Chief Accountable Officer to agree transfers to and from reserves during the financial year, as required, and following consultation with the Chair and Vice-Chair of the Finance and Audit Sub-Committee, the Chief Executive of NHS Lanarkshire and the Chief Executive of North Lanarkshire Council. The Finance and Audit Sub-Committee has since been replaced with the Performance, Finance and Audit Committee. It was also decided that any such transfers to and from reserves, agreed through this delegated process, would be reported to the next meeting of the IJB as appropriate.

3. Special Meeting

The Chairperson of the IJB has authority to call a meeting of the IJB at such other times as he or she sees fit to permit any items of urgent business to be considered by the Board. This is in line with the Scottish Statutory Instrument 2014 No. 285, the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

4. Criteria

The following criteria are considered by the Senior Management Team when considering the planned use of reserves.

- (1) Current operational pressures including health and safety, clinical and performance standards and other legislative responsibilities.
- (2) Increased service capacity and /or additional support on a non-recurring basis required to implement the Strategic Commissioning Plan Intentions and the IJB directions.
- (3) Bridging finance to facilitate the identification of recurring funding solutions for service priorities in line with the Strategic Commissioning Plan Intentions and the achievement of the national health and well being outcomes and performance indicators.

North Lanarkshire IJB
Reserves Position As At September 2018

Appendix 2

Useable Reserve	Balance as at September 2018
Ring-Fenced and Earmarked Reserves	£m
Self Directed Support Strategy	3.214
Prescribing Fund	2.881
Financial Plan 2018/2019 Contingency	1.400
Training Fund	0.246
Palliative Care Services	0.840
Integrated Service Review Programme	0.500
Alcohol and Drug Partnership Fund	0.403
Project Decommissioning Strategy	0.296
Mental Health and Learning Disability Fund	0.046
Self Directed Support Programme	0.150
Integrated Support Worker	0.250
IT Federated Trust Environment Strategy	0.214
Fairer Scotland Funded Programmes	0.150
Mental Health Service Redesign	0.115
Psychological Therapies Access Project	0.091
Active Health Programme	0.085
Mental Health Innovation Fund	0.080
Strategic Framework Support	0.080
Test of Change - High Intensity Service Users	0.077
Psychological Therapies Service	0.065
Ringfenced and Earmarked Reserve Total	11.183
Contingency Fund	
Change Fund	1.000
ICT Fund	0.500
Test of Change Pilots	0.500
General Balance	2.391
Contingency Fund Total	4.391
General Fund Total	15.574

A Proposal Financial Inclusion Services**A1 Purpose**

- A1.1 A review of the Financial Inclusion Service (FIS) has recently been undertaken which took into consideration the potential impact of the impending roll out of Universal Credit (Full Service) and other welfare reform challenges that residents and the Council will face over the next 5 years.
- A1.2 The FIS currently has a staffing compliment of 42.14 FTEs. Of this 15.5 FTEs are temporary. All staff have been pivotal in generating additional benefit income for the residents of North Lanarkshire. All of the 15.5 FTE's in post have been employed for periods in excess of 4 years. One of the key recommendations of the review to ensure service stability is to make all temporary posts included within the FIS permanent.
- A1.3 The cost for all the temporary posts to be made permanent is £0.534m per annum. Adding the cost of IT equipment of £0.060m, the total initial cost of the recommendations will be £0.594m. HR implications are that all current temporary posts will be mainlined. The posts are 8.5 FTE Welfare Rights Officers, 6 FTE Income Maximisers and 1 FTE Admin Officer.
- A1.4 Funding for the temporary posts is provided by the IJB, Enterprise and Housing Services, NHS Lanarkshire and Macmillan Cancer Support. The funding for the temporary posts is currently received from the following:

IJB / Health and Social Care Partnership	£0.211m
Enterprise Resources	£0.283m
Infrastructure Services	£0.040m
Total	£0.534m

- A1.5 This funding is only temporary for periods of between 6 to 12 months. If this funding ceased, there would be a significant impact on service delivery.

A2 Amount and timing of future cashflows

- A2.1 It is intended to request that the amount of £0.211m is approved by the IJB on a permanent basis. As an interim measure, £0.211m is being earmarked to extend the continuity of the service pending further consideration of the 2019/2020 revenue budget and the medium to long term financial plan.

A3 Approval Process

- A3.1 The amount requested is within the Chief Accountable Officer's delegated level of authority.

B Proposal Social Care Contracting Staff within Quality Assurance Services**B1 Purpose**

B1.1 During 2018/19 and 2019/20 there will be a significant increase of 119 contracts requiring renewal, in line with NLC's revised procurement process.

B1.2 Within 2018/19, the following contracts are due for renewal:

Service	No. Of Providers	Contract Duration	Annual Value
Aids for Daily Living	Currently – 6*	3 (+1)	£0.800m
Stair Lifts and Hoists	Currently – 2*	3 (+2)	£1.900m
Carer's Support	Currently – 3*	5 (+2)	£1.100m
Mental Health Services (Adults)	Currently – 2*	3 (+2)	£1.000m

*Please note, as the renewal of these contracts is not yet concluded, the current number of providers is included for indicative purposes.

B1.3 The forward programme up to 2022 is outlined as follows:

Type of service/grouping	Number of services in each year to start procurement								Grand Total
	2018	2019	2020	2021	2022	n/a	n/a contract ending	n/a national framework	
Adult Placement	1								1
Mental Health	1								1
Advocacy	2			1					3
Befriending	1								1
Care at Home	14								14
Care Homes for Older People		27							27
Disability IT Solutions						1			1
Foster Care	2							11	13
Integrated Adaptations			9						9
IT misc	2	15							17
Mental Health		2	1						3
Residential Schools	2							5	7
Respite	1						1		1
Secure Care								3	3
Support Service	14						1		15
Supported Living	28								28
Transport		6							6
Youth Justice Service	1								1
Carers support					4				4
Grand Total	69	50	10	1	4	1	2	19	156

B1.4 There has been a steady increase in respect of purchased services since 2012, including the SDS framework for Adults, Children and Young people and various mental health services provision. Overall, there is a picture of increasing complexity in both individual arrangements and commissioning.

B1 Purpose (Cont.)

- B1.5 Quality Assurance is currently managing four major tenders which are Mental Health, Carer Support Services and two for the Equipment and Adaptations Service. Formal processes are in place to support this work, however, in respect of social care contracting the skill is in ensuring that each step of the process is undertaken from a social care perspective and reflects the world in which we operate e.g. outcomes specifications and evaluation, relationship based contract monitoring and improvement and social work facing contracting approaches which reflect the Procurement of Social Care Services – Best Practice Guidance (2010 and 2015). North Lanarkshire was cited in this original guidance for its approach to user involvement. This is an area which requires further work. The changes to Carers legislation and Information Governance means that dedicated work is also needed in updating our social work contracts along with work to develop robust Individual Service Agreements for SDS arrangements for non-framework providers.
- B1.6 All of the above require to be supported by sophisticated and consistent monitoring which will be predicated through the further roll out of our Service Improvement Process (SIP). In addition there has to be sufficient capacity within the section to anticipate and respond to poor performance.

B2 Amount and timing of future cashflows

- B2.1 The amount of £0.185m was requested for a two year period to appoint the following staff:

Post	FTE	Grade	Cost £m		
			Year 1	Year 2	Total
Service Manager – Commissioning	1	NLC 14	0.057	0.057	0.114
Senior Officer – Commissioning	0.5	NLC 12	0.025	0.025	0.050
Administration Support	0.3	NLC 9	0.011	0.011	0.022
Total	1.8		0.093	0.093	0.186

- B2.2 This staffing proposal will mean that the service can effectively run procurement exercises with full access to relevant national systems from start to end point and use the NLC procurement resource e.g. complex situations, financial checks, market analysis and/or suppliers days. A review will be undertaken at the end of the first year.

B3 Approval Process

- B3.1 A paper was submitted to Social Work sub-committee in April 2018 setting out the current position with regard to social work contracts- attached for information.
- B3.2 Prior to this the Chief Accountable Officer requested that a business case be prepared to highlight resources that are needed within the Quality Assurance section to allow a robust plan to be developed that will address this and also achieve a long term strategy to secure all contractual and monitoring arrangements, alongside quality assurance, for our commissioned work.
- B3.3 The amount requested is within the Chief Accountable Officer’s delegated level of authority.

C Proposal Social Care Contract Monitoring Staff**C1 Purpose**

C1.1 Social work purchases a variety of services from the third and independent sector and these are supported through a combination of tailored local and national contracts and frameworks, these include:

- National Care home and secure care contracts (27 providers)
- Self-Directed Support Framework – Children (11 providers) and Adults (19 providers)
- Support at Home framework (14 providers)
- National and local fostering contracts
- Individual contract arrangements for outwith North Lanarkshire placements covering adult and residential specialist support arrangements
- Taxi, independent advocacy, carer support and other miscellaneous and wide ranging services.

C1.2 In light of increased demand for services due to demographic changes, more people being supported at home rather than in hospital or care homes, dealing with the increasingly range complex of care provision, existing resources within the Social Work Service of North H&SCP are insufficient to meet the need for high quality monitoring of internally and contracted provided care services.

C2 Amount and timing of future cashflows

C2.1 The amount of £0.249m was requested for a two year period to appoint the following staff:

Post	FTE	Grade	Cost £m		
			Year 1	Year 2	Total
Senior Officer – Commissioning	2	NLC 12	0.098	0.098	0.196
Administration Support	0.7	NLC 9	0.027	0.026	0.053
Total	2.7		0.125	0.124	0.249

C2.2 The additional resources will address key risks ensuring that service quality within purchased services is adequately monitored, performance issues are identified and responded to within reasonable time scales and the risk to service users of harm from poor quality services is reduced.

C3 Approval Process

C3.1 A paper was submitted to Social Work sub-committee in August 2018 setting out the current position with regard to social work contracts- attached for information.

C3.2 Prior to this the Chief Accountable Officer requested that a business case be prepared to highlight resources that are needed within the Quality Assurance section to allow a robust plan to be developed that will address this and also achieve a long term strategy to secure all contractual and monitoring arrangements, alongside quality assurance, for our commissioned work.

C3.3 The amount requested is within the Chief Accountable Officer's delegated level of authority.

D Proposal Motherwell Rehabilitation Team Leadership**D1 Purpose**

D1.1 Following the Motherwell Rehabilitation Demonstrator project, in order to achieve the strategic intentions of Integrated Rehabilitation Teams in each locality, the next step is the roll out of Rehabilitation teams into the six localities. A plan to allocate health physiotherapist, occupational therapists, assistant practitioners and senior health care support workers to locality teams was therefore agreed and is currently being implemented. A key commitment is to maintain the close link between the specialist services and the locality teams who will carry the duty of care for all patients within their geographical area. It has been identified from the AHP leaders and the therapy staff in Motherwell that to ensure effective roll out we need a lead to ensure optimum team efficiency and aid effective decision making.

D1.2 In order to support the transition to the agreed model of care, additional Motherwell Rehabilitation Team Leadership support is required for a temporary period. Funding is therefore required for increased capacity in Team Leader posts (NLC 12 or Band 6). Funding is also required for therapy backfill (NLC 10 or Band 5). It is essential at this stage of the wider locality modelling process that maximum impact and efficiency is gained from the integration of health and social work AHP roles. A therapy team leader role will be a key factor in driving service change forward. Locality Modelling Rehabilitation Teams are part of a whole system change. There is also a need to provide professional governance. This was critical in supporting effective professional/clinical supervision and performance management of staff, and will enable joint learning and development opportunities to enhance integrated working practices.

D2 Amount and timing of future cashflows

D2.1 The maximum amount of £0.129m was requested for a one year period to provide additional capacity as follows:

Post	FTE	Grade	Cost £m		
			Year 1	Year 2	Total
Additional Leadership Support		NLC 12	0.009	0.000	0.009
Additional Leadership Support		Band 6	0.030	0.000	0.030
Additional Leadership Support	1.5	NLC 10	0.052	0.000	0.052
Additional Leadership Support	1.5	Band 5	0.038	0.000	0.038
Total	1.5		0.129	0.000	0.129

D2.2 The actual costs will range from £0.073m up to a maximum of £0.129m. The actual will be finalised once all staff are appointed. The variation in the costs is due to the different pay scales between NHSL and NLC. The costs detailed above are therefore indicative. It is highlighted that the most significant area of cost is for therapy backfill. This can be skill mixed by NLC 10 and Band 5. In order to ensure the roll out is achieved by November 2018, the additional leadership capacity is required for one year. This is essential to support staff in to the new locality teams and venues for the rehabilitation roll out. This is a transitional arrangement with the longer term expectation that the service be delivered within existing funded establishment. This would be reviewed in line with wider locality modelling structures.

D3 Approval Process

D3.1 The amount requested is within the Chief Accountable Officer's delegated level of authority.

E Proposal Equipment and Adaptations**E1 Purpose**

- E1.1 A recurring £100,000 is required to meet health and safety standards for LOLER testing of electric equipment not currently covered by maintenance contracts.
- E1.2 The Integrated Equipment and Adaptations Service (IEAS) is a jointly funded North Lanarkshire Council and NHS Lanarkshire service that arranges or directly provides all equipment and housing adaptations for children, adults and older adults with disabilities in North Lanarkshire. The service also provides health equipment to residents in South Lanarkshire on behalf of NHS Lanarkshire. Requests for service come from many sources, including occupational therapists, district nurses, social workers, hospital discharge teams, and on-line self-assessment via the Making Life Easier website.
- E1.3 In the last 5 years demand for all equipment has increase by 11% with collections increasing by 30%, an overall increase of 16%. The Health and Safety Executive also recently published "How the Lifting Operations and Lifting Equipment Regulations apply to health and social care". LOLER testing therefore needs to be introduced to the standard operating of the IEAS to meet Health and Safety requirements for electronic equipment.
- E1.4 There is an ongoing requirement to test and check the various items of equipment the service provides. These include stairlifts, hoists, beds, bathlifts and riser recliner chairs. Most require a 6 monthly inspection and others an annual inspection. The inclusion of bathlifts to this list places a new demand on the IEAS which cannot be met with available resources, but will have to be addressed to be compliant with the current legislation. There are currently over 4,000 bathlifts on loan that will require as a minimum an annual check.

E2 Amount and timing of future cashflows

- E2.1 The amount of £0.100m was requested to meet health and safety requirements for a one year period to appoint the following staff:

Post	FTE	Grade	Cost £m		
			Year 1	Year 2	Total
Additional Technical Support	3	NLC 5	0.100	0.000	0.100
Administration Support	1	NLC 3			
Total	4		0.100	0.000	0.100

- E2.2 The routine and regular testing of lifting equipment will ensure compliance with national Health and Safety standards, protecting people in their use including people with a disability, family carers and paid carers.
- E2.3 The amount of £0.100m will be requested from the IJB on a permanent basis. As an interim measure, the earmarked reserve of £0.100m will ensure health and safety requirements are met pending further consideration of the 2019/2020 revenue budget and the medium to long term financial plan.

E3 Approval Process

- E3.1 The amount requested is within the Chief Accountable Officer's delegated level of authority.

F Proposal Contribution to Decontamination Nurse Post

F1 Purpose

F1.1 In order to meet decontamination standards, the North Lanarkshire IJB, the South Lanarkshire IJB and the Acute Services were each asked to contribute equally to fund a Decontamination Nurse post.

F2 Amount and timing of future cashflows

F2.1 The total cost of the post is approximately £0.048m. The North Lanarkshire IJB share is £0.016m. The requirement for the post will be reviewed towards the end of the year.

F2.2 If the post requires to be extended on a permanent basis, this will be considered as part of the 2019/2020 revenue budget and the medium to long term financial plan.

F3 Approval Process

F3.1 The amount requested is within the Chief Accountable Officer's delegated level of authority.

G Proposal Administration Support Services**G1 Purpose**

- G1.1 The resource associated with the administration support teams in health has remained largely the same since the teams were originally established for the North Community Health Partnership, before the IJB came into existence.
- G1.2 The number of senior managers requiring support through the health administration teams has however increased since integration. These additional pressures have been absorbed however more recent increases in administration responsibilities have stretched teams further and the existing resource is not able to adequately support the management teams at headquarters and at localities.
- G1.3 In addition to supporting the range of managerial posts, the health admin team are also responsible for all the administrative support to the main governance and operational meetings associated with the Integration Joint Board and the Performance, Finance & Audit Committee. The Operational Service Managers have also highlighted issues in respect of support to locality management teams.

G2 Amount and timing of future cashflows

- G2.1 Pending the progress of the recommendations of the Integrated Service Review Board, the amount of £0.071m was requested for a two year period to appoint the following staff:

Post	FTE	Grade	Cost £m		
			Year 1	Year 2	Total
Airdrie Locality Admin Support	1		0.014	0.014	0.028
North Locality Admin Support	0.5		0.008	0.007	0.015
Headquarters Admin Support	1		0.014	0.014	0.028
Total	2.5		0.036	0.035	0.071

G3 Approval Process

- G3.1 The amount requested is within the Chief Accountable Officer's delegated level of authority.

H Proposal Sexual Health Services**H1 Purpose**

H1.1 The Scottish Government Sexual Health and Blood Borne Virus Framework 2015-2020 highlights the need to ensure appropriate and accessible services for vulnerable groups including young people and vulnerable men. The QIS/HIS Standards for Sexual Health (2018) highlighted the need for provision of LARC to 100 per 1000 women of reproductive age.

H1.2 The Sexual Health Service is pan-Lanarkshire resource and works efficiently and effectively. There has been an increase of over 2,000 LARC procedures performed by the Sexual Health Service per annum with no additional investment. There is no capacity for service expansion within the existing resources. Lanarkshire is the poorest performing NHS Board in Scotland for LARC.

H1.3 The prediction in respect of the increase in service demands around the requirement for Long Acting Reversible Contraception (LARC) was found to be accurate. This prediction was that around 6,000 LARC procedures would be needed. In 2017, 3,500 were delivered but the Sexual Health Service is reporting that there is insufficient capacity and sustainability to meet all requests.

H2 Amount and timing of future cashflows

H2.1 A range of scenarios have been explored. The Senior Management Team agreed to support a non-recurring investment of £0.218m to expand clinical capacity as follows:

- One LARC clinic which will make available 670 procedures at a cost of £0.117m. There is a clinical evidence base which indicates that the non-recurring investment will contribute to improving the QIS standard for LARC and the performance outcomes. The NICE guideline (2005) also showed LARC methods to be more cost effective in preventing pregnancy even at 12 months of use.
- Two MSM clinics which will provide support to vulnerable men at a cost of £0.058m which will contribute to a reduction in new cases of HIV, a reduction in late HIV diagnoses and a reduction in onward transmission of HIV.
- Two Young People clinics at a cost of £0.043m which will provide a comprehensive service for young people including STI diagnosis and treatment; Blood Borne Virus testing; contraception (including LARC) and pregnancy testing.

H2.2 The non-recurring funding would be available to support additional clinical capacity for one year.

H3 Approval Process

H3.1 The amount requested is within the Chief Accountable Officer's delegated level of authority.