



Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 22 March 2024	10:00	Remotely by MS Teams,

MARK CONAGHAN
Clerk

Membership

Councillor Jennifer Adam (Chair) and John Matthews (Vice Chair)

Councillor Jacqueline Cameron: Councillor Fiona Airlie-Nicolson: Councillor Iain McMillan: Margaret Kerr: Frank Shennan: Ann Cameron Burns: Karen Jarvis: Paul Higgins: Lisa Cameron: Dr Shilpa Shivaprasad: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

Further Information - online meetings only

This meeting is on-line only but is a meeting which is open to members of the public by prior arrangement. A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at <http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx>

For further information, please email democratic-services@renfrewshire.gov.uk

Members of the Press and Public - contact details

Members of the press and public wishing to attend the meeting should contact democratic-services@renfrewshire.gov.uk to allow the necessary arrangements to be made.

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact committee services on democratic-services@renfrewshire.gov.uk

To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording Part 1

https://youtu.be/k_mj2XRcy3g?si=VTYpuGbig6tRmj7T

Recording Part 2

<https://youtu.be/4NhPZfVvVs8?si=uZukEz64yAF0Xq8W>

Items of business

Apologies

Apologies from members.

Declarations of Interest and Transparency Statements

Members are asked to declare an interest or make a transparency statement in any item(s) on the agenda and to provide a brief explanation of the nature of the interest or the transparency statement.

- | | | |
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Report by Clerk.



Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 26 January 2024	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam, Councillor Fiona Airlie-Nicolson and Councillor Iain McMillan (all Renfrewshire Council); Margaret Kerr, John Matthews and Frank Shennan (all Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Paul Higgins (Health Board staff member involved in service provision); Lisa Cameron (Council staff member involved in service provision); Alan McNiven (third sector representative); John Boylan (Trade Union representative for Council); Michelle Wailes (substitute for Annie Hair (Trade Union representative for Health Board)); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Adam, Chair, presided.

In Attendance

Nairn Young, Managing Solicitor (Litigation & Advice) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Frances Burns, Head of Strategic Planning & Health Improvement, Carron O'Byrne, Head of Health & Social Care (Paisley), Laura Howat, Head of Mental Health, Alcohol & Drugs Recovery & Learning Disability Services, John Millar, Communications Business Lead (Transformation), Sian Ramsay, Finance Business Partner, James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, Joe Deary, Service Assurance Manager and Jade Collins, Senior Communications Officer (all Renfrewshire Health and Social Care Partnership).

Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the IJB would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

Apologies

Ann Cameron Burns (Greater Glasgow & Clyde Health Board), Dr Shilpa Shivaprasad (other Medical Practitioner (non-GP)), Stephen Cruickshank (service user residing in Renfrewshire) and Annie Hair (Trade Union representative for Health Board).

Declarations of Interest and Transparency Statements

There were no declarations of interest or transparency statements intimated prior to the commencement of the meeting.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 24 November 2023.

DECIDED: That the Minute be approved.

Sederunt

Frank Shennan joined the meeting during consideration of the following item of business.

2 IJB Action Log

The rolling action log for the IJB was submitted.

In relation to Arrangements for Future Meetings, Councillor Iain McMillan, being the mover of a motion, which failed to find a seconder asked that his dissent be recorded.

DECIDED: That the updates to the rolling action log be noted.

3 IJB Audit, Risk and Scrutiny Committee - Self-assessment

There was submitted a report by the Clerk relative to the self-assessment conducted by the IJB Audit, Risk and Scrutiny Committee against updated good practice guidance for local government audit committees.

The report intimated that, following a member development session on 27 October 2023, an action plan had been developed to address the small number of improvement actions identified. The action plan had been approved at the meeting of the IJB Audit, Risk and Scrutiny Committee held on 17 November 2023 for submission to a future meeting of the IJB. A copy of the action plan formed Appendix 1 to the report.

The report advised that included in the action plan was an action to review the Terms of Reference of the IJB Audit, Risk and Scrutiny Committee and at the meeting of the Committee held on 17 November 2023 revised Terms of Reference were considered and it was agreed that these be submitted to a future meeting of the IJB for approval. A copy of the revised Terms of Reference detailing track changes for members information formed Appendix 2 to the report and the finalised version of the Terms of Reference formed Appendix 3 to the report.

DECIDED:

(a) That the content of the action plan be noted; and

(b) That the revised Terms of Reference for the IJB Audit, Risk and Scrutiny Committee, which formed Appendix 3 to the report, be approved.

4 **Chief Officer's Report**

Under reference to item 3 of the Minute of the meeting of the IJB held on 24 November 2023, the Chief Officer submitted a report providing an update on recent key developments and operational activity and additional policy developments which would be built into future workplans, strategies and action plans.

The key updates detailed in the report included an overview of actions that the HSCP would take in line with the Scottish Government's new Tobacco and Vaping Framework, the refreshed national Equally Safe Strategy and ongoing activity to develop a refreshed NHSGGC Quality Strategy.

The report also provided detail on several national policy updates including the Scottish Government's Budget 2024/25 and a progress update on the National Care Service (Scotland) Bill.

DECIDED:

(a) That the range of key HSCP updates, as detailed in sections 4 to 7 of the report, be noted; and

(b) That the national policy updates, as detailed in sections 8 to 11 of the report, be noted.

5 **Financial Report 1 April to 30 November 2023**

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 November 2023 and the projected year end position for the year ending 31 March 2024.

The report intimated that pay negotiations for local government had now been agreed and that the Director of Finance & Resources, Renfrewshire Council had confirmed that Renfrewshire Council would pass through the relevant share of the funding from the Scottish Government to the IJB. It was noted that the IJB would require to fund any shortfall. Further, that the current projections did not include the impact of the pay award above the 3% included as part of the overall budget assumptions for 2023/24.

The report advised that the projected final outturn for 2023/24 was an overspend of £3,280k, taking into account the in-year drawdown of earmarked winter pressure reserves, and assumed a transfer of any in-year underspend at 31 March 2024 to earmarked reserves in line with Scottish Government funding arrangements in relation to winter pressure monies, Action 15, the Primary Care Improvement Programme and the Alcohol and Drug Partnership.

The report provided information on the key pressures; prescribing; Scottish Government funding 2023/24; other delegated services and reserves.

Appendices 1 to 4 of the report detailed the revenue budget position of the HSCP, adult social care, health, and Renfrewshire Council other delegated services; Appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the Scottish Government funding streams and Appendix 8 to the report detailed the movement in ear marked reserves.

DECIDED:

- (a) That the in-year position at 30 November 2023 be noted; and
- (b) That the projected year-end position for 2023/24 be noted.

6 Review of Renfrewshire Council's Non-residential Charging Policy

The Chief Finance Officer submitted a report relative to a review of Renfrewshire Council's Non-residential Charging Policy.

The report intimated that in June 2018, Renfrewshire IJB approved a review of adult social care charging on behalf of Renfrewshire Council, to be taken forward by the Chief Finance Officer. The purpose of the review was to ensure greater transparency and consistency, including closing the inequality gap and was tasked with ensuring the Non-residential Charging Policy complemented wider policies including Self-directed Support. The review concluded in late 2019 and set out a number of high-level recommendations but the outbreak of the COVID-19 pandemic in early 2020 and the proposal from the Scottish Government at that time to remove non-residential charging, had resulted in a hold on progressing the recommendations from that initial work. At its meeting on 30 June 2023, the IJB agreed the outcomes of the initial review be revisited and further work be undertaken to review the Policy and this phase of work had been progressed as part of the IJB's Sustainable Futures programme, resulting in additional recommendations expanding on those arising from the 2019 review.

The report provided detail on both reviews and sought approval from the IJB to take forward the suite of recommendations summarised in section 2 of the report for consideration by Renfrewshire Council.

Appendix 1 to the report provided examples of how a service user's charge was calculated using Renfrewshire Council's current Charging Policy; Appendix 2 to the report provided a summary of local authority charging approaches across Scotland derived from the 2023 CoSLA Non-residential Charge and Support Charging Survey and Appendix 3 to the report provided examples of how a service user's charge would be calculated using a contributions policy retaining the current taper level of 50% and also examples showing the taper at increasing levels. A copy of the draft proposed Adult Services Non-residential Contribution Policy was appended to the report.

It was proposed that, prior to the report being submitted to Renfrewshire Council for consideration, the risk implications of the report be amended to include detail on the wider risks for service users reflecting the impact these changes would have for acute services should service users choose not to pay for the services they needed. This was agreed unanimously.

DECIDED:

- (a) That the content of the report be noted;
- (b) That the recommendations summarised in section 2.2 of the report be noted;
- (c) That the submission of these recommendations to Renfrewshire Council for consideration be approved; and
- (d) That the risk implications of the report be amended to include detail on the wider risks for service users reflecting the impact these changes would have for acute services should service users choose not to pay for the services they needed.

7 **Sustainable Futures Programme: Progress Update**

Under reference to item 5 of the Minute of the meeting of the IJB held on 24 November 2024, the Head of Strategic Planning & Health Improvement submitted a report providing an update on the Sustainable Futures programme.

The report provided detail in relation to the background of the Sustainable Futures programme; the Scottish Budget announcement on 19 December 2023; the routes to engagement implemented following the November IJB meeting; an overview of feedback received during early engagement sessions and the next steps.

DECIDED:

- (a) That the update provided on the Scottish Budget announcement, as detailed in section 4 of the report, be noted;
- (b) That the updates provided on the stakeholder engagement process currently underway, as detailed in sections 5 and 6 of the report, be noted; and
- (c) That the further activity to be undertaken in advance of the IJB's meeting in March 2024 to enable the submission of updated options and additional savings options in line with the overarching approach previously agreed, as detailed in section 7 of the report, be noted.

8 **Performance Management Mid-year Report 2023/24**

The Head of Strategic Planning & Health Improvement submitted a report providing an update on the mid-year performance for April to September 2023. The full scorecard updating all performance measures was appended to the report.

The report intimated that there were 48 performance indicators of which 28 had targets set against them. Performance status was assessed as either red, more than 10% variance from target; amber, within 10% variance from target; or green, on or exceeds target and the RAG status of the 28 indicators included 5 red indicators, 10 amber indicators and 13 green indicators.

The Chief Officer advised that information in relation to A&E attendances would be circulated to members.

DECIDED: That the Performance Management Mid-year Report 2023/24 for Renfrewshire HSCP be approved.

9 **Unscheduled Care Winter Update**

The Head of Health & Social Care submitted a report providing the mid-year update on the work being undertaken to deliver whole-system change against urgent and unscheduled priorities to minimise the impact of unscheduled care during Winter 2023/24.

The report intimated that unscheduled care work across NHSGGC was directed by the Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25 which had been approved by all six IJBs.

The report provided detail on key interventions led by HSCPs which were now live across NHSGGC and a summary of interventions across acute and community services was appended to the report.

DECIDED: That the content of the report be noted.

10 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held remotely on MS teams at 10.00 am on 22 March 2024.

IJB Rolling Action Log – 22 March 2024

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
30/06/23	Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee	Submit report relative to appointment of Chairs and Vice Chairs for a two-year period	Clerk	22 March 2024	Report will be submitted following review of the Integration Scheme
	Arrangements for Future Meetings	Submit report relative to arrangements for the agreed meetings in June 2024 and the timetable of future meetings to June 2025 and arrangements for these meetings	Clerk	22 March 2024	Report being considered at this meeting. Action complete
29/09/23	Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022/23	Submit report re refreshed ADP Strategy and high-level delivery plan	ADP Co-ordinator	When available	Report will be provided when detail is available
24/11/23	Chief Officer's Report	Update on respite services to be included in a future report	Chief Officer	22 March 2024	



To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 24 January 2024 and additional policy developments that the HSCP is building into future workplans, strategies and action plans.
- 1.2. The contents of this paper reflect an ongoing period of change and challenge, particularly within the financial circumstances faced by the IJB. Key HSCP updates provided include Renfrewshire's latest delayed discharge performance and a high-level summary of respite services currently provided by the HSCP, which reflects an action agreed at a previous IJB meeting.
- 1.3. Key national policy updates are also provided, including a progress update on the National Care Service (Scotland) Bill and an update on Audit Scotland's recent NHS in Scotland 2023 Report.
-

2. Recommendations

It is recommended that the IJB note:

- The range of key HSCP updates provided (Sections 4 to 7); and
 - The national policy updates provided (Sections 8 to 9)
-

3. Background

- 3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects high levels of service demand, the ongoing

cost of living crisis, and financial challenges which will continue to impact on local communities, providers, and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on future operations.

- 3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

Key HSCP Updates

4. Delayed Discharged Performance

- 4.1. The latest published data available from Public Health Scotland shows that in December 2023, for Renfrewshire the number of Acute delayed discharge bed days lost (18+) for April to December 2023 was 3,883 - a 27.3% decrease on the number (5,341) recorded for the same period in 2022/23.

- 4.2. The 3,883 Acute delayed discharge bed days lost from April to December 2023 can be broken down into 1,568 for ‘standard’ delays and 2,315 for ‘Code 9s’. This equates to a 1.1% reduction in ‘standard’ delays recorded for the same period in 2022 (1,585), and a 38.4% reduction in ‘Code 9s’ (3,756). Patients included in Code 9s are Adults with Incapacity (AWI) undergoing a Guardianship process; those patients delayed awaiting availability of a place in a specialist facility where no facilities are currently available, and an interim move would be inappropriate; patients delayed due to infection control measures; and also patients for whom an interim move is not possible or reasonable.

- 4.3. While timescales for AWI Guardianship processes are outwith the HSCP’s control, the Partnership maintains a proactive approach with families and solicitors on a case-by-case basis. Cases are reviewed regularly, and frequent contact with solicitors ensures cases are progressed as quickly as possible. Some individuals categorised under ‘Code 9’ have extremely specific care needs requiring highly specialised individual care, meaning some delays are unavoidable. There is a limited number of service providers both locally and nationally with current capacity insufficient meet demand for these types of care packages.

- 4.4. Renfrewshire is the highest performing Local Authority area in Scotland for Acute standard delays for the financial year to date (April-December 2023), with a rate of 1,071.7 per 100,000 population per the table below. Throughout January and February 2024, the HSCP has continued to perform strongly despite a difficult winter period. Officers continue to work on a whole system basis to support people back to their own homes or a homely setting daily. A further update will be provided to the IJB in June 2024.

Financial Year to Date: April – December 2023			
Rate Per 100,000 Pop.	Renfrewshire	NHSGGC Average	Scotland Average
Standard Delays	1,071.7	5,595.6	8,054.5

5. Update on Respite Services in Renfrewshire

- 5.1. The IJB has agreed that a strategic review of respite models across all care groups should be undertaken in 2024/25 as part of the Sustainable Futures programme. In advance of that review, this update provides the IJB with a summary position of respite provision in Renfrewshire. Individuals and families across service user groups can access a mixture of respite support including day support, personal assistants, short breaks, residential and home-based respite. Respite services can be accessed locally or nationally, offering choice over which service is used, and where. For those HSCP services offering or facilitating respite, an overview of provision is set out below.

Learning Disabilities provision

- 5.2. For adults with a learning disability and/or autism there is a wide range of respite services available through the Renfrewshire Learning Disabilities Service. This includes residential respite and alternative models of respite enabled by Self-directed Support e.g., care at home, short breaks, or holidays. Most respite is provided internally through Weavers Linn, which provides 9 places in a small, modern purpose-built residential facility offering personalised care and support. This has recently been reduced from 10 available beds to ensure that specific provision for adults with very complex learning disabilities and autism who live in family care is available and aligns with the Coming Home Report 2018 and intent of the Community Living Change Fund. Overall, respite is provided to adults across the full spectrum of need and the current client group for Weavers Linn can be broken down into 3 main categories:

- A. Complex needs associated behavioural challenges** - predominantly adults with a learning disability with complex autism and/or mental health issues.
- B. Complex Needs associated with health care needs** – predominantly adults with a learning disability who require support and supervision with all or most aspects of daily life and may have life limiting conditions.
- C. Moderate / Mild learning disabilities** - predominantly adults with a learning disability requiring support and supervision with some aspects of daily life associated with cognitive impairment, sensory impairment, mobility, challenging behaviours, and health conditions.

- 5.3. Individuals within Group A above have very complex needs and require a secure environment in all aspects of their life to keep them safe from harm. The number of individuals with this level of need has increased in recent years and it is anticipated that this will continue to increase with future transitions, evidenced by increased demand on the Gateway service. The strategic review will consider these trends and how the spectrum of needs for people with learning disabilities are most appropriately met across all forms of service.

Older Adults

- 5.4. The Older Adult Community Health Team (CMHT) works with people with dementia, to ensure that these individuals, their families and carers have

access to appropriate respite support. At times vulnerable adults will require emergency respite placements, often this requires a placement to be sourced that day. On average, an emergency bed will be required once or twice a month across the team, but this can fluctuate.

5.5. Within the wider population of older adults, the HSCP has observed trends in service users and carers choosing to have shorter respite breaks at home rather than building-based respite, which is provided by most private care at home services.

5.6. While the HSCP does not currently offer building-based respite provision for older adults within internal care homes, there is sufficient capacity within the care home system to cover residential respite for older people who require it. There are 19 private care homes within Renfrewshire offering a mix of residential and nursing care.

6. IJB Strategic Plan: Year 2 Update

6.1. The IJB agreed its Strategic Delivery Plan for Year 2 of the Strategic Plan in September 2023. It was recognised at that point that the delivery plan would be shorter in duration and cover the six month period to bring this back into realignment with the annual timelines of the Strategic Plan, following its approval in March 2022.

6.2. The HSCP is continuing to track progress on the deliverables set out within Year 2 of the Plan through to the end of March. These will be captured within the Annual Performance Report for 2023/24 which will be presented to the IJB in draft for consideration at its June meeting, prior to submission of a final version to the Scottish Government in line with national reporting requirements.

6.3. As part of this reporting, the HSCP will also provide an updated Strategic Delivery Plan for Year 3 of the Strategic Plan and provide an assessment for the IJB's consideration as to whether all of the strategic objectives set out within the Strategic Plan are expected to be delivered by the end of Year 3 (not including any objective which may have been superseded since the Plan commenced in 2022). At this point, it is expected that it will be recommended to the IJB that it would be most appropriate to undertake a review of the Plan and extend its lifespan beyond 2025, rather than develop a full new Plan for implementation in April 2025. This reflects that the themes of the existing Plan remain fully relevant and that the operating environment for the IJB remains highly changeable.

7. NHSGGC Primary Care Strategy

7.1. In January 2024, an update on the progress of the NHSGGC Primary Care Strategy project was provided to the IJB with a commitment to return to the IJB in March 2024 with the final strategy for consideration. However, due to NHSGGC governance reporting requirements, the strategy will now be presented to both the NHSGGC Financial Planning and Performance Committee and NHSGGC Board in April 2024 for final approval. The approved

strategy and Equality Impact Assessment will then be presented, for noting, to each of the six IJBs within the board area in May and June 2024.

Key National Updates

8. National Care Service Progress Update

8.1. An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in January 2024. It was agreed that future progress updates would be provided to the IJB on key developments. Since this update, the Stage 1 debate was extended to 29 February 2024. During this period, the Scottish Government has continued to provide oral evidence to Parliament in advance of the Stage 1 debate including scrutiny of the revised Financial Memorandum, the range costs associated with the Bill, the proposed National Care Service Board, the scope of the Bill, workforce, the commitment to Fair Work and economic benefits of the Bill.

8.2. In the Scottish Government letter dated 11 December 2023 to the Financial Administration Committee, the revised Financial Memorandum was accompanied by two key documents; (i) the Financial Implications of the Changes to the Bill that the Scottish Government propose to bring forward at Stage 2, reflecting the agreement reached with COSLA and NHS on shared accountability; and (ii) the latest iteration of the Programme Business Case, a detailed document providing the economic basis for the reforms that the Scottish Government wishes to make. The Programme Business Case sets out a high-level route map of key milestones for delivery:

- September 2024: Earliest NCS Bill enactment.
- Spring 2025: Shadow NCS National Board launch, shadow National Social Work Agency launch.
- Spring 2026: NCS National Board launch, National Social Work Agency launch.
- 2028/29: NCS local reform of Integration Authorities.
- 2028/29 – 2030/31: Continued iteration and delivery of local reform.

8.3. On 22 February 2024, the Lead Committee's Stage 1 Report was published. The Committee made a majority recommendation to support the intentions underlying the proposals for the creation of a National Care Service and recommended that the general principles of the Bill be agreed to. However, the Committee's recommendation is conditional on the Scottish Government addressing the various concerns set out in the report and the Committee will undertake significant further scrutiny of the Bill at Stage 2. Concerns include the Scottish Government's inability to articulate and communicate an operational model of the NCS. To enable effective scrutiny, the Committee has requested that the Scottish Government publish the following by 29 March 2024:

- The full text of any amendments it intends to lodge at Stage 2;
- A marked-up version of the Bill as introduced incorporating these amendments in a highlighted format; and
- An updated Policy Memorandum and Explanatory Note.

8.4. On 29 February 2024, the Scottish Government responded to the Stage 1 Report, providing a copy of the NCS Targeting Operation Model. On the same day, Parliament passed the Stage 1 Bill by a majority vote. The co-design and engagement process will continue through to Stage 2. At Stage 2, the Bill will be amended following Stage 2 proceedings. Discussions and negotiations with key stakeholders around the establishment of the NCS National Board, reform of Integration Joint Boards, the creation of the National Social Work Agency and the scope of Children’s and Criminal Justice services will form part of this co-design.

9. **Audit Scotland: NHS in Scotland 2023**

9.1. On 22 February 2024 December 2023, Audit Scotland published the NHS in Scotland 2023 report. The report builds on Audit Scotland’s 2022 report which focused on progress against the NHS Recovery Plan 2021-2026, as the health system emerged from the COVID-19 pandemic. The 2023 report reflects the need for short, medium, and long-term investment to ensure the future sustainability of the NHS in Scotland. It provides an update on the implementation of longer-term reforms, such as the Sustainability and Value Programme and the Care and Wellbeing Portfolio approach, alongside reporting on how recovery has progressed.

9.2. This includes an increased focus on funding and financial performance, position and sustainability compared to recent reports; analysis of service performance and patient safety; and progress on wider reforms aimed to ensure services are sustainable into the future. The report contains several key messages and recommendations for the Scottish Government and NHS Boards – including the need for the Scottish Government to develop a clear national strategy for health and social care to address ongoing pressures on services. A more detailed summary of the report has been provided to the IJB’s Audit, Risk and Scrutiny Committee.

Implications of the Report

1. **Financial** – No implications from this report.
 2. **HR & Organisational Development** – No implications from this report.
 3. **Strategic Plan and Community Planning** – No implications from this report.
 4. **Wider Strategic Alignment** – No implications from this report.
 5. **Legal** – No implications from this report
 6. **Property/Assets** – No implications from this report.
 7. **Information Technology** – No implications from this report.
 8. **Equality & Human Rights** – No implications from this report.
 9. **Fairer Duty Scotland** - No implications from this report
 10. **Health & Safety** – No implications from this report.
 11. **Procurement** – No implications from this report.
 12. **Risk** – No implications from this report.
 13. **Privacy Impact** – No implications from this report.
-

List of Background Papers: None

Author: Debra Allen, Senior Planning and Policy Development Officer

Any enquiries regarding this paper should be directed to Christine Lavery, Chief Officer
(christine.lavery@renfrewshire.gov.uk)

To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2023 to 31 January 2024

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 31 January 2024, and, the projected year end position for the year ending 31 March 2024.
- 1.2. Members are reminded that within the 2023-24 Delegated Health and Social Care Budget paper presented to the IJB in March 2023 the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis, and the likelihood that this will have a negative impact on projections as we move through the financial year.
- 1.3. The cost pressures highlighted above along with increasing demand, create significant implications for service delivery in future years. The IJB will therefore be required to make difficult decisions in order to deliver recurring funding solutions. The Integration Scheme outlines the responsibilities of Partners and the IJB if spending exceeds the allocated budget. In addition, the role of IJB members as regards their financial responsibilities is set out in the budget paper later on this agenda.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 January 2024
- Note the projected year-end position for 2023/24.

3. Summary

- 3.1. As detailed in the following table, the projected final outturn is an overspend of (£861k) for 2023/24 taking into account the in-year drawdown of earmarked winter pressure reserves. This figure also assumes a transfer of any in-year underspend at 31 March 2024 to earmarked reserves in line with Scottish Government funding arrangements in relation to:

- Action 15

- Primary Care Improvement Programme (PCIP)
- Alcohol and Drug Partnership (ADP).

Division	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (prior to drawdown of winter pressure monies)	Overspend (£2,361k)	Overspend (£2,790k)
Other Delegated Services	Overspend (£33k)	Overspend (£39k)
TOTAL	Overspend (£2,394k)	Overspend (£2,829k)
Less: Drawdown of Winter pressure monies	£1,665k	£1,968k
TOTAL	Overspend (£729k)	Overspend (£861k)

- 3.2. In setting its budget in March 2023, the IJB recognised that not all cost pressures identified for 2023/24 would be funded from approved savings. The budget paper therefore proposed the use of reserves to fund the balance of pressures identified for 2023/24 which could not be met from the recurring allocated budget for 2023/24.
- 3.3. In order to partially mitigate the current projected year end overspend and in line with the winter planning funding intentions, in year winter pressure monies have been fully utilised and winter pressure earmarked reserves have been drawn down. The intention to maximise the use of earmarked reserves to reduce the need for drawing down from general reserves to enable maximum flexibility going forward was highlighted by the Chief Finance Officer at the IJB meeting of 24 November 2023.
- 3.4. The current projected year-end outturn is an improvement on our original forecast. This reflects a number of focused pieces of work and actions put in place by the Senior Management Team over the past few months to help to mitigate the projected overspend, as well as the impact of non-recurring monies which have helped to reduce the in-year overspend.
- 3.5. As part of the Annual Accounts process for 2023/24 it is likely that a contingent liability will need to be included reflecting current discussions regarding the potential increase to Care at Home staff grades. A range of factors need to be taken into consideration in determining what the final outcome will be, including what if any back pay will be due to be paid. Negotiations are currently in place between the Council and trade unions. Members should be aware that any costs relating to previous years will have an impact on the IJB's financial position and will require to be funded from the IJB's general reserves.
- 3.6. The IJB's financial planning arrangements and assumptions remain subject to active review, including planning for a range of potential outcomes and scenarios to help to identify emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.
- 3.7. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 5 and 6 provide a reconciliation of the main budget adjustments applied this current financial year.

3.8. The following table provides a high-level summary of the main reasons why the IJB is projecting an overspend of (£861k) for the financial year 2023/24.

Subjective Heading	Year to Date Position £000's	Projecte d Year End Outturn £000's	Comments
Employee Costs	2,490	2,979	ongoing challenges in terms of recruitment and retention issues across all service areas due to the limited availability of the skills mix required within the workforce market. In addition, there is an underspend in relation to incremental drift on health posts. This underspend will reduce in future years reflecting the decision by the IJB at its meeting of 24 November where approval was given to revise the current payroll budget methodology including applying 4% turnover to posts where a staff ratio is not required.
Property Costs	(150)	(177)	overspend reflecting increase relating to repairs, cleaning costs and the purchase of track hoists.
Supplies & Services	(356)	(424)	overspend mainly in relation to community meal provision and legal costs relating to an employee tribunal. There is also an increase in taxi costs due to the temporary decant of Ward 37, and within Podiatry for blood testing kits and walking aids.
Third Party Payments	(1,049)	(1,240)	Care at Home o/s (£2,053k): reflects demand levels, in addition, increased patient acuity of discharges from hospitals with more complex needs means that more intensive CAH packages are required to support people to remain in their own homes. Care Home Placements u/s £587k: reflects greater numbers of clients choosing to remain at home for longer and the late notification from care homes of packages that had ended in the previous financial year resulting in clawback of overpayments from providers. Adult Care Placements u/s £371k: reflective of the current client profile, changing client needs and the availability of appropriate placements. Respite o/s (£139k): reflective of demand for respite services.
Purchase of Healthcare	(10)	(12)	Minor overspend reflects costs in relation to Mental Health activities
Transport	182	215	underspend reflective of services such as Day Care operating at a reduced capacity.
FHS	(1788)	(2,146)	prescribing – reflective of current volume increases and issues currently impacting on the price of drugs as well as several items being on short supply.
Support Services	12	14	Minor underspend reflecting current spend pattern.
Transfer Payments	91	108	underspend due to the reduction in the council recharge following the due diligence exercise (23/24 budget was set at the original costing due to timing of completion of due diligence exercise).
Income	(150)	(178)	Under recovery of income due to increased number of clients with long term debt and a delay in payment of invoices.
TOTAL	(729)	(861)	

4. Pressures

Total Renfrewshire HSCP	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including ring-fenced funding)	Overspend (£2,361k)	Overspend (£2,790k)
TOTAL	Overspend (£2,361k)	Overspend (£2,790k)
Less: Earmarked Winter pressure monies drawdown.	Drawdown £1,665k	Drawdown £1,968k
GRAND TOTAL	Overspend (£696k)	Overspend (£822k)

- 4.1 The overall projected net overspend for the HSCP at 31 January 2024 is an overspend of (£696k), with an anticipated year-end overspend of (£822k), assuming that the current trajectory of spend continues throughout the remainder of this financial year. This includes the in-year drawdown of earmarked winter pressure monies in line with the Scottish Government winter planning funding intentions and assumes a transfer of any in-year underspend on ring fenced allocations at 31 March 2024 to earmarked reserves.
- 4.2 As highlighted in section 3.2 the intention to maximise the use of ear marked reserves to reduce the need for drawing down from general reserves to enable maximum flexibility going forward was highlighted by the Chief Finance Officer at the IJB meeting of 24 November 2023. Normally such drawdowns would occur at the financial year end however in order to provide the IJB clarity over the projected year end position these have been drawn down in year.
- 4.3 The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume that any underspends will be transferred to earmarked reserves at the year-end in line with Scottish Government funding arrangements.
- 4.4 During this financial year, to date £8,116k has been drawn down from Earmarked reserves, details are summarised in the following table and in Appendix 8.

Earmarked Reserves	Amounts Drawn Down in 2023/24
	£000's
PCIP	1,514
PCTF Transitional Fund	18
Action 15	123
ADP Funding	250
Scottish Gov District Nurse Funding	126
Drug Death Task Force	81
Drug Mission Outreach	134
MIST	34
Care Home Liaison & Oversight Staffing Funding	15
HSCP Respiratory Nursing	128
Healthcare support workers	624
Accommodation / Premises Investment Fund	263
Mental Health Dementia Funding	50
Care Home Hub	26
Community Living Change	118
Cervical Screening	31
School Nursing	181
Children's Mental Health	1,052
In House Training Academy	15
Winter cf	380
Change & Improvement	235
Winter 22/23	1,355
Fixed term winter posts	353
Fixed term posts reserve	150
LA Care home refurbishment	107
Mile End refurbishment	2
TEC Grant	16
Analogue to Digital Contribution to Programme	68
RES Winter Planning	659
MHO Training Grant	6
Adult Support & Protection Grant	4
TOTAL EARMARKED RESERVES	8,116

4.5 The main broad themes of the current and projected outturn for each Care Group are summarised in the following table and include:

Care Group	Year to Date Position £000's	Projected Year End Outturn £000's	Comments
Adults and Older People	(349)	(398)	<p>The overspend position reflects:</p> <ul style="list-style-type: none"> • Continued pressures within the Care at Home service – o/s (£2,030k) reflects demand levels, in addition, increased patient acuity of discharges from hospitals with more complex needs means that more intensive CAH packages are required to support people to remain in their own homes.

			<ul style="list-style-type: none"> • Care Homes – u/s £587k reflecting the number of clients choosing to remain at home for longer and impact of late notification from care homes of packages that had ended in the previous financial year resulting in clawback of overpayments from providers. • Respite – o/s (£139k) reflective of demand for respite services. • Employee costs – Health - Adult Community Services – u/s £1018k reflecting underspend in relation to incremental drift, ongoing turnover and recruitment and retention issues across services and the impact of the new NHS GGC Board guidelines for vacancy management. • Transport costs - Adult Social Care - u/s £174k reflecting services currently operating at a reduced capacity.
Mental Health Services	(765)	(927)	Overspend reflects a significant increase in agency cost and the requirement for more 2:1 enhanced observations. This is an issue that is being faced across NHSGGC, not only in Renfrewshire.
Learning Disabilities	105	127	Underspend reflective of: <ul style="list-style-type: none"> • Adult Care Placements - o/s (£466k): reflective of the current client profile • Employee costs - Adult Social Care - u/s £347k underspend in relation to incremental drift, ongoing turnover and recruitment and retention issues across services including social workers and day service posts. • Employee costs – Health - u/s £217k ongoing turnover and recruitment and retention issues across services and the impact of the new NHS GGC Board guidelines for vacancy management.
Children’s Services	298	358	underspend in relation to incremental drift, vacancies reflecting recruitment and retention issues across the service and the impact of the new NHS GGC Board guidelines for vacancy management.
Health Improvement & Inequalities	349	419	underspend in relation to incremental drift and vacancies within the service.
Resources	258	310	Underspend reflective of: <ul style="list-style-type: none"> • Employee costs – Health - u/s £219k underspend in relation to incremental drift, and vacancies within the service. Early delivery of 24/25 savings totalling £151k have also been coded against this budget (financial planning sits within this heading) pending their removal in 24/25. • Supplies & Services – Health – u/s £84k reduction of spend within non pays following a

			review of planned spend and restrictions on discretionary spending.
Hosted Services	1,194	1,433	underspend in relation to incremental drift and vacancies within Podiatry Services and Primary Care. Plans are in place within podiatry to take forward the 'Prepare programme' which will recruit and support trainee podiatrists into the service.
TOTAL	£1,090k	£1,322k	

5 Prescribing

Prescribing	Year to Date Position	Projected Outturn
	Overspend (£1,786k)	Overspend (£2,144k)

5.1 NSS have been working towards delivering a new prescribing system called 'nDCVP' (replacing the previous system 'DCVP'). Previously highlighted technical issues have now dissipated, and the new system is now fully implemented.

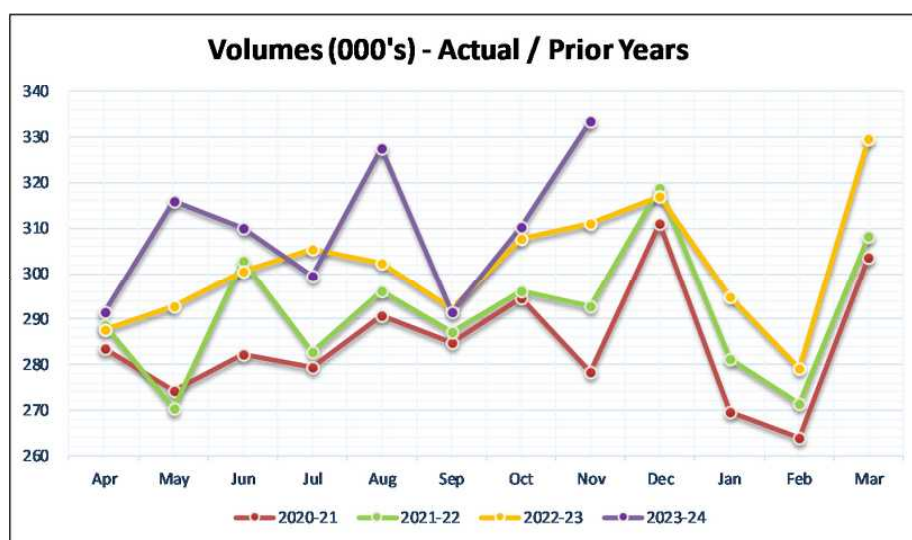
5.2 Financial projections reported at the end of January 2024 include information to the end of November 2023. As a result, the January financial information is now based on eight months actual data (April – November 23) and a two-month accrual (Dec 23-Jan 24).

5.3 The significant reduction in the prescribing overspend is largely due to the move to generic Apixaban resulting in circa £0.5m of a saving. Financial data indicates a reduction in pricing of a number of drugs from October 2023, however this is offset by costs associated with underlying short supply compounded by increasing growth.

5.4 The main reasons for the projected overspend in prescribing are summarised below:

- A highly volatile marketplace with a high number of concessions and price inflation post concession period.
- Post EU-exit, UK has faced supply and pricing challenges which have not been seen across EU.
- The success of evidence-based medicine has led to an increase in treatment options for many chronic diseases.
- An increase in the prevalence and treatments of NCDs (non-communicable diseases) such as diabetes
- Treating more patients, who have more ailments with more medicines at increasing cost.
- The outlook is of an increasing population (in most area's) living longer and diagnosed with more ailments.

5.5 The following graph shows the fluctuation in demand over the past 3 years.



6 Scottish Government Funding 2023/24

- 6.1 All ring-fenced allocations from the Scottish Government have now been received.
- 6.2 Regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce, and delivery of stated outcomes.
- 6.3 The 2023/24 allocations for: PCIP, Action 15 and ADP are summarised in Appendix 7.

7 Other Delegated Services

- 7.1 The following table shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.
- 7.2 The projected outturn position to 31 March 2024 is an overspend of (£39k).

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	868	(39)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,117	(39)

8 Reserves

- 8.1 It is essential for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.
- 8.2 The opening IJB reserves position for 2023/24 was £33,633k comprising:

- Covid Carers PPE Funding £4k;
- Scottish Government Ring Fenced Monies £13,422k;
- Grant Funding £176k and
- IJB Earmarked Reserves £13,493k.

8.3 The remaining balance of £6,538k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.

8.4 As detailed in Appendix 8 and paragraph 4.3, a total of £8.116m of earmarked reserves have been drawn down to date.

8.5 Based on the current projected year end overspend of (£822k), as highlighted to the IJB at the meeting of 31 March 2023, it will be necessary to drawdown earmarked reserves in order to deliver a breakeven position at 31 March 2024. Along with current projections for reserve commitments in 2023/24 this will leave projected year end balances of £15,198k in earmarked reserves.

8.6 ***Projected Reserve Commitments***

HSCP Funded Reserves	General Reserves	Earmarked Reserves
	£000's	£000's
Opening Balance 23/24	6,538	27,095
Less:		
Amounts drawn down in 23/24		-8,116
Total as at 31st January 2024	6,538	18,979
Less:		
23/24 Projected reserve commitments		-3,781
Total	0	-3,781
Closing Balance 23/24	6,538	15,198

8.7 As highlighted earlier in para 3.5 any back pay in relation to the potential increase to Care at Home staff grades will have an impact on the IJB's financial position and will require to be funded from general reserves.

8.8 Based on current commitments and the projected budget gap for 2024/25 (covered in the 2024/25 budget paper later on this agenda), we are currently estimating that there will be a requirement to repurpose a number of earmarked reserves in order to deliver financial balance.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** - No specific implications from this report, however, there continues to be alignment and reference with the IJB's Strategic and Financial Plans where possible.
4. **Wider Strategic Alignment** – none
5. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme

6. **Property/Assets** – none.
 7. **Information Technology** – none
 8. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
 9. **Fairer Duty Scotland** - none
 10. **Health & Safety** – none
 11. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
 12. **Risk** – There are a number of risks which should be considered on an ongoing basis and which are highlighted throughout this report.
 13. **Privacy Impact** – none.
-

List of Background Papers – None.

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1.	Reference Number	220324-07
2.	Date Direction issued by IJB	22 March 2024
3.	Date from which Direction takes effect	22 March 2024
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	Yes, 240124-05
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2022-25), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	June 2024.

HSCP Revenue Budget Position
1st April 2023 to 31st January 2024

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	75,404	16,550	-	5,598	-	97,551	95,061	2,490	2.6%	underspend
Property Costs	438	(33)	-	256	-	661	811	(150)	-22.7%	overspend
Supplies and Services	16,614	(8,198)	-	263	-	8,678	9,035	(356)	-4.1%	overspend
Third Party Payments	63,960	4,144	-	685	-	68,789	69,838	(1,049)	-1.5%	overspend
Purchase Of Healthcare	2,439	51	-	-	-	2,490	2,500	(10)	-0.4%	overspend
Transport	709	(14)	-	-	-	695	513	182	26.2%	underspend
Family Health Services	82,871	3,693	-	-	-	86,564	88,353	(1,788)	-2.1%	overspend
Support Services	59	-	-	-	-	59	47	12	20.0%	underspend
Transfer Payments (PTOB)	5,188	(1,917)	-	3	-	3,274	3,182	91	2.8%	underspend
Resource Transfer	19,073	12,050	(31,123)	-	-	(0)	(0)	-	0.0%	breakeven
Set Aside	56,048	-	-	-	-	56,048	56,048	-	0.0%	breakeven
Gross Expenditure	322,802	26,326	(31,123)	6,804	-	324,810	325,388	(579)	-0.2%	overspend
Income	(25,166)	(4,666)	968	-	(6,804)	(35,668)	(35,518)	(150)	0.4%	overspend
NET EXPENDITURE	297,636	21,660	(30,155)	6,804	(6,804)	289,141	289,870	(729)	-0.3%	overspend

**HSCP Revenue Budget Position
1st April 2023 to 31st January 2024**

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	69,987	4,657	-	3,693	(3,693)	74,644	74,993	(349)	-0.5%	overspend
Mental Health	22,691	3,931	-	324	(324)	26,623	27,387	(765)	-2.9%	overspend
Learning Disabilities	18,864	2,128	-	159	(159)	20,992	20,888	105	0.5%	underspend
Children's Services	3,946	821	-	1,060	(1,060)	4,767	4,468	298	6.3%	underspend
Prescribing	31,186	2,062	-	-	-	33,248	35,034	(1,787)	-5.4%	overspend
Health Improvement & Inequalities	966	190	-	-	-	1,156	807	349	30.2%	underspend
FHS	50,428	1,570	-	-	-	51,998	51,998	-	0.0%	breakeven
Resources	3,313	4,494	-	1,543	(1,543)	7,808	7,549	258	3.3%	underspend
Hosted Services	10,009	937	-	26	(26)	10,946	9,752	1,194	10.9%	underspend
Resource Transfer	19,073	870	(19,943)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	10,212	-	(10,212)	-	-	-	-	-	0.0%	breakeven
Set Aside	56,048	-	-	-	-	56,048	56,048	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	296,724	21,660	(30,155)	6,804	(6,804)	288,229	288,924	(696)	-0.2%	overspend
Other Delegated Services	912	-	-	-	-	912	945	(33)	-3.6%	overspend
NET EXPENDITURE	297,636	21,660	(30,155)	6,804	(6,804)	289,141	289,870	(729)	-0.3%	overspend

HSCP Revenue Budget Position

1st April 2023 to 31st March 2024

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	89,904	19,836	-	6,683	-	116,423	113,444	2,979	2.6%	underspend
Property Costs	518	(39)	-	306	-	785	962	(177)	-22.5%	overspend
Supplies and Services	19,906	(9,863)	-	314	-	10,357	10,781	(424)	-4.1%	overspend
Third Party Payments	75,589	4,898	-	809	-	81,296	82,536	(1,240)	-1.5%	overspend
Purchase Of Healthcare	2,927	61	-	-	-	2,988	3,000	(12)	-0.4%	overspend
Transport	838	(17)	-	-	-	821	606	215	26.2%	underspend
Family Health Services	99,445	4,432	-	-	-	103,877	106,023	(2,146)	-2.1%	overspend
Support Services	70	-	-	-	-	70	56	14	20.0%	underspend
Transfer Payments (PTOB)	6,131	(2,265)	-	3	-	3,869	3,761	108	2.8%	underspend
Resource Transfer	22,888	14,460	(37,348)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
Gross Expenditure	385,474	31,503	(37,348)	8,116	-	387,745	388,428	(683)	-0.2%	overspend
Income	(29,778)	(5,560)	1,162	-	(8,116)	(42,292)	(42,114)	(178)	0.4%	overspend
NET EXPENDITURE	355,696	25,943	(36,186)	8,116	(8,116)	345,453	346,314	(861)	-0.2%	overspend

HSCP Revenue Budget Position
1st April 2023 to 31st March 2024

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	82,915	5,576	-	4,386	(4,386)	88,491	88,889	(398)	-0.4%	overspend
Mental Health	27,171	4,714	-	387	(387)	31,885	32,812	(927)	-2.9%	overspend
Learning Disabilities	22,314	2,520	-	189	(189)	24,834	24,707	127	0.5%	underspend
Children's Services	4,735	985	-	1,272	(1,272)	5,720	5,362	358	6.3%	underspend
Prescribing	37,423	2,474	-	-	-	39,897	42,041	(2,144)	-5.4%	overspend
Health Improvement & Inequalities	1,159	228	-	-	-	1,387	968	419	30.2%	underspend
FHS	60,514	1,884	-	-	-	62,398	62,398	-	0.0%	breakeven
Resources	3,976	5,393	-	1,851	(1,851)	9,369	9,059	310	3.3%	underspend
Hosted Services	12,011	1,124	-	31	(31)	13,135	11,702	1,433	10.9%	underspend
Resource Transfer	22,888	1,044	(23,932)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	354,618	25,942	(36,186)	8,116	(8,116)	344,374	345,196	(822)	-0.2%	overspend
Other Delegated Services	1,078	-	-	-	-	1,078	1,117	(39)	-3.6%	overspend
NET EXPENDITURE	355,696	25,942	(36,186)	8,116	(8,116)	345,453	346,314	(861)	-0.2%	overspend

Adult Social Care Revenue Budget Position
1st April 2023 to 2nd February 2024

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend (before movements to reserves) £000's	Variance		
							£000's	%	
Employee Costs	31,762	1,304	1,859	-	34,925	34,421	504	1.4%	underspend
Property Costs	367	(26)	90	-	431	579	(148)	-34.4%	overspend
Supplies and Services	1,660	1,380	63	-	3,103	3,311	(208)	-6.7%	overspend
Third Party Payments	63,960	4,144	685	-	68,789	69,838	(1,049)	-1.5%	overspend
Transport	707	(14)	-	-	692	510	182	26.3%	underspend
Support Services	59	-	-	-	59	47	12	20.0%	underspend
Transfer Payments (PTOB)	4,439	(1,917)	3	-	2,525	2,401	124	4.9%	underspend
Gross Expenditure	102,954	4,871	2,699	-	110,524	111,107	(583)	0	-
Income	(23,192)	(2,132)	-	(2,699)	(28,023)	(27,911)	(113)	0.4%	overspend
NET EXPENDITURE	79,762	2,739	2,699	(2,699)	82,501	83,196	(696)	0	-

Adult Social Care Revenue Budget Position
1st April 2023 to 2nd February 2024

Care Group	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	51,917	371	2,475	(2,475)	52,288	53,621	(1,333)	-2.5%	overspend
Physical or Sensory Difficulties	6,339	308	-	-	6,647	6,457	190	2.9%	underspend
Learning Difficulties	17,740	1,852	121	(121)	19,593	19,680	(87)	-0.4%	overspend
Mental Health Needs	3,210	192	96	(96)	3,403	2,893	509	15.0%	underspend
Addiction Services	555	15	6	(6)	570	545	25	4.5%	underspend
NET EXPENDITURE	79,762	2,739	2,699	(2,699)	82,501	83,196	(696)	0	-

Adult Social Care Revenue Budget Year End Position
1st April 2023 to 31st March 2024

Subjective Heading	Annual Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	37,537	1,541	2,197		41,275	40,679	596	1.4%	underspend
Property Costs	434	(31)	106		509	684	(175)	-34.4%	overspend
Supplies and Services	1,962	1,631	74		3,667	3,913	(246)	-6.7%	overspend
Third Party Payments	75,589	4,898	809		81,296	82,536	(1,240)	-1.5%	overspend
Transport	835	(17)			818	603	215	26.3%	underspend
Support Services	70				70	56	14	20.0%	underspend
Transfer Payments (PTOB)	5,246	(2,265)	3		2,984	2,837	147	4.9%	underspend
Gross Expenditure	121,673	5,757	3,189	-	130,619	131,308	(689)	-0.5%	overspend
Income	(27,409)	(2,520)		(3,189)	(33,118)	(32,985)	(133)	0.4%	overspend
NET EXPENDITURE	94,264	3,237	3,189	(3,189)	97,501	98,323	(822)	-0.8%	overspend

**Adult Social Care Revenue Budget Year End Position
1st April 2023 to 31st March 2024**

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
							£000's	%	
Older People	61,356	439	2,926	(2,926)	61,795	63,370	(1,575)	-2.5%	overspend
Physical or Sensory Difficulties	7,492	363			7,855	7,631	224	0	underspend
Learning Difficulties	20,966	2,189	144	(144)	23,155	23,258	(103)	-0.4%	overspend
Mental Health Needs	3,794	227	113	(113)	4,021	3,419	602	15.0%	underspend
Addiction Services	656	18	7	(7)	674	644	30	4.5%	underspend
NET EXPENDITURE	94,264	3,237	3,189	(3,189)	97,501	98,323	(822)	-0.8%	overspend

Health Revenue Budget Position
1st April 2023 to 31st January 2024

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	43,483	15,246	-	3,739	-	62,468	60,482	1,986	3.2%	underspend
Property Costs	70	(7)	-	167	-	230	232	(2)	-0.7%	overspend
Supplies and Services	14,947	(9,578)	-	200	-	5,568	5,717	(148)	-2.7%	overspend
Purchase Of Healthcare	2,439	51	-	-	-	2,490	2,500	(10)	-0.4%	overspend
Family Health Services	82,871	3,693	-	-	-	86,564	88,353	(1,788)	-2.1%	overspend
Set Aside	56,048	-	-	-	-	56,048	56,048	-	0.0%	breakeven
Resource Transfer	19,073	12,050	(31,123)	-	-	-	-	-	0.0%	breakeven
Gross Expenditure	218,932	21,455	(31,123)	4,105	-	213,369	213,331	38	0.0%	underspend
Income	(1,970)	(2,534)	968	-	(4,105)	(7,641)	(7,603)	(38)	0	overspend
NET EXPENDITURE	216,962	18,921	(30,155)	4,105	(4,105)	205,728	205,728	-	0.0%	breakeven

Health Revenue Budget Position
1st April 2023 to 31st January 2024

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	338	5	-	-	-	343	343	-	0.0%	breakeven
Addiction Services - ADP	1,389	1,668	-	410	(410)	3,058	3,058	-	0.0%	breakeven
Adult Community Services	9,449	2,290	-	802	(802)	11,739	10,970	769	6.6%	underspend
Children's Services	3,946	821	-	1,060	(1,060)	4,767	4,468	298	6.3%	underspend
Learning Disabilities	1,123	276	-	38	(38)	1,399	1,208	192	13.7%	underspend
Mental Health	19,481	2,360	-	126	(126)	21,841	23,115	(1,274)	-5.8%	overspend
Mental Health - Action 15	-	1,379	-	103	(103)	1,379	1,379	-	0.0%	breakeven
Hosted Services	10,009	937	-	26	(26)	10,946	9,752	1,194	10.9%	underspend
Prescribing	31,186	2,062	-	-	-	33,248	35,034	(1,787)	-5.4%	overspend
Gms	24,336	536	-	-	-	24,872	24,872	-	0.0%	breakeven
FHS Other	26,093	1,034	-	-	-	27,127	27,127	-	0.0%	breakeven
Planning & Health Improvement	966	190	-	-	-	1,156	807	349	30.2%	underspend
Primary Care Improvement Prog	214	3,985	-	1,262	(1,262)	4,199	4,199	-	0.0%	breakeven
Resources	3,099	509	-	281	(281)	3,608	3,350	258	7.2%	underspend
Set Aside	56,048	-	-	-	-	56,048	56,048	-	0.0%	breakeven
Resource Transfer	19,073	870	(19,943)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	10,212	-	(10,212)	-	-	-	-	-	0.0%	breakeven
NET EXPENDITURE	216,962	18,921	(30,155)	4,106	(4,106)	205,728	205,728	0		-

Health Budget Year End Position
1st April 2023 to 31st March 2024

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	52,180	18,295		4,487		74,962	72,579	2,383	3.2%	underspend
Property Costs	84	(8)		200		276	278	(2)	-0.7%	overspend
Supplies and Services	17,936	(11,494)		240		6,682	6,860	(178)	-2.7%	overspend
Purchase Of Healthcare	2,927	61				2,988	3,000	(12)	-0.4%	overspend
Family Health Services	99,445	4,432				103,877	106,023	(2,146)	-2.1%	overspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	14,460	(37,348)			-	-		0.0%	breakeven
Gross Expenditure	262,718	25,746	(37,348)	4,927	-	256,043	255,998	45	(0)	-
Income	(2,364)	(3,040)	1,162		(4,927)	(9,169)	(9,124)	(45)	0.5%	overspend
NET EXPENDITURE	260,354	22,706	(36,186)	4,927	(4,927)	246,874	246,874	-	0	0

**Health Budget Year End Position
1st April 2023 to 31st March 2024**

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	405	6				411	411		0.0%	breakeven
Addiction Services - ADP	1,667	2,002		491	(491)	3,669	3,669		0.0%	breakeven
Adult Community Services	11,339	2,747		962	(962)	14,086	13,163	923	6.6%	underspend
Children's Services	4,735	985		1,272	(1,272)	5,720	5,362	358	6.3%	underspend
Learning Disabilities	1,348	331		45	(45)	1,679	1,449	230	13.7%	underspend
Mental Health	23,377	2,832		151	(151)	26,209	27,738	(1,529)	-5.8%	overspend
Mental Health - Action 15	-	1,655		123	(123)	1,655	1,655		0.0%	breakeven
Hosted Services	12,011	1,124		31	(31)	13,135	11,702	1,433	10.9%	underspend
Prescribing	37,423	2,474				39,897	42,041	(2,144)	-5.4%	overspend
Gms	29,203	643				29,846	29,846		0.0%	breakeven
FHS Other	31,311	1,241				32,552	32,552		0.0%	breakeven
Planning & Health Improvement	1,159	228				1,387	968	419	30.2%	underspend
Primary Care Improvement Prog	257	4,782		1,514	(1,514)	5,039	5,039		0.0%	breakeven
Resources	3,719	611		337	(337)	4,330	4,020	310	7.2%	underspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	1,044	(23,932)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
NET EXPENDITURE	260,354	22,705	(36,186)	4,927	(4,927)	246,873	246,873	-	0.0%	breakeven

**Renfrewshire Council 'Other Delegated Services'
1st April 2023 to 2nd February 2024**

Subjective Heading	Year to Date Budget £000's	Projected Spend YTD £000's	Variance £000's
Employee Costs	158	158	-
Property Costs	0	-	0
Supplies and Services	7	7	-
Transport	3	3	-
Transfer Payments (PTOB)	749	782	(33)
Gross Expenditure	917	949	(33)
Income	(4)	(4)	-
NET EXPENDITURE	912	945	(33)

Client Group	Year to Date Budget £000's	Projected Spend YTD £000's	Variance £000's
Housing Adaptations	701	734	(33)
Women's Aid	211	211	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	912	945	(33)

1st April 2023 to 31st March 2024

Subjective Heading	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Employee Costs	187	187	-
Property Costs	0	-	0
Supplies and Services	8	8	-
Transport	3	3	-
Transfer Payments (PTOB)	885	924	(39)
Gross Expenditure	1,083	1,122	(39)
Income	(5)	(5)	-
NET EXPENDITURE	1,078	1,117	(39)

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	868	(39)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,117	(39)

2023/24 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2023/24 Renfrewshire HSCP Opening Budget:	94,264
Adult Social Care Budget as reported @ 28th April 2023	94,264
<u>Budget Adjustment posted in month 2</u>	
Scheduling & Monitoring Budget Transfer	-82
Adult Social Care Uplift 23/24	3,362
Adult Social Care Budget as reported @ 24th May 2023	97,544
<u>Budget Adjustment posted in month 3</u>	
WAN connections 23/24	-6
Adult Social Care Budget as reported @ 23rd June 2023	97,538
<u>Budget Adjustment posted in month 5</u>	
Promise Manager 23/24	-38
Adult Social Care Budget as reported @ 18th August 2023	97,501

Appendix 6

<u>2023/24 Health Financial Allocation to Renfrewshire HSCP</u>	£k
2023/24 opening budget	193,096
Add: Set Aside	67,258
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-22,888
= base budget rolled over	225,212
<u>Budget Adjustments posted in month 2</u>	
Apremilast Acute Feb23 Actual Ren	41
Apremilast Acute Mar23 Actual Ren	52
Mgt - Co/cfo/mgt/lead	-5
Mgt/sesp	-4
Mh - Mgt Jmcl	2
Pay Ni Uplift 2223 Rev	1
Savings	14
RT adjustment	7
Budget allocated as per 2023/24 Financial Allocation 31st May 2023	225,321
<u>Budget Adjustments posted in month 3</u>	
Budget transfer Children's services West Dun	-52
RT Adjustment	-561
Budget allocated as per 2023/24 Financial Allocation 30th June 2023	224,708
<u>Budget Adjustments posted in month 4</u>	
Camchp 22 Hcsw Band 2-4	1,187
Camchp 23 One Off Payment	662
Camchp 26 Adp Pfg	575
Camchp 27 Adp Tranche 1	973
Camchp 29 Pcip Tranche 1	5,438
Ggc Hv Academic Sessions 2324	77
Tariff Swap Adj 22/23 Ren	-522
RT Adjustment	-483
Budget allocated as per 2023/24 Financial Allocation 31st July 2023	232,615
<u>Budget Adjustments posted in month 5</u>	
Camchp 39 Pay Uplift	4,714
Apremilast Acute	454
Camchp 28 District Nursing Ren	233
Camchp 40 Mdt Ren	1,133
Camchp 43 School Nurse Ren	402
OU student cam	15
Budget allocated as per 2023/24 Financial Allocation 31st August 2023	239,567
<u>Budget Adjustments posted in month 6</u>	
Cam052 Ou Q3&4 22/23 L Hawkins	5
Camchp 29 Pcip Tranche 1 Ren	-93
Camchp 49 Thrive Under 5	49
Budget allocated as per 2023/24 Financial Allocation 30th September 2023	239,528

<u>Budget Adjustments posted in month 7</u>	
Cam052 Ou Q3&4 22/23 L Hawkins	-5
Camchp 60 Cervical	17
Camchp 64 Ptshp Uplift	2,649
Camchp 71 Smoke	35
Camchp 82 Ch Nurse	57
Pres 23-24 Share Of #20m Nrac	690
Budget allocated as per 2023/24 Financial Allocation 31st October 2023	242,970
<u>Budget Adjustments posted in month 8</u>	
Camchp 83 Care Home Liaison	78
Camchp 84 Covid Housebound	174
Camchp 84 Prevention	50
Gms Bud Adjs 3600 23-24	20
Gms To Hscp's Est Fy Gms	-31,311
Pres 23-24 Share Of #20m Nrac	32,552
Scs Realignment - O365 Ren	-16
Budget allocated as per 2023/24 Financial Allocation 30th November 2023	244,518
<u>Budget Adjustments posted in month 9</u>	
Action 15 Realignment	70
Camchp 101 Dementia	118
Camchp 102 Pcip Capital	- 633
Camchp 109 Sas	26
Camchp 84 Prevention	- 50
Camchp 85 Dental Framework	- 20
Budget allocated as per 2023/24 Financial Allocation 31st December 2023	244,029
<u>Budget Adjustments posted in month 10</u>	
Action 15 Realignment	- 70
Apremil Acute Addit 23/24 M10	77
Camchp 094 Rotational Physio	49
Camchp 108 Med Pay	178
Camchp 121 Comm Food Network	12
Camchp 127 Inclusion	22
Camchp 129 Pcip	1
Camchp 133 Adp Tranche 2	264
Camchp 135 Action 15	1,655
Camchp 136 Sg Dn Funding	100
Camchp 84 Prevention	50
Camchp 85 Dental Framework	20
Contr To Cps Global Sum 23/24	- 157
Gos Ncl 23-24 Fyb 2023-10	935
Hscp Gds Ncl Budget 23-24	- 292
Budget allocated as per 2023/24 Financial Allocation 31st January 2024	246,873

Scottish Government Funding Streams

Funding Description	2023/24					
	Opening Balance Earmarked Reserves	In Year Allocation	Total Funds	Actual YTD Spend	Projected Final Outturn	Transfer to earmarked reserves
	£000's	£000's	£000's	£000's	£000's	£000's
PCIF	1,514	5,672	7,186	5,384	6,576	610
Action 15	123	1,674	1,797	1,490	1,797	-
ADP (includes all ADP Related Funding Streams)	1,974	3,624	5,598	2,334	4,313	1,285
TOTAL	3,611	10,970	14,581	9,208	12,686	1,895

HSCP Funded Earmarked Reserves	Opening Position 2023/24	Amounts Drawn Down in 2023/24	Projected Reserves To be Drawn Down 2023/24	New Reserves 2023/24	Projected Closing Position 2023/24	Movement in Reserves 2023/24
	£000's	£000's	£000's	£000's	£000's	£000's
Covid Carers PPE Funding	4	0	0	0	4	0
Scottish Government Ring Fenced Monies carried forward:						
PCIP	1,514	-1,514	0	0	0	-1,514
PCTF Monies Allocated for Tests of Change and GP Support	107	-18	-12	0	77	-30
GP Premises Improvement Fund	462	0	0	0	462	0
ADP Funding	1,976	-498	-826	0	652	-1,324
Mental Health Recovery and Renewal Funding	1,596	-1,052	0	0	544	-1,052
Mental Health Action 15 (19/20)_(20/21)_(21/22)	123	-123	0	0	0	-123
District Nurse Recruitment Programme	293	-126	-42	0	126	-168
Winter Planning Monies / Care Home Liaison Monies	6,309	-3,689	-591	0	2,028	-4,280
Mental Health Dementia Funding	142	-50	0	0	92	-50
Public Health Improvement Monies	176	0	-8	0	168	-8
Care Home Hub	27	-26	-1	0	0	-27
Community Living Change	697	-118	-258	0	321	-376
Scottish Government Ring Fenced Monies carried forward	13,422	-7,214	-1,739	0	4,469	-8,953
Grant Funding carried forward	176	-25	-20	0	131	-45
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	13,602	-7,239	-1,759	0	4,604	-8,998
ICT / Systems Related	313	0	0	0	313	0
Premises Related	5,259	-371	-940	0	3,947	-1,311
Prescribing	2,000	0	0	0	2,000	0
Other IJB Reserves	4,422	-506	-443	0	3,473	-948
HSCP Funded PCIP Commitments	1,499	0	-639	0	860	-639
TOTAL EARMARKED RESERVES	27,095	-8,116	-3,781	0	15,198	-11,897
GENERAL RESERVES	6,538	0	0	0	6,538	0
TOTAL RESERVES	33,633	-8,116	-3,781	0	21,736	-11,897



To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Head of Strategic Planning & Health Improvement

Heading: Sustainable Futures Programme: Progress Update

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

1. Summary

- 1.1. This paper is the first of two Sustainable Futures papers to be considered by the IJB at this meeting. It provides a programme update within the context of the continued financial challenges within which health and social care services are required to operate in Renfrewshire. As noted previously, this will require further savings to be made, and increasingly complex and difficult decisions to be made by the IJB at future meetings.
- 1.2. The paper updates on progress and related decisions which have been made on additional areas of scope within the Sustainable Futures programme, which the HSCP committed to bring to this meeting of the IJB. This includes an update on eligibility criteria and supporting assessment and care planning processes, Community Meals and Soft Facilities Management.
- 1.3. The second Sustainable Futures paper to be consider by the IJB today updates on the development of the proposals considered in November 2023, agreed by the IJB. It sets out the assessment undertaken, and associated decisions required. This follows on from a process of engagement which has informed the completion of options appraisals and equality impact assessments (EQIAs) for those proposals.
-

2. Recommendations

It is recommended that the IJB note:

- The update provided on the increasingly challenging financial context for the IJB (Section 4);
- The update on the overall savings position (Section 5);

- The update provided on the review of eligibility criteria and assessment and care planning processes (Section 6);
- The updates provided on work relating to Community Meals, Soft Facilities Management and Non-residential Charging (Sections 7 to 9); and
- The update on scoping strategic reviews and additional savings (Section 10).

3. Background

- 3.1. In November 2023, the IJB considered an updated and refined approach to progressing the Sustainable Futures programme, with the intent of identifying savings options that could support a reduction in the projected financial gap for 2024/25. The approach agreed by the IJB (provided for reference in Appendix 1) included consideration of recurring savings for which initial proposals were considered in November. Approval was received from the IJB to proceed to further impact assessment and engagement with stakeholders, which would then inform the IJB's decision-making on whether to approve or reject the proposals. A second Sustainable Futures paper, capturing these developed proposals, will be considered following this update.
- 3.2. In addition to those proposals referenced above, several further areas were identified within the programme's scope and it was agreed that an update to the IJB on these would be brought forward in January and March 2023. These included (i) non-residential charging, which was considered by the IJB in January and approval provided to submit recommendations to the Council's Leadership Board for consideration; (ii) Eligibility Criteria and assessment and care planning (previously referred to as SDS); (iii) Community meals and (iv) future models for Soft Facilities Management in adult social care. An update on each of these is provided in this paper.
- 3.3. In addition, further information on the next steps for the programme, which includes the scoping of three strategic reviews is provided in Section 10 of this paper.

4. Continued challenges within the IJB's financial context

- 4.1. As previously highlighted to the IJB, there continues to be many factors impacting on the public sector across the UK which are having a direct impact on our financial position. This includes the ongoing volatility of inflation and interest rates, energy costs, supply chain issues, the cost-of-living crisis, and recruitment challenges. Budgetary pressures are further compounded by higher than budgeted for pay awards, increased demand in care at home, increased patient acuity of need resulting in more intensive support packages, and prescribing overspends due to volume and drug price increases. All of these factors contribute to a level of financial challenge never before experienced by the IJB.

4.2. Additionally, whereas in past years the health budget settlement has included a circa 2% uplift for non-pay budgets, the 2024-25 settlement does not include this provision, further impacting upon the IJB's financial position.

4.3. The financial impact of these challenges is anticipated to continue over the medium-term and is covered in greater detail in the **2024-25 Delegated Health and Social Care Budget** paper also presented to this meeting.

5. Update on overall savings position to date

5.1. The previous position on overall savings identified for 2024/25 was outlined to the IJB in November 2023. In setting out this position, it was noted that savings figures provided at that time were indicative and subject to change as further analysis was carried out in advance of the next financial year. The table below sets out the updated savings position, reflecting those savings which were agreed by the IJB in November 2023, and those which are subject to decisions made by the IJB and Renfrewshire Council (with respect to non-residential charging).

Strand	Project / Workstream	Total Savings Value (Full Year)	Total Additional Income
APPROVED			
Savings and Best Value	Contracts and Commissioning	£155,263	
	Health Payroll	£2,149,590	
Sub-total		£2,304,853	
SUBJECT TO IJB AND RENFREWSHIRE COUNCIL DECISIONS			
Savings and Best Value	Charging and Contributions		£792,882
Consistency in service access and delivery	Day Support: Close Flexicare	£170,850	
	Day Support: DRC vacancy management	£65,110	
Responding to changing demand in Older People's Services	Reduction from 3 to 2 internal care homes	£399,356	
CONSIDERATION CURRENTLY PAUSED			
Consistency in service access and delivery	Day Support: Merge Mirin and Milldale	£458,747	
Sub-total		£1,094,063	£792,882
TOTAL		£4,191,798	

5.2. The following aspects should be taken into account when considering the savings figures set out in the table above:

- The proposal to merge the Mirin and Milldale day services was considered by the IJB in November 2023 and approval was provided for further assessment to be undertaken, alongside stakeholder engagement and the development of an options appraisal and EQIA. This work has been undertaken however a petition for a Judicial Review of the IJB's decision in November 2023 was lodged with the Court of Session on 4 March 2024. Accordingly, the IJB will require legal advice on the content of the Judicial Review before further consideration of this proposal.
- Further analysis has enabled the identification of a further £55k of savings within contracts that are subject to review and renewal in the forthcoming year.
- The figures provided for the Residential Care proposal reflect the findings of the Options Appraisal process (set out in the second Sustainable Futures paper to be considered today).
- The above savings figures are presented as full year figures. Those proposals subject to IJB decisions today would not, if approved, be implemented on 1 April 2024 and therefore the savings achievable in 2024/25 would need to be pro-rated depending on implementation plans.
- The additional potential income identified from the non-residential charging policy is shown as a total figure, considering all possible changes which would be phased in coming years. As set out in Section 9, any changes to residential charging policies are subject to agreement by Renfrewshire Council's Leadership Board and, should they be approved, will not take effect until April 2025.

6. Update on review of eligibility criteria and assessment and care planning processes

- 6.1. The review of HSCP eligibility criteria is now complete. A revised guidance protocol has been issued to teams to support focused and equitable application of criteria and ensure eligible need identified via an individual's assessment receives appropriate funded adult social care provision/budget. An associated data cleanse is ongoing and continues to be embedded in practice through the review of service users against the criteria. Routine reports are being generated to monitor the complexity of support provided across service teams aligned to financial spend.
- 6.2. Based on the work of the project team to date, it is likely the HSCP will recommend that the IJB agrees to continue to provide support at the eligibility threshold of Substantial and Critical. This is still to be confirmed and is subject to further assessment of existing caseloads.
- 6.3. Previous updates to the IJB identified the need to review Self-directed Support processes, linked to the above review of eligibility criteria. This review is specifically focused on consideration of the Adult Social Care Assessment and Support Planning Resource Indicator Tool (RIT) and its components (question set, scoring and risk). Review of the RIT is intended to support improved consistency across service teams and necessarily follows on from the review of eligibility criteria (which must be reflected within the tool).

6.4. This project is aligned to current legislative requirements and has involved benchmarking of the approach taken by other areas across Scotland. Further work is underway to align and agree the “best fit” question set and scoring framework for Renfrewshire to ensure that all support packages relate to financial allocations across an appropriate scale. This activity will inform assessment of any potential savings or costs moving forward.

6.5. A further update on these projects will be brought to the IJB at its meeting in June.

7. Community Meals eligibility

7.1. In November 2023, the IJB considered and agreed a proposal for the existing Critical and Substantial eligibility criteria to be applied to Community Meals services, to ensure equity and fairness in provision. The agreed eligibility criteria are now being applied and will support the avoidance of unnecessary costs in future.

7.2. New processes have been developed to ensure those who request a Community Meals service go through an early assessment process where a professional will identify their needs within the eligibility criteria, ensuring those who need the service most receive it. Those who do not meet the eligibility criteria will be provided with information and support to access alternative provision.

7.3. All hospital discharge requests for Community Meals will be implemented and reviewed within a 4-week period to ensure the service is being provided within the eligibility criteria, whether this requires to be continued, and if not, support provided to identify alternative provision.

7.4. The implementation of the new processes will ensure that only those who meet the eligibility criteria and require a Community Meals service receive it, and those who can remain independent are supported to do so through appropriate routes.

7.5. It is noted that the non-residential charging policy proposals considered by the IJB in January 2024 would, if approved by Renfrewshire Council, result in changes to the income received from the Community Meals service. This will be captured through that project in future.

8. Soft Facilities Management review

8.1. The IJB has received previous updates on the current model for delivering Soft Facilities Management within HSCP services, which is provided by Renfrewshire Council with costs recharged to the HSCP. Work has been undertaken previously to minimise cost increases passed through to the HSCP where possible.

8.2. Reflecting recent increases in cost, it was agreed that the HSCP would consider the existing model for Soft FM services and assess alternative

options for delivery in future. The HSCP has been working to scope and cost the existing model of provision for comparison against required services in future. Future service models will also need to reflect any decisions made by the IJB with respect to existing building-based services at this meeting.

- 8.3. Discussions are ongoing with Council colleagues, with data gathering being utilised to inform further assessment. As this work has not yet reached a view on a shortlist of future options for Soft FM, an updated position will be provided to the IJB at its meeting in June 2024.

9. Update on non-residential charging policy progress

- 9.1. In January, the IJB agreed to submit recommendations to the Council's Leadership Board for consideration. Council officers are currently in the process of planning and delivering a process of stakeholder engagement and the completion of an equality impact assessment (EQIA). The feedback received will be captured and considered prior to a paper being presented to a future meeting of the Board.

- 9.2. Should the Leadership Board approve changes to the existing non-residential charging policy, these will not take effect until the beginning of the following financial year in April 2025.

10. Further Sustainable Futures activity: scoping of strategic reviews and additional savings

- 10.1. The overarching approach to the Sustainable Futures Programme set out a further element of the programme to commence in the 2024/25 financial year, to undertake broader, strategic reviews of the service models in place for Extra Care, Residential Respite and Day Support.

- 10.2. The HSCP's Senior Management Team has reflected upon the degree of ongoing activity set out above, alongside the implementation requirements for the final savings proposals which will also be considered by the IJB at this meeting. Should these be approved, this will require significant capacity to deliver.

- 10.3. Taking these considerations into account, the HSCP will scope and deliver each strategic review on a phased basis to target resources as efficiently as possible. At the appropriate time, this scoping activity will also reflect upon the nature of decisions made by the IJB on related proposals and the associated impact of these on future service planning. A more detailed delivery timeline will be brought to the IJB at its meeting in June.

- 10.4. More broadly, the HSCP will continue to identify additional savings opportunities and will share potential options with the IJB through regular diarised development sessions.

- 10.5. As is noted in Section 4, the continued challenging financial context facing the IJB will require the ongoing consideration of significant and complex savings options and the development of these will reflect on lessons learned through

the programme to date. The lessons will shape the approach adopted as appropriate, including the format and detail of initial proposals and the supporting approach to communication and engagement with those potentially impacted by any further proposals.

Implications of the Report

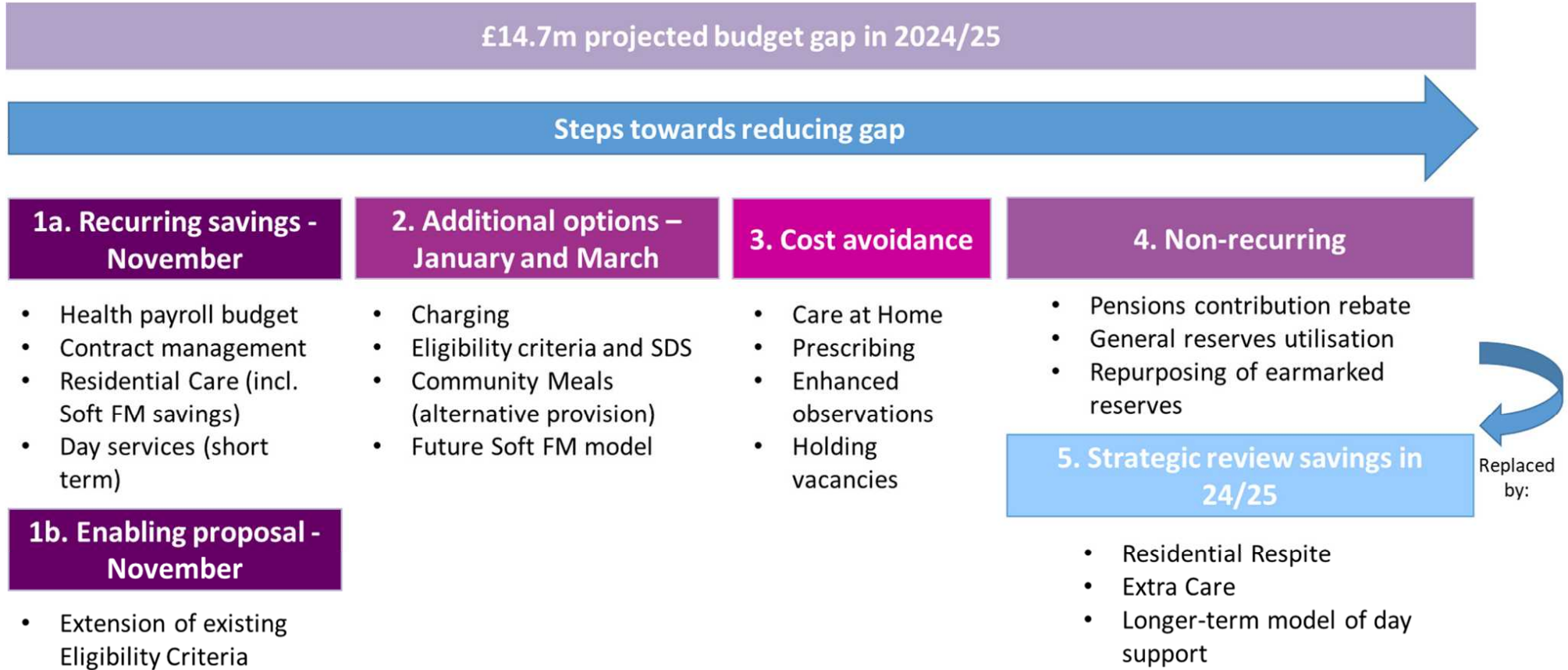
1. **Financial** – This paper sets out the financial context and full year impact of agreed and proposed savings options. Decisions on proposals, and their associated financial implications, will be considered in supporting papers at this meeting.
2. **HR & Organisational Development** – HR colleagues, alongside Staff-side and Trade Union colleagues are members of the Sustainable Futures Programme Board and retain oversight of programme progress and the development of options.
3. **Strategic Plan and Community Planning** – This paper aligns with the Sustainable Futures theme set out within the IJB's Strategic Plan 2022-25.
4. **Wider Strategic Alignment** – This paper also aligns with the IJB's Medium Term Financial Plan 2022-25.
5. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – No implications from this report.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – No implications from this report. However, it is noted that EQIAs are undertaken, where required, on proposals arising from the Sustainable Futures programme.
9. **Fairer Scotland Duty** – No implications from this report.
10. **Health & Safety** – No implications from this report.
11. **Procurement** – The previously identified saving from Contracts and Commissioning has increased within this report. The achievement of savings from contract arrangements is delivered in line with robust contracts and commissioning processes and aligns with procurement regulations where these are applicable.
12. **Risk** – Risks and issues arising from the contents of this report are tracked and managed on an ongoing basis and incorporated into reports to the IJB Audit, Risk and Scrutiny Committee as appropriate.
13. **Privacy Impact** – No implications from this report.

List of Background Papers: None

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Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk)
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Appendix 1: Approach Agreed by the IJB in November 2023



To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Head of Strategic Planning & Health Improvement

Heading: Sustainable Futures Programme: Final options for consideration

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

1. Summary

- 1.1. This paper is the second of two Sustainable Futures papers to be considered by the IJB at this meeting. It follows on from the programme update provided and sets out further details on the findings of the impact assessment processes for four proposals initially presented to the IJB in November 2023. The paper seeks a decision from the IJB on whether each proposal should now proceed to implementation. Consideration of the Mirin and Milldale proposal at this meeting has been paused following the lodging of a petition for Judicial Review. Further information is provided in Section 7.
- 1.2. The paper also sets out in further detail how this assessment process has been undertaken between December 2023 and February 2024, including the engagement carried out, and the criteria and scoring utilised in the subsequent options appraisal. These have been informed and reinforced by a robust equality impact assessment process. It is important to note however, that as this paper sets out, it is not possible to include the depth of detail developed within this report. To address this, IJB members have received several updates, in writing and through development sessions, to inform their decision making.
- 1.3. The proposals set out within the paper have been developed within a continuing challenging and volatile financial context. Consequently, further savings proposals will be required and will be brought to future meetings of the IJB at the appropriate time.

2. Recommendations

It is recommended that the IJB:

- Note the overview of engagement undertaken between December 2023 and February 2024, including the process adopted for updating the IJB on proposal development (Sections 4 and 6);

- Note the updates provided on the process of development for EQIAs and options appraisals (Section 5);
- Note the update provided on the Mirin and Milldale proposal (Section 7);
- Consider the assessment of the option to close the Flexicare service, and approve or reject implementation of this proposal (Section 8);
- Consider the assessment of the option to reduce internal care homes from 3 to 2, and approve or reject implementation of this proposal through closure of Montrose Care Home (Section 9);
- Consider the assessment of the option to permanently close Montrose and Falcon Day Services for Older People, and approve or reject implementation of this proposal (Section 10); and
- Consider the assessment of the option to reduce the capacity of the Disability Resource Centre (DRC), and approve or reject implementation of this proposal (Section 11).

3. Background

- 3.1. At its meeting in November 2023, the IJB considered the update provided on the progression of the Sustainable Futures programme and assessed a range of indicative savings proposals. In addition to proposals which the IJB was asked to note or approve, there were several options where approval was sought to move to a process of engagement and more detailed impact assessment. Specifically, approval was provided by the IJB to further explore and assess the following options:
1. A proposed reduction in the internally managed Care Home estate from three homes to two homes.
 2. Closing the Flexicare service.
 3. Permanent implementation of a stabilised Older People's Day Support model through the confirmed closure of Falcon Day Centre and Montrose Day Centre, pending the outcome of the Residential Care proposal.
 4. Aligning capacity within the Disability Resource Centre with reduced occupancy.
 5. Combining the Mirin and Milldale day services.
- 3.2. In line with the approach agreed at that meeting, this paper sets out final proposals relating to options 1 to 4 above. A Judicial Review petition has been served on the IJB and Renfrewshire Council in respect of Option 5, which assessed the potential to merge Mirin and Milldale day services. Accordingly, the IJB will require legal advice on the content of the Judicial Review before further consideration of this proposal.
- 3.3. Further detail on each of the elements of assessment is provided in Sections 4 and 5 of this paper. Following consideration of this additional information, the IJB is asked to decide whether each proposal should proceed to implementation.

4. Further assessment of options: approach to engagement

4.1. The update to the IJB at its meeting in January provided a summary of the engagement activity being undertaken on each of the proposals set out in November 2023. This process extended into February 2024 to ensure appropriate opportunity to engage with service users and residents potentially impacted by the proposals under consideration. IJB members have had the opportunity to attend several of these sessions to hear feedback, with the overall engagement programme for proposals being considered today including the following activity. It is noted that these figures do not include the breadth of engagement undertaken in relation to the Mirin and Milldale proposal:

- A total of 6 sessions to engage with families and carers both online and in person. Engagement sessions for Older People and Disability Resource Centre families and carers were not held due to low demand, with those interested engaged with on an individual basis.
- A total of 12 staff engagement sessions across all proposals, held both online and in person and including ad hoc sessions, supported by opportunities for staff to discuss questions with their line managers outwith these sessions.
- Reflecting the HSCP's duty to engage with service users as part of any change process, officers have sought to engage with residents and service users on an individual basis where this was possible. For example, 12 individuals were engaged within the Disability Resource Centre and 21 with Older People's Day Centres.
- In total, 209 attendances (86 family and carer attendances / 123 staff attendances) have been recorded through the 18 sessions included in the engagement process across the proposals considered today. An additional 37 online or paper feedback forms were received.
- It should be noted however, that the figures above include both staff and family members / carers who attended more than one session.
- The provision of a write up of key points raised in engagement sessions to show that discussions had been captured, supported by factsheets and FAQs.
- A broad range of Sustainable Futures updates provided through existing fora, including Care Planning Groups, the Providers Forum and the Strategic Planning Group. In total 32 updates (as at the end of January 2024) have been recorded.

4.2. In addition to the engagement outlined above, the HSCP has continued to respond to enquiries, Freedom of Information requests and complaints received. IJB members have also received a range of communications during this time and engaged with individuals and groups separately.

4.3. The HSCP has sought to reflect lessons learned through the engagement process to ensure that issues that have arisen in relation to distribution lists, access to online meetings, and the provision of notes following engagement events are addressed as far as possible. Following this IJB meeting, the HSCP

will also continue to review emerging lessons to inform the future programme approach.

5. EQIA and options appraisal process adopted

Development of Equality Impact Assessments (EQIAs)

5.1. The feedback received through the engagement process set out above in Section 4 has been combined with available HSCP data, professional expertise and research into relevant national policy, legislation, and examples of good practice elsewhere to develop EQIAs for each of the proposals considered within this paper. These impact assessments enable consideration of whether any proposed changes have a disproportionate impact on people with one or more of the 9 protected characteristics covered under the Public Sector Equality Duty.

5.2. To undertake an EQIA, the HSCP utilises the process, guidance and templates made available by NHSGGC's Equality and Human Rights Team. This is utilised for all relevant proposals and strategies developed by the HSCP (both health-related and social care-related) as it ensures a consistent, logical, and robust assessment is carried out each time, so that the IJB and HSCP meet their legal duties under the Equality Act 2010 and the Public Sector Equality Duty in Scotland. Other HSCPs also follow the process developed by NHSGGC for EQIAs they carry out. In doing so, the following steps have been undertaken:

- Draft EQIAs were developed, utilising data available and drawing upon the feedback provided during engagement sessions and related research.
- These draft EQIAs were submitted for review to the Equality and Human Rights Team for review, comment, and further guidance for development.
- The EQIAs were updated and reviewed by each Project Board.

5.3. In developing the EQIAs, the HSCP recognises that these assessments are intended to be 'live' documents that are subject to future review and update. Where additional evidence becomes available, this will be included within future iterations of the assessments.

5.4. Reflecting the points set out above, the range of proposals submitted to the IJB in November, and agreed for further assessment, sought to be equitable and fair in identifying savings across all service user groups. Should the IJB decide to proceed with a subset of the proposals set out, this may result in an increased proportion of current savings falling on one or more service user groups. This will be considered in future iterations of the equality impact assessments as appropriate.

The Options Appraisal process and criteria

5.5. All of the options have been assessed using the following consistent criteria and weighting as part of this options appraisal, as set out in the table below.

These criteria have been developed to align with good practice options appraisal processes and were considered and approved by the Sustainable Futures Programme Board. This assessment has also been informed by the feedback received and the equality impact assessment process.

No.	Criteria	Weighting
1	Contribution to budget sustainability and ability to deliver cost effective services (e.g., net savings or opportunity for increase in income)	35%
2	Impact on service quality / outcomes, including: <ul style="list-style-type: none"> • Impact on service users • Impact on families and unpaid carers • Impact on staff • Impact on Service Level Agreements • Impact on local, board level and national targets 	25%
3	Alignment with Strategic Plan themes, Workforce Plan and relevant policy & legislation	10%
4	Risk Impact	10%
5	Reputational Impact	10%
6	Ability to implement	10%

5.6. In using this options appraisal approach, the following points provide further detail on the nature of the process and how it has been applied:

- It is important to weight criteria to reflect that some have greater importance than others. For example, the contribution to budget sustainability should have higher importance than the difficulty of implementing a proposal. Weighting means that some criteria will contribute more to the overall score than others.
- Linked to the above point, reflecting that the current focus of the Sustainable Futures programme is on achieving financial sustainability, this has been weighted at 35%. However, it is essential that the impact of proposals on service quality are given equal weighting, which is provided through the combination of criteria 2 and 3. Implementation requirements account for the remaining 30% of the weighting.
- Each proposal is given an initial score between 0 to 10 against each of the criteria. These scores can then be multiplied against the weighting identified to provide an overall weighted score for comparison. The maximum weighted score any option could achieve across all of the criteria is 10.
- Where a single proposal has been identified, for example the proposed closure of the Flexicare service, this has been scored against the current 'As Is' position to provide a comparison, in line with good practice for options appraisals.

5.7. In addition, the following examples explain how scoring has been undertaken for each of the criteria included in the appraisal process:

- The contribution to budget sustainability scores are scored comparatively against one another. For example, if an option was proposed to save £200k, this would be given an initial score of 10, to give a weighted score of 3.5. If the alternative option was expected to save £100k, this would be given an initial score of 5, to give a weighted score of 1.75.
- For the scores for 'impact on service quality' and 'alignment with strategies, policies and legislation', the more positive the impact and alignment, the higher the initial score on the scale of 0 to 10.
- However, for the risk impact and reputational risk criteria, the higher the associated risk or reputational impact, then the lower the score on the scale of 0 to 10 will be to reflect the more negative impacts that have identified. For example, a proposal that had no risk attached would score 10, however an alternative proposal which was deemed high risk would be scored closer to 0.
- The easier a proposal is to implement, the higher the initial score provided on the scale of 0 to 10.

5.8. The progress made in developing options, and each options appraisal assessment has been considered by each Project Board and the Sustainable Futures Programme Board. Further details on the assessments are provided in the following sections of this paper and supporting appendices. As noted above, IJB members have received additional details through the development session process, alongside briefing documentation, to support their decision-making. This is set out in the following section.

6. Options development and detailed discussion with the IJB

6.1. The IJB approved the broad scope of the Sustainable Futures approach in March 2023 and agreed the scope and structure of the programme at its following meeting in June 2023. Following this agreement, programme governance arrangements were put in place and detailed work commenced on the development of potential savings options.

6.2. The update papers provided to the IJB have continued to set out the breadth and complexity of the activity that has been undertaken to identify these initial options, and subsequently to engage with stakeholders on these prior to development of options appraisals and equality impact assessments. However, given the scale of ongoing activity, it is not possible to include all of the detailed analysis undertaken in the papers that the IJB is asked to consider.

6.3. The HSCP has therefore continued to engage with IJB members throughout the Sustainable Futures programme to date through a services of development sessions both in-person and held online, to provide further detail on emerging proposals and provide the opportunity for additional discussion and questions. These sessions have also been supported by supplementary

documentation covering questions relating to national policy, the current baseline of services within scope, the nature of proposals, and mitigating actions for risks or negative impacts identified. The development session briefings have been intended to support IJB decision-making, and a summary is set out in the table below:

Date	Nature of Development Session Briefing
27 October 2023	Discussion on updated approach to Sustainable Futures programme and identified proposals to be included within November IJB papers.
17 November 2023	<p>Session for IJB voting members providing further opportunity to discuss options for consideration at November meeting and to ask further clarifying questions.</p> <p><i>Note: At its November meeting, the IJB gave approval to proceed with further assessment of the options set out in the Sustainable Futures paper, to be brought back for final consideration in March 2024.</i></p>
15 December 2023	Update on early engagement process and initial feedback received.
25 January 2024	<p>Development Session for IJB voting members covering content of papers prior to IJB meeting on 26 January covering:</p> <ul style="list-style-type: none"> • Programme update, including an update on engagement process undertaken to date, including lessons learned. • Opportunity for in depth discussion and consideration of scenarios to articulate potential impact of proposed changes to non-residential charging policy captured in IJB paper, supported by FAQs. <p><i>Note: At its January meeting, the IJB agreed that recommendations should be submitted to a subsequent Leadership Board meeting.</i></p>
23 February 2024	<p>Development session for all IJB members covering:</p> <ul style="list-style-type: none"> • Focus on residential care proposal covering its rationale, engagement carried out and implications including staffing models and impact on residents and families affected. • Focus on the Mirin and Milldale proposal, recognising challenges raised through engagement process. Further details provided on the national policy context, current demand, benchmarking against other HSCPs, and key

	<p>features of the proposed model. Supported by detailed policy and proposal briefing documents.</p> <ul style="list-style-type: none"> • Overview of current position of wider projects and update to be provided at the March IJB.
13 March 2024	<p>Session for IJB voting members covering:</p> <ul style="list-style-type: none"> • Content of papers to be considered at the March IJB meeting, including the assessments which the IJB would be asked to consider. • An update on the options appraisal process and EQIAs. • Update and discussion on the petition for Judicial Review.

7. Merging Mirin and Milldale day services: position update

7.1. As noted earlier in this paper, the proposal to merge the Mirin and Milldale day services was considered by the IJB in November 2023 and approval was provided for further assessment to be undertaken, alongside stakeholder engagement and the development of an options appraisal and EQIA.

7.2. This work has been undertaken however a petition for a Judicial Review of the IJB's decision, as set out in 7.1 above, in November 2023 was lodged with the Court of Session on 4 March 2024. Accordingly, the IJB will require legal advice on the content of the Judicial Review before further consideration of this proposal.

8. Closing Flexicare service: assessment

8.1. The assessment for the closure of the Flexicare service included a comparison of the proposal against the status quo position which would maintain provision of Flexicare. The results of this assessment are provided in the table below. The IJB is asked to consider the assessment and decide to approve or reject implementation of this proposal.

Options Appraisal Summary: Closure of the Flexicare Service	
Option	Overall score (Max score 10)
Closure of the Flexicare service	5.10
No change (As Is position)	3.55
Commentary on assessment:	
<ul style="list-style-type: none"> • The assessment undertaken shows that the proposal to close the Flexicare service scores more highly than the 'As Is' position. • The assessment also recognises that there is less risk and reputational impact associated with maintaining the current position. 	

- It is also noted that Flexicare is not a registered service and the nature of the service provided is based on a time-limited period for individuals who may access support for a short time each week. The highest service provision provided is once per week for two hours of informal social activity.
- The overall scoring reflects reduced service utilisation and challenges in engaging with registered service users. 45 service users have been identified as priority, not all of whom are actively engaging.
- The service has also lost volunteers following the pandemic and has been unable to resume business as usual activity as a result.
- Concerns have been raised during the engagement process regarding the closure of the service. These have been captured within the EQIA and include impact due to age and disability, and mitigating actions have also been identified.
- **The proposal would provide savings of £170k.**

9. Reduction from 3 to 2 internal care homes: assessment

9.1. The assessment carried out in relation to the proposed reduction from 3 to 2 internal residential care homes has considered two elements:

- An assessment of the proposal against the as-is position; and
- Should the IJB approve a decision to close a care home, an assessment of which care home would be most appropriate.

9.2. Further details on scoring are provided in Appendix 1. The IJB is asked to consider the assessment and decide to approve or reject implementation of this proposal.

Options Appraisal Summary: Reduction from 3 to 2 Residential Care Homes	
Option	Overall score (Max score 10)
Reduction from 3 to 2 Care Homes	7.05
No change (As Is position)	3.85
Additional Analysis: Most appropriate Care Home (pending IJB decision to reduce from 3 to 2 Residential Care Homes)	
Close Hunterhill	6.35
Close Montrose	6.48
Close Renfrew	4.33
Commentary on assessment:	
<ul style="list-style-type: none"> • Overall, the proposal to reduce from 3 to 2 care homes scored more highly than the As Is position. 	

- This reflects that a reduced care home estate would be more sustainable and enable more stable staffing models.
- Further assessment also highlighted that Montrose scored most highly when considering the most appropriate care home to close, although this will not deliver the greatest level of savings.
- The assessment has shown that the cumulative impact on residents and staff is lower for Montrose care home, whilst this proposal also enables continued provision on internally delivered residential care in both localities.
- The closure of Montrose would also align with the proposed permanent closure of Montrose day centre.
- The EQIA undertaken has identified potential related risks for residents, families and staff, arising due to age, disability and sex and include the impact on individuals' health, additional travel requirements and the recognition that a greater proportion of residents and staff are female. Further detail is provided in the appendix.
- **This proposal, based on the selection of Montrose, would provide a saving of £399k.**

9.3. Should the above proposals be approved by the IJB, admissions to all three HSCP residential homes would be paused, in order to allow bed numbers to be balanced and for capacity to be used for affected residents. There would be a timescale of at least four months before any resident would move to a new home, unless any individual and their families wish to move sooner. This is to enable full consultation and person-centred planning to take place with every person to understand what is important to them and their loved ones, and to reduce the impact of the moving process as far as possible.

10. Permanent closure of Montrose and Falcon day services: assessment

10.1. This assessment necessarily follows on from the options appraisal carried out in relation to the proposal to close a residential care home. Both Montrose and Renfrew Care Homes have day centres attached and consequently any decision in relation to those care homes would have a knock-on impact on required decisions to close or re-open an older people's day centre.

Options Appraisal Summary: Permanent Closure of Montrose and Falcon Day Services	
Option	Overall score (Max score 10)
Current position (maintain closure of Falcon and Montrose day centres)	7.25
Revert to pre-pandemic model of all five day centres open	2.75
Commentary on assessment:	

- The proposal to maintain the closure of Falcon and Montrose day centres for older people scored more highly than reverting to the pre-pandemic position of utilisation of five day centres, and was assessed as the most appropriate and effective action to take.
- This reflects that the permanent closure is the 'As Is' position and is easier to implement, whereas investment in resources and potential building works would potentially be required to reopen the centres.
- The proposal aligns with observed occupancy and aligns with feedback from staff and service users who have broadly indicated that they are settled at their current location.
- The proposal also aligns with the findings of the residential care homes assessment.
- The proposal will not provide a financial saving as current staffing models have been enhanced to reflect the needs of those accessing current building-based services.
- The EQIA does not identify any disproportionate impacts on the majority of protected characteristics from the proposal to permanently close the day centres, reflecting that this is the current, interim, position. Whilst it does note a potential impact due to age, alternative provision is currently in place and available.

10.2. The IJB is asked to consider the above assessment and decide to approve or reject implementation of this proposal.

11. **Reduction of Disability Resource Centre capacity: assessment**

11.1. This proposal was to reduce the current establishment in the Disability Resource Centre by 2.04 FTE through vacancy management processes. This would align service capacity with service occupancy which has been observed over the last 12 months.

11.2. As such, this proposal does not require changes to the current service model and therefore a detailed options appraisal scoring has not been carried out. However, a summary of the assessment and equality impact assessment carried out are provided below. The IJB is asked to consider the assessment and decide to approve or reject implementation of this proposal.

DRC Capacity Reduction Commentary on assessment:

- This option will have minimal impact on service quality, outcomes and provision. There may be some impact from the deletion of posts as responsibilities are realigned.
- The option reflects observed reductions in service occupancy and maintains the continued flexible model of provision including community outreach, digital and building-based support.
- The risk associated with this proposal has been deemed as low. The assessment, including EQIA, considered that demand for the service may increase in future however this is not anticipated considering

recent trends for occupancy at the DRC and building-based services in general.

- The full saving will not be realised immediately as it is based on vacancy management once these arise.
- **This will provide a saving of £65k.**

12. Link between this paper and 2024/25 Delegated Budget Paper

12.1. A further paper to be considered by the IJB at this meeting sets out the proposed budget for 2024/25. Following previous discussions with IJB members, the Delegated Health and Social Care Budget paper sets out the CIPFA guidance on the Chief Finance Officer's responsibilities for setting a balanced budget and ensuring that spending plans are appropriate to maintain the balance of available resources and ensure that the IJB remains in sound financial health. The CIPFA guidance also sets out the IJB's responsibilities for setting a balanced budget, and the role of voting members. This includes responsibility for medium term financial planning, budget setting and associated monitoring. Voting members have responsibility for the organisation's financial health and long-term viability and the IJB should collectively set the tone that financial management is core to achieving strategic aims, and to demonstrate that public money is used well.

12.2. Should the IJB not agree to all of the proposals set out in this paper, the IJB will be able to set a balanced budget on a non-recurring basis for 2024/25 however this will require further utilisation of available reserves to the amount of the savings proposals that do not progress. As such, the reserves held by the IJB would be drawn down at an accelerated rate potentially impacting on the general reserves balance which will likely fall below the commitment within the IJB's Reserves Policy to hold reserves amounting to at least 2% of the IJB's budget. This would reduce the IJB's financial resilience. It has been prudent and necessary to hold this level of reserves to account for any unforeseen circumstances which have arisen or will arise, such as the current requirement to meet additional pay costs relating to the re-evaluation of frontline staff roles.

12.3. Considering the use of reserves outlined above, the IJB's budget will not be in recurring balance for 2024/25 and this will require the Chief Officer to continue to bring a rolling programme of savings to the IJB for consideration. In doing so, and reflective of the CIPFA guidance, the HSCP seeks direction from the IJB on areas which members would wish to prioritise for savings.

12.4. Where a balanced budget cannot be delivered, for example where there are insufficient reserves to bridge any projected gap, a financial recovery plan will be required. As set out previously, this will require (i) suspension of ongoing development initiatives where necessary; (ii) the establishment of waiting lists; (iii) the restriction of overtime to critical cover only; (iv) holding non-frontline vacancies and (vi) all discretionary spend decisions to be made jointly by the Chief Officer and Heads of Service. The IJB may request additional funding from its partner organisations to meet any gap however, as set out in the

Integration Scheme, this would be on the basis of an agreed plan for repayment in future years.

Implications of the Report

1. **Financial** – This paper captures the final proposals for options initially considered by the IJB in November 2023. Approval was provided to undertake further analysis of these. The paper also sets out the full year savings impact of the proposals, should they be approved.
2. **HR & Organisational Development** – HR colleagues, alongside Staff-side and Trade Union colleagues are members of the Sustainable Futures Programme Board and retain oversight of programme progress and the development of options appraisals. Proposals set out will have an impact on staff and the HSCP will continue to apply existing HR processes and policies to support staff impacted.
3. **Strategic Plan and Community Planning** – This paper aligns with the Sustainable Futures theme set out within the IJB’s Strategic Plan 2022-25.
4. **Wider Strategic Alignment** – This paper also aligns with the IJB’s Medium Term Financial Plan 2022-25.
5. **Legal** – All updates in this report are consistent with the HSCP’s statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – The proposals considered, should they be implemented, will to impact on the HSCP’s existing use of property. Ownership of property currently utilised remains reserved to NHS GGC and Renfrewshire Council and engagement with these partners will remain ongoing.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – The proposals discussed in this paper have been subject to the development of full equality impact assessments (EQIAs). These are live documents which will be reviewed and updated as appropriate in future.
9. **Fairer Scotland Duty** – Any implications on the Fairer Scotland Duty from the proposals identified have been captured and assessed as part of the EQIA process.
10. **Health & Safety** – The proposals considered, should they be implemented will impact on the property and assets currently utilised. Implementation of changes to service models, staff ways of working and building usage, should they be approved, will continue to involve engagement with Health & Safety.
11. **Procurement** – No implications from this report.
12. **Risk** – Risks and issues arising from the contents of this report are tracked and managed on an ongoing basis and incorporated into reports to the IJB Audit, Risk and Scrutiny Committee as appropriate.
13. **Privacy Impact** – No implications from this report.

List of Background Papers: None

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Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk)
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Appendix 1: Options Appraisal Scoring and Commentary

Closure of Flexicare Service

Option	Overall score (Max score 10)	Viability	Deliverability		Feasibility		
		Budget Sustainability	Impact on service quality	Alignment with Strategic Plan and Policy	Risk Impact	Reputational Impact	Ability to implement
Closure of the Flexicare service	5.10	3.5	0.5	0.3	0.3	0.2	0.3
No change (As Is position)	3.55	0.0	1.25	0.7	0.6	0.5	0.5

Commentary on scoring

Findings

- The closure of the Flexicare service has a higher score than the current 'As-Is' position. This reflects the potential savings achievable. The scoring recognises that there is less risk and reputational impact associated with maintaining the current position.
- The scoring also reflects the removal of an element of choice from individuals' support.

Supporting Commentary

- The closure of Flexicare would achieve savings of £170k.
- Flexicare is not a registered service. The nature of the service provided is based on a time-limited period for individuals who may access support for a short period of time each week. The highest service provision provided is once per week for two hours of informal social activity.
- Due to a loss of volunteers post-pandemic, the service has been unable to resume business as usual activity.
- Continued provision of support to those registered to attend the service has proved challenging, as service utilisation has also decreased in recent years and the level of active engagement has also decreased.
- A total of 45 priority service users have been identified, not all of whom currently actively engage. Further work is underway to determine what proportion of service users may require a care package following closure of the service. This would potentially move costs to other remaining services.
- The service would require further review if not closed, as part of the planned strategic review of day services in 2024/25.

- Concerns have been raised during the engagement process regarding the closure of the service. These have been captured within the EQIA and include impact due to age and disability. Individuals impacted will be supported through individual plans and the HSCP will continue to promote equality of opportunity through its service models for people with learning disabilities and/or autism, providing alternative service options or signposting to wider support available, in line with the IJB's Strategic Plan and national policy.

Reduction from 3 to 2 Residential care Homes: Scoring Breakdown

Option	Overall score (Max score 10)	Viability	Deliverability		Feasibility		
		Budget Sustainability	Impact on service quality	Alignment with Strategic Plan and Policy	Risk Impact	Reputational Impact	Ability to implement
Move from 3 to 2 Care Homes	7.05	3.5	1.75	0.7	0.4	0.3	0.4
Current Position (As Is)	3.85	0	1.25	0.4	0.7	0.7	0.8
Additional Analysis: Most appropriate Care Home (pending IJB decision to reduce from 3 to 2 Residential Care Homes)							
Close Hunterhill	6.35	3.5	1.25	0.6	0.3	0.3	0.4
Close Montrose	6.48	2.53	1.75	0.8	0.5	0.4	0.5
Close Renfrew	4.33	2.58	0.75	0.5	0.1	0.1	0.3

Commentary on scoring

Findings

- Moving from three to two care homes scores more highly than remaining 'As Is'. Each Care Home has then been scored with Montrose achieving the highest score. Closure of Montrose would provide the lowest saving (£399k), followed by Renfrew (£407k) and Hunterhill (£511k).

Supporting Commentary

- The findings reflect that continuing with the model of three care homes is not sustainable and does not fulfil staffing requirements to meet the needs of residents.
- A reduction to two care homes will reflect changes in demand and preferences for support within the community and will enable the capacity within remaining care homes to be utilised in a more sustainable service with a stable, enhanced staffing model. In addition, the changing complexity of need means individuals are more likely to require nursing care than residential care.
- A move to two fully utilised care homes provides increased opportunities for variety, activities and friendships to be developed.

- The overall impact on residents is lower for Montrose as there is a lower number of residents, therefore requiring the lowest number of placements.
- Selection of either Montrose or Hunterhill enables the HSCP to maintain internal provision in each of the two localities in Renfrewshire, Paisley and West Renfrewshire.
- The day centre in Montrose is currently closed which would therefore reduce implementation considerations, this is also under consideration through a separate proposal. Closure of Renfrew Care Home would impact on the operation of the associated day centre which is currently in operation.
- Montrose currently has the lowest number of staff (FTE) in its staffing establishment, therefore the overall impact on staff is less than for Hunterhill and Renfrew. Montrose is less accessible than Hunterhill and Montrose and has typically found it more difficult to recruit staff.
- The EQIA undertaken has identified related risks for residents, families and staff, for example relating to travel to a new care home location and sets out mitigating actions to address these and/or address their likelihood, including consideration of continued locality provision.
- The EQIA reflects the potential impact on residents' health due to age or disability following the move, and the importance of familiarity. These impacts will be mitigated by the development of person-centred plans, maintaining familiarity where possible including friendship groups, and timelines designed around the needs of individuals.
- The EQIA also reflects that there would not be a disproportionate impact based due to the characteristic of 'Sex' however does identify that the majority of residents are female. The majority of staff are also female and established HR policy from Renfrewshire Council will be followed to support staff through any transition.

Permanent Closure of Montrose and Falcon Day Centres

Option	Overall score (Max score 10)	Viability	Deliverability		Feasibility		
		Budget Sustainability	Impact on service quality	Alignment with Strategic Plan and Policy	Risk Impact	Reputational Impact	Ability to implement
Maintain closure of Falcon and Montrose day centres)	7.25	1.75	2.0	0.8	0.9	0.8	1.0
Revert to pre-pandemic model of five day centres	2.75	0.7	0.75	0.2	0.3	0.7	0.1

Commentary on scoring

Findings

- Option 1, to formalise the current provision of three day centres for older people, scores more highly and is therefore the most viable option based on assessment. This reflects that reopening Montrose and Falcon would not reflect observed demand and occupancy and would be more difficult to implement, impacting on current staffing models and requiring additional resource and investment.

Supporting Commentary

- The current model of three day centres alongside community outreach is already in place and is operating efficiently with a settled, supporting staff structure and infrastructure. All three centres have sufficient and appropriate support in place based on needs, demand and occupancy.
- The three centres will continue to cover both localities ensuring those who require to attend a day centre can, regardless of where they live.
- Prolonged observed occupancy levels and projections of future demand align with reduced building-based services.
- Reverting to five day centres would involve further change for staff and service users who have primarily indicated they are settled.
- The option to formalise the closure of Montrose and Falcon will not provide a financial benefit.
- The proposal to formalise the closure of Montrose and Falcon aligns with policy around choice, control and flexibility and a reduction in reliance on building-based services, and also aligns with the residential care assessment undertaken.
- The EQIA does not identify any disproportionate impacts on the majority of protected characteristics from the proposal to permanently close the day centres, reflecting that this is the current, interim, position. Whilst it does note a potential impact due to the age of those that access

day services, alternative provision is currently in place and available. This reflects (i) that the proposed confirmed model has already been in operation on an interim basis and (ii) that service users and staff have provided feedback that they are settled in their current location. Any potential impacts which emerge will be managed using existing working practices and service / organisational policies.

To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Chief Finance Officer

Heading: 2024-25 Delegated Health and Social Care Budget

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

1. Purpose

- 1.1 This report describes the financial allocation and budgets made available to the Integration Joint Board (IJB) for 2024-25 by Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC) and outlines the main financial pressures on health and adult social care services.

2. Recommendation

It is recommended that the IJB:

- Note the delegated Adult Social Care Budget for 2024-25 (Appendix 3)
- Note the delegated Health Budget for 2024-25 (Appendix 4) which is subject to:
 - any final adjustments in relation to recurring budget adjustments at month 12;
 - any further funding allocated by the Scottish Government in respect of the impact of the 2024-25 pay award, and
- Agree the balanced budget outlined in section 9 including the drawdown of required reserves in order to deliver a balanced budget for 2024-25.

3. Introduction

- 3.1. Renfrewshire IJB is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme between Renfrewshire Council and NHSGGC. It is accountable for the stewardship of public funds and ensuring that its business is conducted under public sector best practice governance arrangements, including ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently, and effectively. The budget delegated by the two partner bodies is used by the IJB to commission services which are delivered by Renfrewshire Health and Social Care Partnership (HSCP). The principles of the funding allocated by the two partner organisations is set out in the Integration Scheme, however, utilisation of this funding is delegated to the IJB.
- 3.2. Under the terms of the Integration Scheme, partner organisations should make appropriate arrangements to fund pay awards, contractual uplifts, the impact of demographic changes and determine efficiency targets as part of their respective budget setting processes.

- 3.3. The role of the Section 95 Officer (Chief Finance Officer) for the IJB includes both the adherence to professional standards as well as compliance with “The Local Government (Scotland) Act 1973 section 95, which clearly states that:

“...every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

for the IJB this includes the requirement to ensure a balanced budget is set.

3.4. **Chief Finance Officer’s Responsibility to Set a Balanced Budget**

- 3.4.1. The CIPFA document ‘The Role of the Chief Finance Officer in Local Government’ sets out how the requirement of the above legislation (section 3.3) and professional standards should be fulfilled by the Chief Finance Officer (CFO) in carrying out their role as well as the role of the organisation in meeting these requirements.

- 3.4.2. It confirms that the following key responsibilities should form part of the CFO’s role:

- Lead development of a medium-term financial strategy and the annual budgeting process to ensure financial balance and a monitoring process to ensure its delivery.
- As holders of the ‘red card,’ the CFO must exercise a professional responsibility to intervene in spending plans in order to maintain the balance of resources so that the authority remains in sound financial health.
- Ensuring that opportunities and risks are fully considered, and decisions are aligned with the overall financial strategy.
- Providing professional advice and objective financial analysis enabling decision makers to take timely and informed business decisions.

3.5. **IJB’s Responsibility to Set a Balanced Budget**

- 3.5.1. In addition, the CIPFA document ‘The Role of the Chief Finance Officer in Local Government’ also confirms that the organisations Board in this case, the IJB, has the following key responsibilities:

- Establish a medium-term business and financial planning process to deliver the organisation’s strategic objectives, including:
 - a medium-term financial strategy to ensure sustainable finances.
 - a robust annual budget process that ensures financial balance.
- The IJB is collectively responsible for setting the strategic direction for the organisation, its implementation, and the delivery of public services.
- The IJB have collective responsibility in relation to the organisation’s financial health and long-term viability.
- The IJB collectively needs to set the tone that financial management is core to achieving strategic aims, and to demonstrate that public money is used well.

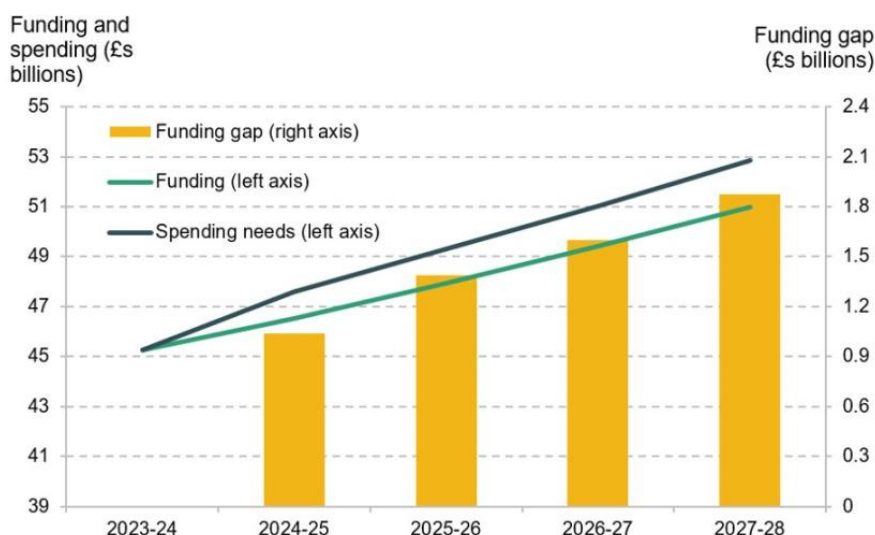
4. **2024-25 Context**

- 4.1. This report sets out the implications of the Scottish Government budget for 2024-25, the Bill for which was passed on 27 February 2024, and provides members with an overview of the IJB’s budget allocation for 2024-25.

- 4.2. On proposing the draft budget in December 2023 - the first since the signing of the [Verity House Agreement](#) in June 2023 - Deputy Finance Minister and Finance Secretary Shona Robison described the 2024-25 budget as “*the toughest since the creation of the Scottish Parliament in 1999*”. This narrative was further supported in Fraser of Allander’s

Scotland's Budget Report 2023, which described this period as *"one of the most challenging fiscal backdrops in the history of Scottish devolution."*

- 4.3. As previously highlighted to the IJB, and reinforcing the impact on public finance, there continues to be a number of factors impacting on the public sector across the UK which are having a direct impact on the financial position. This includes: the ongoing volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, and recruitment challenges.
- 4.4. Budgetary pressures are further compounded by higher than budgeted for pay awards, increased demand for care at home services, increased patient acuity of need resulting in more intensive support packages, and prescribing overspends due to volume and drug price increases, all of which is contributing to a level of financial challenge never before experienced by the IJB.
- 4.5. The scale of the financial challenge has implications for the future financial viability of the IJB moving forward. It will have a significant impact on the services that can be provided and is one of the main drivers for the IJBs Sustainable Futures programme, requiring the IJB to prioritise decisions for investment and disinvestment in order to ensure the ongoing sustainability of the vital services the HSCP provides. Such decisions may limit the IJBs ability to deliver on core services and policy commitments.
- 4.6. The Medium-Term Financial Plan (MTFP) 2022-25, approved by the IJB in March 2022, projected a range of scenarios over a ten-year period from 2022-23 to 2031-32. The reliability of projections decreases over time, and projections tend to be less reliable in periods of rapid change. As we enter 2024-25, the IJB's estimated impact of cost and demand pressures, prior to mitigation is circa £23.845m exceeding the worst-case scenario projected in the MTFP.
- 4.7. In this context, similar to 2023-24 the IJB will therefore need to draw on the financial flexibilities it has available, to provide non-recurring support to deliver a balanced budget for 2024-25. Going forward, the IJB's ability to do so will be limited given the level of reserves that will be required to be drawn down in 2024-25 to ensure a balanced budget.
- 4.8. Members are asked to take these continuing exceptional circumstances into account when setting the 2024-25 budget.
- 4.9. **Medium Term Financial Strategy**
 - 4.9.1. On 25 May 2023, Deputy First Minister and Cabinet Secretary for Finance Shona Robison presented the Scottish Government's Medium Term Financial Strategy (MTFS) to parliament. This is the sixth edition of the MTFS published by the Scottish Government, and the first under the new leadership of First Minister Humza Yousaf.
 - 4.9.2. The MTFS outlined the Scottish Government's financial plans and priorities over the next five years with the aim of providing a framework for fiscal decisions, resource allocation and economic management in Scotland. The MTFS triggers the budget process and establishes the context for the setting of the budget to come. Additionally, this year's MTFS included an update to the Resource Spending Review (RSR), published in May 2022, in light of the continued tightening of the fiscal landscape since the RSR was published.
 - 4.9.3. Central to the MTFS was the projected funding gap, with spending needs predicted to exceed available funding by £1 billion in 2024-25, rising to £1.9 billion a year by 2027-28. Whilst this was an improved outlook compared with the £3.5 billion per year funding gap projected in December 2021 - reflecting an anticipated faster growth in Scottish income tax revenues – it remains a significant gap to address.



Source: Scottish Government Medium-Term Financial Strategy

- 4.9.4. The projections for day-to-day resource spending assumed that spending on health and social care services would need to increase by 4% a year in cash-terms (2.6% a year in real-terms) in order to meet rising demand and costs. However, in their analysis of the MTFs the Institute for Fiscal Studies suggested this projection may be too conservative; if spending needs were to increase at the current rate of 2.9% (rather than the projected 2.6%) over the next four years, the funding gap would grow to £2.1 billion by 2027-28.
- 4.9.5. In order to address the financial challenge, the MTFs outlined an approach based on three pillars:
- Pillar 1 - Focussing spending decisions on the Government's three missions (Equality, Opportunity, Community)
 - Pillar 2 - Supporting sustainable, inclusive economic growth and the generation of tax revenues.
 - Pillar 3 - Maintaining and developing a strategic approach to tax.
- 4.9.6. Of these, pillar 1 has the most relevance to health and social care. This pillar confirms that the Scottish Government will prioritise the programmes which have “the greatest impact on delivery of the three missions” of Equality, Opportunity, and Community. The MTFs and associated RSR update also confirms that some of the commitments from the May 2022 RSR have been reset, and others deprioritised. Included within this is the removal of the ‘universal target’ for public bodies of recurring annual efficiencies of at least 3%, replaced instead with a determination by public bodies themselves of the ‘opportunities and action’ required to achieve financial sustainability, within the parameters of their own budgets. It follows then that, depending on future budget settlements, this could potentially mean efficiencies in excess of 3% are expected.
- 4.9.7. Ten months on from the publication of the MTFs, the economic situation has seen marginal improvement. Scotland narrowly avoided falling into a recession – though notably the UK as a whole did not – inflation fell, Income Tax net revenues are projected to rise, and additional Barnett consequential were received, all contributing to a more positive outturn than previously anticipated, though this is largely offset by increased spending pressures.

4.10. **Public Sector Pay**

- 4.10.1. Similar to 2022-23, 2023-24 once again saw protracted pay negotiations, and widespread strike action across the public sector.
- 4.10.2. The Scottish Government has opted not to announce a Public Sector Pay Policy at this time, confirming that they will publish further information on pay following the UK Spring Budget. This lack of guidance therefore adds a layer of complexity to the current budget setting cycle.
- 4.10.3. In respect of the 2023-24 pay award for local government staff, Renfrewshire Council has agreed to proportionately pass through additional funding provided to them from the Scottish Government, this equates to circa £1.3m in 2023-24 and a recurring allocation circa £1.4m for 2024-25.

4.11. **Strathclyde Pension Fund Superannuation**

- 4.11.1. Whilst the current economic situation for public services in Scotland is as highlighted in para 4.2 *“one of the most challenging fiscal backdrops in the history of Scottish devolution,”* high interest rates have resulted in higher-than-expected returns on investment in local government pension funds. The triennial valuation of Strathclyde Pension Fund reported a funding level of 147%, up from 106% in 2020. The result of this is a planned reduction in employer contribution rates from the current 19.3% to 6.5% in 2024-25 and 2025-26, before rising to 17.5% in 2026-27.
- 4.11.2. This reduction in contribution rates in the next two financial years is expected to generate a non-recurring sum of circa £3.585m, all of which will be required to help close the IJB’s projected budget gap. Alongside this, the shift to 17.5% is expected to generate a recurring saving of circa £0.550m. As previously highlighted to members, these amounts have been included within the mitigation of the IJB’s pressures.

5. **Scottish Government Budget 2024-25**

- 5.1. On 19 December 2023, the Scottish Government published their draft budget for 2024-25. Included within the draft budget was a commitment to continued prioritisation of investment and reform to refocus health and social care services.
- 5.2. Following the announcement of the draft budget, the Scottish Government’s Director of Health, and Social Care Finance, Digital and Governance wrote to all NHS Chairs, NHS Directors of Finance, Integration Authority Chief Officers, and Integration Authority Chief Finance Officers, providing details of the funding settlement for Health Boards, which includes Integration Authorities (IJBs). A copy of the letter is attached in Appendix 1.
- 5.3. The letter specifically states the following:

“The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio

contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.

We have progressed baselining prior year Real Living Wage funding totalling £333.5 million to Local Government. A further £52.3 million has been baselined for other commitments including uprating free personal nursing care.”

- 5.4. In addition, in her letter of 19 December 2023 (Appendix 2), Deputy First Minister and Cabinet Secretary for Finance Shona Robison MSP, set out the Scottish Government expectations for IJB budgets for 2024-25.

“The total funding which the Scottish Government will make available to local government in 2024-25 through the settlement will be over £14 billion for the first time should all 32 councils agree to freeze council tax. This includes:

- *An additional £6m to support the expansion of Free School Meals;*
- *An additional £11.5m to support the uprating of Free Personal and Nursing Care rates;*
- *Additional funding of £230m to deliver a £12 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts;*
- *An additional £6.8m for Discretionary Housing Payments*
- *£145.5m to continue to maintain teachers and support staff (on which further detail will follow) as well as £242m to support teacher pay uplifts;*

...The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in commissioned services should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming this.”

- 5.5. In summary:

- In 2024-25, NHS payments to Integration Authorities will not include any uplift for non-pays which is a move away from previous years. In terms of pay, funding arrangements will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year, pay for NHS staff remains subject to agreement for 2024-25, once the outcome is known the Scottish Government will confirm finalised baseline budgets with the assumption that additional funding will be allocated to support any agreed increases.
- In 2024-25 Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets.

- 5.6. The above referenced letters of the 19 December 2023 are the basis on which NHSGGC and Renfrewshire Council have made their budget offers to the IJB for 2024-25. The breakdown of the increased recurring allocation is in the following table:

Funding	Scotland (£m)	Renfrewshire (£m)	Distribution Information
Up-rating of Free Personal Care	11.5	0.23	GAE for Personal and Nursing Care
Real Living Wage Adult Social Care	230.0	7.66	GAE for Carer's Services and Respite Care
TOTAL	241.5	7.89	

5.7. In agreeing the 2024-25 budget, members will wish to consider the medium and longer-term financial context for the IJB and the ongoing financial pressures and significant challenges which are detailed in the IJB's MTFP 2022-25.

6. Delegated Adult Social Care Budget 2024-25

6.1. As previously highlighted to the IJB, demographic and socio-economic factors will continue to drive significant demand and cost pressures for 2024-25 in the delegated Adult Social Care budget relating to:

- Funding of pay awards;
- Cost pressures arising from contractual arrangements which are subject to renewal;
- Financial impact of the increased living wage across the sector;
- Increases associated with the National Care Home Contract including the rising costs of energy and insurance costs and the impact of public sector pay awards;
- Ongoing pressure on the Care at Home service in relation to costs associated with shifting the balance of care, by supporting people to live safely at home for as long as possible and facilitating prompt discharge from hospital;
- Increased patient acuity of discharges from hospitals with more complex needs and
- Increasing number and complexity of care packages required to support adult clients to live as independently as possible in the community.

6.2. Members should note that whilst the National Care Home contract has now been accepted, the impact of any Agenda for Change pay increases has not yet been built into the agreed rate. Once the 2024-25 health pay award has been agreed the nursing rate will require to be increased to reflect the percentage increase. The estimated impact of this has been included within the pressures for 2024-25.

6.3. Additionally, as part of the Annual Accounts process for 2023-24 it is likely that a contingent liability will need to be included reflecting current discussions regarding the potential increase to Care at Home staff grades. A range of factors need to be taken into consideration in determining what the final outcome will be, including what if any back pay will be due to be paid. Negotiations are currently in place between the Council and trade unions. Members should be aware that any costs relating to previous years will have an impact on the IJB's financial position and will require to be funded from the IJB's general reserves.

6.4. The CFO, using a range of informed assumptions, has estimated that the demand and cost growth for Adult Social Care in 2024-25, linked to the areas highlighted above and in section 8 of this report, and prior to mitigation, is likely to be in the region of a gross increase of circa £17.2m.

6.5. Members should be aware that the current levels of demand (and associated costs) on a number of services continues to be out with 'normal projected levels of activity' which we would use to assess the future pressure on these budgets. Consequently, our ability to accurately project future demand is complex, and therefore the figures we are currently using are heavily caveated.

6.6. At its meeting of 29 February 2024, Renfrewshire Council, following the Director of Finance and Resources recommendations, approved the delegated Adult Social Care budget for 2024-25.

- 6.7. The Director of Finance and Resources for Renfrewshire Council has since written to the Chief Finance Officer to confirm the Delegated Adult Social Care Budget for 2024-25 (Appendix 3) which is summarised in the following table:

Delegated Adult Social Care Budget 2024/25	Amount in £000's
2023/24 Adult Social Care Recurring Budget	97.501
Adjustments to Current Year:	
Real Living Wage Adult Social Care 23/24 redistributed GAE baseline	(0.328)
Uprating of Free Personal Care	0.234
Real Living Wage Adult Social Care 24/25	7.657
Full year impact of 2023/24 pay settlement	1.426
Total Adult Social Care Recurring Budget 2024/25	106.490

6.8. **The CFO'S recommendation to the IJB is to:**

- Note the delegated Adult Social Health Budget offer from Renfrewshire Council for 2024-25 (Appendix 3). This budget offer is in line with the conditions of the letter of 19 December 2023 from Shona Robison MSP, Deputy First Minister, and Cabinet Secretary for Finance.

7. Delegated Health Budget 2024-25

- 7.1. In addition to the ongoing impact of COVID-19 across all service areas, similar to Adult Social Care, demographic and socio-economic factors continue to drive significant demand and cost pressures for delegated Health services in 2024-25 including:

- Pay Inflation and impact of Agenda for Change;
- Inflationary linked increases on non-pay eligible budgets;
- Prescribing cost / volume / short supply impact;
- Funding shortfall in PCIP; and
- The potential requirement to fund increasing cost pressures in GP premises, GP IT, and other GP service payments, due to locally managed General Medical Service (GMS) components not being uplifted for inflationary pressures, the potential impact of which (on the IJB) is not yet clear.

- 7.2. Using a range of informed assumptions, the CFO has estimated that the demand and cost growth for Delegated Health Services (not including Set Aside) in 2024-25, linked to the areas highlighted above, and in section 8 of this report, prior to mitigation, is likely to be in the region of a gross increase of circa £6.7 million.

- 7.3. As detailed earlier in this report, on 19 December 2023, the Director of Health, and Social Care Finance, Digital and Governance set out the base budget position for Health budgets including IJB's.

- 7.4. In terms of pay, funding arrangements will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year with the assumption that additional funding will be allocated to support any agreed increases.

- 7.5. Whereas in past years the health budget settlement has included a c2% uplift for non-pays budgets, the 2024-25 settlement does not include this provision, further impacting the financial challenge.
- 7.6. The following table provides a high-level summary of the above:

Delegated Health Budget 2024/25	Amount in £000's
2023/24 Health Recurring Budget	203.733
Set Aside Estimated Value 2023/24	66.577
Total Health Recurring Budget 2024/25	270.310

Note: these figures do not include any final adjustments in relation to recurring budget adjustments at month 12

7.7. **The CFO'S recommendation to the IJB is to:**

- Note the delegated Health Budget offer from NHSGGC for 2024-25 (Appendix 4) which is subject to final adjustments when the out-turn for the 2023-24 financial year has been finalised in relation to recurring budget adjustments at month 12, and any further funding allocated by the Scottish government in respect of the impact of the 2024-25 pay award. This budget offer is in line with the conditions of the letter of the 19 December 2023 from the Director of Health and Social Finance, Digital and Governance.

8. Cost Pressures and Demand

- 8.1. As we move into 2024-25, Health and Social Care is receiving its worst settlement since devolution. With a flat cash settlement for Local Government, no uplifts for pay inflation and insufficient funding for prescribing, IJBs will need to fund cost and demand pressures themselves. Contingency reserves which have been utilised in previous years are now entirely gone for many and below the minimum desired level for others. This limits the ability of IJBs to manage pressures without significant changes to the way we do things and the services offered.
- 8.2. The IJB's MTFP reflects the economic outlook to 2024-25, adopting a strategic and sustainable approach linked to the delivery of priorities in the Strategic Plan 2022-2025. These strategic priorities will continue to provide a focus for future budget decisions, where the delivery of core services must be balanced with the resources available. The MTFP focuses on financial sustainability, acknowledging the uncertainty around key elements including the potential scale of savings required, and the need to redirect resources to support the delivery of key priorities.
- 8.3. In line with the approach taken in the Medium Term Financial Plan, a scenario-based approach continues to be adopted to estimate future cost pressures and demand. Potential outcomes have been considered over: low, medium, high, and worst-case projected positions. The low projection outlines a more optimistic outlook, while the worst-case indicates the position if pressures emerge at the higher end of current projections.
- 8.4. Over recent months, budget assumptions have been updated to reflect the impact of any new statutory obligations and increasing demographic and demand pressures.

8.5. The projected budget gap is based on a range of demand and cost pressures which could be faced by the IJB over the medium-term. These assumptions are informed by the national context; effect of new statutory obligations; increasing demographic and demand pressures, inflation, as well as the ongoing and legacy impact of COVID-19.

8.6. The financial projections for 2024-25 include a range of key assumptions for which there remains significant and real uncertainty. These include:

- **Prescribing:** In 2023-24, prescribing costs are forecast to be overspent in over 80% of IJBs, changes out with the control of the IJBs have created a challenging cost pressure with few available measures to achieve savings or cost control, which is likely to continue into 2024-25 and beyond. A number of issues are currently impacting on the price of drugs including limitations in manufacturing capacity, staffing shortages, increased costs in production and shipping costs and the War in Ukraine. In Renfrewshire, the unit price has been increasing month on month from £10.70 in April 2023 to £11.46 in December 2023, representing an increase of 7.1%.

The prescribing pressure for 2024-25 is based on previous years costs, available in year data and assumptions around the known challenges and benefits, such as drugs coming off patent, however it should be noted there remains uncertainty over these pressures which means the estimated impact for 2024-25 has the possibility of being over or under stated.

Over the past few months work has been ongoing in respect of a clinically led approach to cost containment and volume control as part of an NHSGGC system wide approach and one that is built up from the prescribing patterns of individual GPs and informed by known costs. This work has identified a programme of prescribing savings which could potentially be delivered in 2024-25.

The budget position included in section 9 of this report includes estimated savings on a number of prescribing items to be achieved in 2024-25 of circa £1.062m.

In addition to the above, a 'stretch target' has been applied against further drugs where it is anticipated further savings are achievable. Given that these are 'stretch targets' these additional savings have not been included as part of the overall mitigation for 2024-25.

Members are asked to note that the delivery of these programmes of prescribing savings are predicated on a number of factors including availability of pharmacy and GP resources. As we progress through 2024-25 updates on the achievement of these savings will be brought to the IJB.

- **The impact of COVID-19 across a range of areas** including backlog of treatment and services contributing to greater demand and increased acuity of need.
- **Future funding allocations from Partner Organisations:** As in previous years, the Scottish Government 2024-25 budget was for one year only. The core local government revenue settlement for 2024-25 reflects a flat cash position, and therefore a real terms reduction meaning their ability to further support the IJB is limited. Questions remain regarding the expected funding and governance arrangements for the National Care Service, and the impact of this on future funding allocations from partners remains unclear. It follows then, that the continuation of single-year settlements at this time is challenging for the IJB and continues the uncertainty for future medium-term financial planning, as well as that of the partner organisations.

- **Demand led Pressures:** demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward, with increases in the average cost of care and the number of high-cost care packages. IJBs are experiencing increases in the average cost of care and the number of high-cost care packages required. The resource required to support this provision of care in the community limits the ability of the IJB to meet current demand within the existing funding envelope.
- **Inflation and Contractual Commitments:** planning assumptions regarding annual increases to third parties for contracts such as the National Care Home Contract and Supported Living Framework continue to be heavily impacted by the cost-of-living crisis.
- **Living Wage:** As part of its Budget for 2024-25 the Scottish Government approved a £12.00 minimum pay settlement from April 2024, for adult social care workers in commissioned services, to support employee retention and continue to embed improved pay and conditions for care workers.
- **Future Pay Settlements / Staffing Costs:** Employee costs represent circa 34% of the IJB's net budget and any increase in pay awards impacts directly on cost pressures for the IJB. The assumptions for pay reflect the current inflationary assumptions of both Partner bodies. Consideration is also given to the challenges of recruiting and whether pay settlements are keeping pace with industry standards, particularly in light of the considerable burden placed on employees in the health and social care sector throughout the pandemic.

The ability to recruit and retain sufficient staff to meet the needs of those we support is a challenge, which can present in one of two ways, an additional cost pressure or as a temporary in year underspend. Currently there is an overreliance on bank and agency workers to ensure safe staffing, particularly in Mental Health where there has been an increase in the requirement for more 2:1 care as well as challenges in recruiting and retaining staff right across the care sector.

- 8.7. The following table provides a high-level summary of the **gross estimated budget pressures** (based on medium-case scenarios prior to mitigation) in relation to the above for 2024-25. Members should note that these scenarios are regularly updated to ensure that the CFO has early sight of any significant changes:

Type of Pressure	Using Medium Case Scenarios		
	Social Care £000s	Health £000s	Overall Position £000s
Contractual	1,126	107	1,233
Pay	2,187	1,162	3,349
Demand	3,703	-	3,703
Living Wage & NCHC	6,564		6,564
Prescribing		4,791	4,791
23/24 Overspends	3,535	611	4,146
Council Recharge	59		59
Total Pressures	17,174	6,671	23,845

- 8.8. As previously discussed with members, the delegated health budget includes a number of budget areas which cannot be considered for planned savings, including:

- Resource Transfer from the NHS is used to directly fund social care services provided directly through the Council or commissioned from third party organisations;
- Family Health Service budgets directly fund income to contracted services such as GPs;
- Ring fenced allocations such as ADP; Action 15 and PCIP
- Social Care Fund is passed directly through to Renfrewshire Council for allocation to the Adult Social Care Budget;

8.9. As outlined in the MTFP 2022-25, and further described in reports throughout the last financial year, the budget position for IJBs across Scotland is now subject to significant demand and cost led financial pressures.

8.10. In addition, it remains clear from Renfrewshire Council's **Revenue Budget and Council Tax 2024-25 report of 29 February 2024** that it continues to anticipate significant financial pressure over the medium-term with a risk of ongoing constraint and reduction in core funding for local governments in Scotland.

8.11. Over the past few years, the IJB has benefited from resources passed through from Health as part of the local government settlement arrangements. This has been a key factor in maintaining the current financial stability of the Partnership. However, it should be recognised that the Scottish Government is likely over the medium-term to face an increasingly challenging financial position which may place the ability for any future pass through of resources from Health to the IJB 's under increasing pressure.

8.12. On this basis, the IJB should continue to plan for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years. The likely scenario is that a significant level of further recurring savings will be required and the IJB will require to manage this dynamic risk on an ongoing basis by prioritising decisions for investment and disinvestment in order to deliver on the priority of a Sustainable Future.

9. Summary of 2023-24 Budget Position

9.1. The following table, summarises the overall anticipated budget position for the IJB for 2024-25 reflecting:

- The pressures highlighted in Section 8 of this report.
- Savings approved for delivery through phases 1 and 2 of the Sustainable Futures programme.
- Impact of Board wide prescribing initiatives
- Drawdown of earmarked reserves to deliver non-recurring financial balance in 2024-25. The estimated drawdown of earmarked reserves **does not take into account any further savings which may be approved by the IJB for delivery in 2024-25.**
- Increase in Partnership funding in line with the conditions of the Scottish Government Budget for 2024-25.

	Total £000's
2023/24 HSCP Budget Rolled Forward to 2024-25	364,448
Add: HSCP Estimated Budget Pressures for 2024-25	
Contractual	1,233
Pay	3,349
Demand	3,703
Living Wage	6,564
Prescribing	4,791
23/24 recurring pressures	4,146
HSCP support costs to Council	59
	23,845
HSCP Estimated Budget for 2024-25	388,293
Additional Funding Requirement for 2024-25	(23,845)
Funded By:	
Scottish Government Funding	7,891
Recurring superannuation reduction	550
Other (including charges to users 5% uplift)	314
Total increase in Partnership funding	8,755
Remaining Funding Gap 2024-25	(15,090)
Recurring Funds Identified To Mitigate Funding Gap:	
March IJB 2023 Approved Savings	958
November IJB 2023 Approved Savings	2,305
Impact of boardwide prescribing initiatives	1,062
	4,325
Remaining Recurring Funding Gap 2024-25	(10,765)
Non Recurring Funds Identified To Mitigate Funding Gap:	
Non recurring superannuation reduction	3,585
Earmarked reserves	7,180
	10,765
2024-25 HSCP Opening Budget	397,048

9.2. Based on these assumptions, it is the CFO's recommendation that there are sufficient resources within the proposed budgets (including draw down of IJB reserves) set out in this report to meet the current anticipated budget pressures for 2024-25, thereby enabling members to set a balanced budget for 2024-25.

9.3. It is important that members note that the budget assumptions presented within the table at section 9.1 of this report do not account for delivery of the proposed savings being presented in the **Sustainable Futures Programme: Final options for consideration** paper. This reflects the likelihood that any agreed savings will take time to be fully implemented during 2024-25. Members should note that the level of reserves to be drawn down could be less than anticipated depending on when any approved savings are fully delivered.

10. Risks

10.1. The IJB is facing considerable financial and service risks. Short term and one-off measures such as the use of non-recurring funding and the utilisation of reserves to meet

financial deficits will no longer be available in future years. It is important to highlight that the impact of the challenges facing us will not only be felt by the IJB but by the organisations we work with, our Partners and ultimately the people we support.

- 10.2. Externally commissioned providers with financial sustainability issues have in the past worked with us to seek financial support, however going forward due to the lack of funds available we will not be in the position to offer this support.
- 10.3. If the IJB has to take measures to reduce the level or type of services delivered in order to remain a going concern the people we support will be impacted. We know that people without adequate resource in the community will impact the wider health and care system which could potentially increase emergency department presentations, thereby increasing the cost for these services and preventing the delivery of the most appropriate care to those in need.
- 10.4. As highlighted earlier in this report the budget settlement for Health and Social Care for 2024/25 is the worst settlement since devolution. As the IJB needs to fund cost and demand pressures and reserves are rapidly being depleted, this limits the IJB's ability to manage pressures without significant changes to the way we do things and the services offered.
- 10.5. As already highlighted to members the scale of the financial challenge will have a significant impact on services and will limit the IJB's ability to deliver on core services and policy commitments. It is therefore inevitable that future savings proposals will include reduction in care provision which may result in:
 - Increased waiting times to access care required.
 - Delays in hospital discharge
 - Greater risk to those unsupported in the community
 - Additional strain on unpaid carers
 - Inability to respond effectively to winter pressures.

11. Reserves

- 11.1. In line with national guidance and good financial governance, the IJBs Reserves Policy (revised in June 2020) proposes 2% as an optimum level of reserves to drive transformation and, if required, to ensure the IJB has the financial flexibility to draw on non-recurring support to balance the annual revenue budget position each year over the medium-term. At the close of 2023-24 the IJB holds £6.538m, equating to circa 2% of the IJB's net budget (including set aside) in general reserves.
- 11.2. Maintaining sufficient unallocated reserves provides a degree of financial protection and immediate financial resilience moving forward, guided by the risk profile faced by the IJB. Audit Scotland continues to closely monitor the IJB's position in respect of unallocated reserves as part of their wider assessment of the IJB's financial stability and resilience, and to ensure unallocated reserves remain at an appropriately prudent level.
- 11.3. The IJB reserves policy allows for flexibility in terms of potential fluctuations. This allows for the IJB to increase unallocated reserve balances where resources permit, providing future financial resilience for those years where the level of resources available to the IJB may be significantly constrained and will require a draw down from unallocated reserves in order to deliver financial balance.
- 11.4. As highlighted to Members throughout 2023-24 and subject to decisions taken by the IJB as was the case in 2023-24 in order to deliver a balanced budget for 2024-25 the IJB will need to draw on the financial flexibilities it has available, to provide non-recurring support through the repurposing of earmarked reserves to address the projected budget deficit. However, such reliance on the use of reserves to deliver financial balance must be viewed

as temporary, and the IJB must take urgent action to contain spend within available resources on a recurring basis.

- 11.5. In March 2023, the IJB approved the 2023-24 budget on the basis that it would require to drawdown reserves in order to deliver a breakeven position. The amount to be drawn down will not be clarified until the final outturn position for 2023-24 (which will show a budget deficit) is confirmed. Therefore, the available balances for drawdown in 2024-25 cannot be brought to the IJB for approval until the June 2024 IJB. As part of the revenue monitoring final outturn report to the June IJB the CFO will bring details of the earmarked reserves to be repurposed in order to provide sufficient resource to meet the identified budget gap for 2024-25.
- 11.6. The following table summarises the estimated IJB reserves position at the 1 April 2024 (as highlighted in para 11.5, this position may change depending on the level of reserves required for 2023-24).

Reserves	Projected Opening Balance 2024/25	Scottish Government & Other contractual commitments	Balance Remaining	Estimated drawdown 2024/25	Available balances 2025/26
	£000's	£000's	£000's	£000's	£000's
Earmarked Reserves	15,198	(6,970)	8,228	(7,180)	1,048
General Reserves (maximum currently available)	6,538	-	6,538		6,538
Total Reserves	21,736	(6,970)	14,766	(7,180)	7,586

- 11.7. The commitments in respect of Scottish Government Ringfenced monies and their associated planned spend along with other IJB contractual commitments accounts for £6.97m leaving a residual balance of **£14.766m** available to the IJB to offset budget pressures in future years. Of this residual balance it is estimated that the IJB will require to drawdown **£7.180m** to deliver breakeven for 2024-25. This leaves a balance of **£7.586m** (this does not take account of any potential drawdown in respect of the Care at Home regrade) to offset the estimated budget gap for 2025-26 which is currently **£23.006m**.
- 11.8. Utilising the remaining earmarked reserve balances and the non-recurring superannuation contribution saving of £3.585m leaves a budget shortfall of £11.835m. **This highlights the overall risk to the IJB in terms of its financial resilience in future years.**
- 11.9. As the IJB is relying on the use of reserves to set a balanced budget for 2024-25 this means that overall reserves held by the IJB would be drawn down at an accelerated rate. It is therefore likely that this will impact on the general reserves which may fall below the commitment within the IJB's Reserves Policy to hold reserves amounting to at least 2% of the IJB's budget, reducing the IJB's financial resilience. It is prudent and necessary to hold this level of reserves to account for any unforeseen circumstances which have arisen or will arise such as the current requirement to meet additional pay costs relating to the re-evaluation of frontline staff roles.

12. Cumulative Gap

- 12.1. Although it will be possible to break even in 2024-25 (should the use of reserves be approved) the IJB is no longer in recurring financial balance.

- 12.2. Looking ahead to 2025-26 the **net** projected recurring budget gap (assuming similar levels of funding from the Scottish Government to cover Adult Social Care Living Wage uplifts and funding for free personal care uprating's) is circa £23.006m, rising to circa £34.984m in 2026-27, as illustrated in the following table:

Estimated Funding Gap	24/25 £000's	25/26 £000's	26/27 £000's
Adult Social Care	(7,516)	(5,927)	(5,019)
Health	(3,249)	(6,315)	(6,959)
TOTAL PER ANNUM	(10,765)	(12,241)	(11,977)
Recurring Gap brought forward		(10,765)	(23,006)
= total cumulative recurring gap	(10,765)	(23,006)	(34,984)
Funded on a non recurring basis by:			
Pensions contribution reduction	3,585	3,585	
Earmarked reserves drawdown	7,180	1,048	
General reserves drawdown tbc (maximum currently available)		6,538	
Funding Gap	(0)	(11,835)	(34,984)

- 12.3. As highlighted throughout this report without the benefit of contingency reserves, the IJB's ability to manage pressures going forward will be severely limited without significant changes to the way we do things and the services offered.

13. Financial Recovery Plan

- 13.1. Should it not be possible for a balanced budget to be set, the Chief Officer and Chief Finance Officer will be required to implement a recovery plan from the outset of the financial year. In the event of a financial recovery plan being required the Chief Officer and CFO, working with the HSCP's SMT will require to take the following actions with immediate effect:

- 13.2. The Chief Officer will require to make all discretionary spend decisions in partnership with the relevant Head of Service:

- Suspension, where necessary, of ongoing development initiatives;
- Waiting lists may require to be established;
- Overtime restricted to critical cover only;
- Holding, on a temporary basis, any 'non-frontline' service vacancies. In doing so, only appointing to those posts which the Chief Officer considers to be a service priority. These decisions would be taken on an individual and fully risk-assessed basis; and
- Reviewing all non-recurring monies and other budgets to determine where these can be used in-year to fund the budget shortfall.

- 13.3. In addition, in line with the terms of the Integration Scheme, should the above measures not be sufficient to deliver financial balance, our Partners could be asked to provide additional financial support at a time when NHS Boards and Local Authorities are experiencing their own financial crisis.

- 13.4. Members should be aware that regardless of whether a balanced budget is set, the IJB is swiftly heading towards having to implement financial recovery measures, if not in 2024-25 then the following year.

14. COVID-19

- 14.1. IJB Members should note that similar to 2023-24, the 2024-25 budget proposals are presented on the basis of “business as usual”, and do not include any assumptions as regards any extraordinary costs which may be incurred in respect of any significant outbreak of COVID-19. In such a case for accounting purposes, these costs would be recorded separately, with the assumption that costs will be covered by partners, and ultimately by government.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** – none
4. **Wider Strategic Alignment** – none
5. **Legal** – This is in line with Renfrewshire IJB’s Integration Scheme
6. **Property/Assets** – none.
7. **Information Technology** – none
8. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
9. **Fairer Duty Scotland** - none
10. **Health & Safety** – none
11. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
12. **Risk** – Delays in setting the budget may impact on the IJBs ability to achieve financial balance in 2023-24. In addition, as highlighted in Section 10 of this report, the 2023-24 budget proposals assume “business as usual”. The potential financial and economic impacts of COVID-19 represent a significant additional risk to the IJB, and the wider public sector going forward.
13. **Privacy Impact** – none.

List of Background Papers – [Verity House Agreement](#)
[Renfrewshire IJB Medium Term Financial Plan](#)
[Renfrewshire Council Revenue Budget & Council Tax 2024/25](#)

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Direction from the Integration Joint Board

1.	Reference Number	220324-11
2.	Date Direction issued by IJB	22 March 2024
3.	Date from which Direction takes effect	22 March 2024
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	No.
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2022-25), as advised and instructed by the Chief Officer and within the budget levels outlined.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Section 6.7 (Renfrewshire Council) and Section 7.6 (NHS Greater Glasgow & Clyde) of this report and within the supporting Appendices attached.
9.	Outcomes	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2022-25), which was considered by the Integration Joint Board on 25 March 2022.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	March 2025

Directorate for Health and Social Care Finance, Digital and Governance

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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

19 December 2023

Dear Chief Executives

Scottish Government Budget 2024-25

Following the announcement of the Scottish Government's Budget for 2024-25 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Deputy First Minister noted in her response to the UK Government's Autumn Statement that it delivered a worst-case scenario for Scotland's finances. The financial pressures across health and social care are, by far, the most challenging since devolution. We have worked to protect NHS Budgets and social care funding where other parts of the public sector have faced reductions. All health consequentials have been passed through to the Portfolio, but these were not at a level expected by the Scottish Government, particularly given the non-recurring nature of 2023-24 pay consequentials, and we recognise the continued pressures health and social care services face in the aftermath of the pandemic and changing demographic profiles.

As in previous years, the budget announced will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process. In addition, we will undertake further work with you specifically in relation to pay costs and waiting times funding. I will keep you up to date with any changes to our planning assumptions.

Budget Uplift

Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. For clarity, the 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis. National Boards will receive a 3.8% uplift to fund 2023-24 pay deals.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. As part of Boards recurring adjustments for 2023-24, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2023-24. Pay for NHS staff remains subject to agreement for 2024-25, and we will work with Directors of Finance to finalise this position once the outcome is known. We will write to Boards in 2024 to confirm finalised baseline budgets following the conclusion of this work, but at this stage it should be assumed that additional funding will be allocated to support a deal.

We have committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes. Funding ensures no Territorial Board is further than 0.6% from parity.

Covid-19 Funding

Whilst the scale of Covid-19 costs has reduced significantly in 2023-24, we recognise there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery.
- Test & Protect activities including Regional Testing facilities.
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget, we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2024-25. It is our intention to provide early indication of allocations where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

We are aware there has been a rise in the volume of allocations over the past few years and we are committed to reducing this. We are also aware timing of some allocations being later in the year leads to uncertainty and difficulties in service planning without funding certainty. We are committing to putting out 80% of allocations in the first quarter, where necessary these may be a % of the full allocation value.

Health and Social Care Integration

Formal notification of the terms and approach to the Local Government funding settlement will be given in the Circular and Local Government Budget Letter. The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutable to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.

We have progressed baselining prior year Real Living Wage funding totalling £333.5 million to Local Government. A further £52.3 million has been baselined for other commitments including uprating free personal nursing care.

Capital

a. Capital Budget

The health capital budget increases from £578 million to £754 million, however if the health research element is excluded (which is a ring-fenced budget that cannot be used for capital investment), the budget reduces by £59 million from £373 million to £314 million. This is lower than our planning assumptions, which were shared with Chief Executives, Chairs and Directors of Finance in August.

The settlement allows for formula capital to be maintained at 2023-24 levels, all major projects in construction to be completed (Baird and Anchor, Parkhead Health Centre, QEUH rectification and Jubilee Phase 2), as well as support for the national replacement programmes for Ambulances and Radiotherapy equipment. Beyond these

core areas outlined above, we will not be providing any funding, including in relation to our intention to increase formula capital so that it doubles over the Capital Spending Review period (2021-22 to 2025-26).

In respect of 2023-24, we are asking all Boards to review their capital expenditure for the remainder of the year and to defer any areas where spend is discretionary.

b. New Developments and Capital Planning

We are aware that most Boards are developing infrastructure plans and individual projects which will require Scottish Government funding to progress. Given the challenging settlement we are managing, we will not be funding development costs for any new projects, as we do not anticipate starting construction of any new project over the next two years at least. We understand the local challenges this will present in some instances, so the Health Capital Finance team will arrange a discussion with all affected Boards in the New Year to confirm arrangements. However, in the meantime, NHS Boards should immediately stop any project development spend, otherwise these costs may need to be funded from local formula capital budgets which should instead be directed towards maintenance of the existing estate and essential equipment and digital replacement.

Now that we have clarity on the capital funding position, a Directors' Letter on Whole System Planning that focusses on maintaining your current estate, will be issued in the New Year.

c. Small Scale Projects

The Scottish Government has always looked to provide capital support for relatively small scale, but essential investments, that could not be funded through formula capital. At this point, our ability to fund such investments is extremely limited and Boards should not anticipate receiving additional funding in 2024-25, even if funding has previously been agreed.

It is clear that there is significant financial challenge in 2024-25 above levels we have seen before and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

2024-25 Financial Planning

I wrote to all Boards previously outlining my expectations for 2024-25 plans, being:

- a clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets,; and
- an improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.

Further to this, I confirmed for Boards in receipt of brokerage in previous years that this would be capped for 2024-25. There is no central budget available for brokerage and any funding given for this limits investment in other areas.

Financial savings

I am aware the 3% savings target alone will not be enough to return to breakeven or in some cases the brokerage cap. There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

15 box grid

I have communicated previously the 15 box grid approved by Board Chief Executive on 14 November. This sets out 15 areas of focus for Boards to progress. There are various national programmes of work supporting these areas to be implemented at a local level.

The Financial Delivery Unit will continue to co-ordinate and assist Boards to identify further actions or areas that will support delivery of your 3% recurring savings target.

NHS Scotland Planning and Delivery Board (NHSSP&DB)

The NHSSP&DB has been established to direct and co-ordinate a range of national work including strategic planning, national programmes and national improvement. Work will continue to rationalise national programmes and agree priorities to simplify the landscape and have a stronger focus on affordability. As agreed, decisions will be taken on a Once for Scotland basis working alongside Board Chief Executives and the other functional professionals groups.

CHOICES

As set out at the Board Chief Executive meeting on 12 December, we will progress the development of the CHOICES options which will provide the framework in which decisions around the following key areas will be made:

- Workforce
- Innovation
- Service and infrastructure optimisation

Further guidance will follow in respect of the above and will take account of the discussions you have been having with the NHS Scotland Chief Operating Officer and members of my team.

It is clear that there is significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely,

RICHARD MCCALLUM

Director of Health and Social Finance, Digital and Governance

Annex A – Board Funding Uplifts

	2023/24 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2024/25 Total Allocation	Uplift from 2023/24	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	%	£m	%
NHS Territorial Boards								
Ayrshire and Arran	850.2	33.1	883.3	0.2	883.5	3.9%	0.2	-0.6%
Borders	248.6	10.4	259.0	1.5	260.4	4.8%	1.5	-0.6%
Dumfries and Galloway	352.2	12.5	364.7	0.0	364.7	3.6%	0.0	1.1%
Fife	790.8	31.3	822.1	7.2	829.2	4.9%	7.2	-0.6%
Forth Valley	631.1	25.7	656.8	2.1	658.9	4.4%	2.1	-0.6%
Grampian	1,129.9	44.4	1,174.2	2.2	1,176.4	4.1%	2.2	-0.6%
Greater Glasgow and Clyde	2,639.4	93.8	2,733.1	0.0	2,733.1	3.6%	0.0	1.3%
Highland	768.2	39.0	807.1	0.0	807.1	5.1%	0.0	-0.6%
Lanarkshire	1,424.1	57.9	1,482.0	6.9	1,489.0	4.6%	6.9	-0.6%
Lothian	1,743.3	72.0	1,815.3	10.2	1,825.5	4.7%	10.2	-0.6%
Orkney	60.2	2.5	62.8	0.8	63.6	5.6%	0.8	-0.6%
Shetland	60.1	2.2	62.4	0.0	62.4	3.7%	0.0	1.9%
Tayside	912.2	39.0	951.2	0.0	951.2	4.3%	0.0	-0.3%
Western Isles	89.0	3.8	92.9	0.0	92.9	4.3%	0.0	12.6%
Territorials Total	11,699.2	467.5	12,166.7	31.1	12,197.9	4.3%	31.1	
NHS National Boards								
National Waiting Times Centre	75.8	6.0	81.8	0.0	81.8	7.9%		
Scottish Ambulance Service	334.2	15.0	349.2	0.0	349.2	4.5%		
The State Hospital	42.5	2.0	44.5	0.0	44.5	4.6%		
NHS 24	90.7	0.7	91.4	0.0	91.4	0.8%		
NHS Education for Scotland	517.6	32.6	550.2	0.0	550.2	6.3%		
NHS National Services Scotland	378.6	1.7	380.3	0.0	380.3	0.4%		
Healthcare Improvement Scotland	33.6	0.2	33.8	0.0	33.8	0.5%		
Public Health Scotland	56.9	0.6	57.5	0.0	57.5	1.0%		
Nationals Total	1,530.1	58.8	1,588.9	0.0	1,588.9	3.8%		
Total NHS Boards	13,229.3	526.3	13,755.6	31.1	13,786.7	4.2%		

* Includes recurring allocations from 2022-23

** Includes NRAC parity adjustments.

Deputy First Minister and Cabinet Secretary for Finance
Shona Robison MSP



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Councillor Morrison
COSLA President
Verity House
19 Haymarket Yards
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EH12 5BH

Copy to: Councillor Steven Heddle
The Leaders and Chief Executives of all Scottish
local authorities

19 December 2023

LOCAL GOVERNMENT SETTLEMENT 2024-25

Today I formally set out the Scottish Government's proposed Budget for 2024-25 to the Scottish Parliament. Further to the budget statement I write now to confirm the details of the local government finance settlement for 2024-25.

This draft budget prioritises supporting people through the cost-of-living crisis, investing in our frontline public services, and tackling the climate emergency head-on. It focuses on our three missions:

- Community - Delivering efficient and effective public services
- Equality - Tackling poverty and protecting people from harm
- Opportunity - Building a fair, green and growing economy

This Budget comes at a difficult fiscal period for Scotland. The economic conditions for the 2024-25 Scottish Budget are set to remain challenging as inflationary and pay pressures continue to impact on households, businesses and public bodies. The funding provided by the UK Government in the Autumn Statement fell far short of what we needed. Scotland needed more money for infrastructure, public services and fair pay deals. Instead, the Autumn Statement delivered a real terms reduction in the total block grant. The UK Government have not inflation-proofed their Capital Budget which is forecast to result in a 9.8% real terms cut in our UK capital funding over the medium term between 2023-24 and 2027-28.

It is also important to recognise the positive change in the relationship between the Scottish Government and local government. On 30 June of this year we signed the Verity House Agreement which set out our vision for a more collaborative approach to delivering our shared priorities for the people of Scotland. We agreed to change the way we work together, building a relationship on mutual trust and respect; focusing on achievement of better

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outcomes; and consulting and collaborating as early as possible in policy areas where local government has a key interest.

We committed to regularly reviewing councils' powers and funding, with the expectation that services will be delivered at a local level unless agreed otherwise; and to develop a framework for collecting and sharing evidence to ensure progress is maintained.

We also undertook to agree a new Fiscal Framework governing how local authorities' funding is allocated, reducing ring-fencing and giving greater control over budgets to meet local needs. On Thursday 14 December we jointly published an update on the development of this fiscal framework and our officials will continue to work together to develop this further. We also wish to work with COSLA through the development of that Fiscal Framework to ensure the distribution arrangements for the settlement continue to meet the needs of our remotest communities and changing population. In this regard, I am open to considering adjusting the funding floor percentage ahead of the Local Government Order and would welcome any views on this or other elements of distribution as part of the consultation to the order due to publish on Thursday 21 December."

As part of our discussions with you on the new fiscal framework we will also seek to increase discretion for local authorities to determine and set fees and charges locally. This will include continuing our joint work to agree next steps following the recently closed consultation on building warrant and verification fees, and a consultation on planning fees to launch in early 2024. We also intend to explore with local government options in respect of other fees and charges which are currently levied locally but set nationally, with a view to further empowering councils in these areas.

The intention is that the indicative allocations to individual local authorities for 2024-25 will be published in a Local Government Finance Circular on Thursday 21 December. That circular will begin the statutory consultation period on the settlement.

The total funding which the Scottish Government will make available to local government in 2024-25 through the settlement will be over £14 billion for the first time should all 32 councils agree to freeze council tax. This includes:

- An additional £6m to support the expansion of Free School Meals;
- An additional £11.5m to support the uprating of Free Personal and Nursing Care rates;
- Additional funding of £230m to deliver a £12 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts;
- An additional £6.8m for Discretionary Housing Payments
- £145.5m to continue to maintain teachers and support staff (on which further detail will follow) as well as £242m to support teacher pay uplifts;

This excludes funding for teacher pension contributions. As you are aware there will be an increase in the employer contribution rate in the Scottish Teachers' Pension Scheme. The rate is set to increase from 23% to 26% from 1 April 2024, following the conclusion of the 2020 scheme valuation. The UK Government have publicly stated that the funding will be allocated to individual UK Government departments in Spring 2024. Scottish Ministers will make decisions on funding allocations once the UK Government funding position is clearer and the implications for consequentials are understood.

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Discussions with COSLA are also underway to finalise the costs of delivering the £12 per hour minimum pay commitment for PVI providers delivering children's social care, bringing this in line with ELC and adult social care. Following discussions with COSLA, and approval through the formal financial governance process, our aim is to provide additional funding in 2024-25 for children's social care.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in commissioned services should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming this.

Within the Verity House approach, Scottish Government and Local Government are committed to developing a joint overarching framework of outcomes, accountability and monitoring. It is envisaged that this framework will be finalised by spring 2024. In the meantime, this settlement includes almost £1 billion of funding which has been baselined into the General Revenue Grant, as part of our commitment under the Verity House Agreement to remove ring-fencing and increase funding flexibilities to local authorities, subject to agreeing the detail set out below. As I have advised the COSLA President, Vice President and Resources Spokesperson in our pre-budget engagement, the baselining exercise has required us to restate the fiscal position for prior years to meet Parliamentary expectation on budget presentation. In light of this restatement, I have asked my officials to provide the necessary data to ensure that the reconciliations are clearly understood by COSLA.

The baseline proposals will deliver flexibilities across Social Care, Education, Social Justice, Net Zero and Justice. The detail of the individual lines is set out in the Annex to this letter.

In return, our expectation is that Councils will continue to deliver all statutory and contractual commitments associated with the relevant funding. In relation to the funding for Social Care being baselined we expect the continued payment of the living wage to adult social care staff in commissioned services, with Councils benefitting from flexibility on how that is delivered locally.

Alongside this, we expect that local government will continue in good faith to engage in a range of discussions about future policy direction. Given the joint work required to progress the delivery of the National Care Service, and the positive progress made so far, we expect this to continue, with every effort being made to reach agreement on outstanding matters in relation to arrangements for the chairs of local boards, direct funding and consistency of delegation.

Our offer to baseline £564.1m of education funding is conditional upon the agreement that, by the end March 2024, the assurance framework being sought by the Cabinet Secretary for Education and Skills is in place and that the new joint Education Assurance Board has been

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established. In light of the £521.9 million of early learning and childcare (ELC) funding which is being baselined, I am also seeking your agreement to commit publicly to exploring options for a national indicative rate or range of rates for the ELC PVI sector to secure their financial sustainability in future years.

Further discussion on flexibility on other Education funding lines will take place within the Education Assurance Board once it is operational. Our expectation is also that Councils will continue to honour the existing joint agreement on provision of free school meals on a universal basis to primary 4, 5 and special school pupils, building upon our earlier agreement with respect to universal provision to primary 1 to 3 pupils.

This baselining is an initial step in the process of embedding the Verity House Agreement and is not a one-off event. I have emphasised the need for further movement in Budget 2025-26 to my Cabinet colleagues and over the coming months we will be identifying further lines which could be considered and put forward for baselining supported by the outcomes, accountability and monitoring framework to be agreed in the coming months.

The Scottish Government is committed to working in partnership with Local Government to deliver a national freeze on Council Tax in 2024-25. We have engaged closely with you to discuss the parameters and principles for identifying funding to support this commitment and will continue discussions during the coming months to reach agreement. Consequently, we have set aside £144 million to fund a freeze in Council Tax across each of Scotland's 32 local authorities. The funding earmarked is equivalent to a 5% increase in Council Tax nationally, taking into account the average rise to Council Tax in 2023-24, whilst recognising that inflationary pressures have eased in the last 12 months.

The funding represents the Council Tax revenue that might have been raised (net revenue), and excludes the forgone revenue associated with the increased cost of the Council Tax Reduction scheme, and other deductions (gross revenue), which Council Tax rises would have caused. On this basis we will seek the agreement of councils to freezing their Council Tax in 2024-25, and as I have indicated this week, I remain open to continued dialogue as to how we might best achieve that.

In respect of the statutory accounting framework and discussions on its robustness over the past number of years, I can also confirm that I have no plans in the immediate future to commence the Capital Accounting Review which was proposed in the Resources Spending Review in May 2022.

Should all councils agree to freeze Council Tax, the 2024-25 Local Government Settlement of over £14 billion offers an increase equivalent to 6.0% in cash terms since the 2023-24 budget. It continues to provide local government with a funding settlement that is both fair and affordable, under the most challenging of circumstances. Critically, in the face of a worst-case scenario Autumn Statement and amongst all the difficult decisions in the Budget, we have increased the Local Government Settlement's share of the discretionary budget.

I acknowledge that this Budget cannot deliver the resources all our partners will want. I am under no illusions about the challenging fiscal environment we face across all of our public services, not only this year but in years to come. This Budget addresses key priorities, targets resources on low-income households and paves the way for future investment in this

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Parliament. It treats local authorities fairly and consistently with other portfolios. Scottish Ministers have had to take difficult decisions which have allowed us to prioritise funding and invest in the areas which have the greatest impact on the quality of life for the people who call Scotland home.

I look forward to working with COSLA in the year ahead to deliver our shared priorities and to continue to fully implement the Verity House Agreement.

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FUNDING BASELINED IN 2024-25

Funding Line	Proposal (£m)
Local Heat and Energy Efficient Strategies	2.4
Community Justice Partnership Funding	2.0
Living Wage	333.5
Blue Badge	0.72
Free Personal and Nursing Care	42.3
Former Housing Support Grant	1.0
Free period products in schools and public places	4.9
Early Learning and Childcare Specific Revenue Grant	521.9
Free School Meals	42.2
Total (£m)	£950.92

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Your Ref:
My Ref: AMacA/CB
Contact: Alastair MacArthur
Telephone Number: 0300 300 0285
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Date: 1 March 2024



Ms Sarah Lavers
Chief Financial Officer
Renfrewshire Health & Social Care Partnership
Renfrewshire House
Cotton Street
PAISLEY

Dear Sarah

2024/25 Financial Allocation from Renfrewshire Council

Renfrewshire Council agreed its budget for the financial year 2024/25 on 29 February 2024.

In setting the budget, Council agreed total funding to the Renfrewshire HSCP of £106.490 million.

The above amount reflects:

- The pass through in full to the HSCP of Scottish Government funding received through the local government settlement and as outlined in Finance Circular 02/2024 of £10.926 million, comprising £10.692 million relating to payment of the Adult Social Care Living Wage for commissioned services, and £0.234 million relating to Free Personal and Nursing care; and
- The Council decision to provide a proportionate share of funding relating to the 2023/24 pay award of £1.426 million.

Following the 2023/24 Council decision to reflect the full costs of services provided by the Council in supporting adult social care service delivery through an appropriate level of cross charge; the level of inflationary uplift for 2024/25 has been agreed as £58,940. This will be actioned as a cost recharge rather than a budget transfer.

Yours sincerely,

Alastair MacArthur
Director



Finance and Resources
Director: Alastair MacArthur CPFA
Renfrewshire House, Cotton Street, Paisley, PA1 1JB
www.renfrewshire.gov.uk



Date: 14th March 2024
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Christine

2024/25 Indicative Financial Allocation to Renfrewshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2024/25. An update to this letter formally confirming your final allocation for 2024/25 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards have been determined.

Annual uplift to NHSGGC

The Scottish Government's budget letter issued on 19th December 2023 states that "Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. For clarity, the 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis." In real terms this means a pay uplift of 3.6% for NHSGGC.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcomes of the pay negotiations in the new financial year. It should be assumed that additional funding will be allocated to support a deal.

The annual general uplift provided by the Scottish Government to support Boards in meeting expected additional costs related to supplies (which includes prescribing growth and utilities charges) and capital charges for 2024/25 is 0%.

The HSCP Settlement

The funding in relation to the pay award for 2023/24 has already been included in the baseline allocations to the HSCP's. Further detail is anticipated to be received with regards to the additional elements in relation to the 2023/24 pay award namely protected learning time, band 5- 6 and reduced working week. When clarity has been provided on funding arrangements for these elements this will be communicated and allocated in due course.

Once the pay deal has been negotiated for 2024/25 and the funding agreed this will be passed over to the HSCP.

Due to no uplift being provided for suppliers and capital charges as noted above there is therefore no further uplift for 2024/25.

An indicative allocation based on Month 11 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2023/24 and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2024/25:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost;
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17; and
- The HSCP's share of Office 365 costs based on the number of licences in use.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2024/25. In the meantime, this letter enables the HSCP to produce its financial plans for 2024/25.

Yours sincerely

Fiona McEwan

Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2024/25 (based on month 11 figures)

Spend Categories		Renfrewshire Hscp
		£000s
Family Health Services		63,626
Fhs Income		(1,873)
Family Health Services Budget (Net)		61,753
Prescribing & Drugs		39,115
Non Pay Supplies		5,322
Pay		59,359
Other Non Pay & Savings		39,838
Other Income		(1,653)
Budget - HCH incl Prescribing		141,980
Total Rollover budget - NET		203,733
Budget Eligible for HCH & Prescribing uplift		141,980
<u>Uplifts</u>		
Scottish Government allocation 24.25	0%	0
Pay uplift - tbd	0%	0
Total Uplift		0
Revised Budget		203,733
<u>Set Aside Budget</u>		
2023.24 Value		66,577
Uplift @ 0%	0%	0
2023/24 Set Aside Value		66,577

To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Head of Strategic Planning and Health Improvement

Subject: Hosted Services Performance 2023/24

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

1. Summary

- 1.1 The purpose of this report is to update on Hosted Services performance, which Renfrewshire Health and Social Care Partnership (HSCP) delivers on behalf of the Integration Joint Board (IJB).
- 1.2 The IJB holds Hosted Services responsibilities for the following three services across all six Health and Social Care Partnerships in NHS Greater Glasgow and Clyde (NHSGGC):
- Podiatry Services;
 - Primary Care Support Services; and
 - GP Out of Hours Services (Interim).

2. Recommendation

It is recommended the IJB note:

- Hosted Services performance for Podiatry, Primary Care Support and GP Out of Hours services for 2023/24.

3. Hosted Services - Overview

- 3.1 “Hosted Services” means those services managed and delivered by a single Integration Joint Board on behalf of two or more integration authorities within the Greater Glasgow and Clyde area.
- 3.2 Where the IJB is the Host in relation to a Service, that IJB is responsible for the operational oversight of the Service. Through its Chief Officer, the IJB is responsible for the operational management of the Hosted Service on behalf of each relevant IJB within the Health Board area. The IJB is

also responsible for the strategic planning and operational budget of the Hosted Service.

- 3.3 Where a Service is hosted by another integration authority within the Health Board area - for example the Child and Adolescent Mental Health Services (CAMHS) - which is hosted by East Dunbartonshire IJB on behalf of all six IJBs in the NHSGGC Board area, the Renfrewshire IJB still has oversight of its services and performance and maintains regular contact with the Host IJB and the relevant Chief Officer on any concerns and issues arising in relation to these services.

4. Podiatry Services - Overview

- 4.1 Renfrewshire HSCP is responsible for the strategic planning and operational budget for all issues relating to Podiatry Services across the six Health and Social Care Partnerships and Acute services in NHSGGC. Podiatrists are health care specialists who treat problems affecting the feet and lower limbs. They also play a vital role in keeping people mobile and active, relieving chronic pain, and treating acute infections.

- 4.2 NHS Greater Glasgow and Clyde (NHSGGC) employ approximately 155 staff - podiatrists, admin, and Health Care Assistants (excluding vacancies) - in 35 clinical locations spread across the six Health and Social Care Partnerships and all Acute settings.

4.3 Service Performance

The service has seen unprecedented demand in terms of referrals over the last four years, averaging around 4,000 per month in 2023/24. Referral numbers peaked in August 2023 at 4,800 with a low in December 2023 of approximately 3,000. In the calendar year January-December 2023, 132,000 clinical interventions were provided.

- 4.4 Podiatry performance measures are monitored as part of the Partnership's overall performance management framework and a range of indicators included in the HSCP Scorecard. It should be noted that despite the increase in demand and a large number of staff vacancies, performance for 2023/24 has been sustained at, or extremely close to, the 90% target for the percentage of new referrals seen within 4 weeks in NHSGGC and Renfrewshire. Indeed, January 2024 saw 89% of new referrals seen within 4 weeks, compared with 72% in January 2023. Table 1 below shows new referral waiting time performance for 2023/24 Q3 for both NHSGGC and Renfrewshire.

Table 1

Performance Indicator	2021/22	2022/23	2023/24 (Q3)	Target
% of new referrals to the Podiatry service seen within 4 weeks in NHSGGC	41.0%	90.2%	88.2%	90%
% of new referrals to the Podiatry service seen within 4 weeks in Renfrewshire	41.4%	94.0%	86.9%	90%

4.5 Patients with foot protection need referred into the NHSGGC Podiatry Service continue to be prioritised under a target waiting time of two working days. These are the most vulnerable patients who present with foot ulceration. Evidence is clear that outcomes for this group of patients increase greatly if assessment and treatment begin within 48 hours. 2023/24 has also seen an increase in demand for this cohort of patients with the highest recorded referral number of 282 in August 2023. Despite sustained referral numbers of approximately 200 per month since May 2023, an average of 91.3% of patients received a first offer of an appointment within two working days against a target of 90% for Quarter 3, October-December 2023, as shown in table 2 overleaf. This is an increase on 90.5% for Quarter 2 July-September 2023 and 83.3% achieved for Quarter 1, April-June 2023.

Table 2

Performance Indicator	2021/22	2022/23	2023/24 (Q3)	Target
% of foot ulcers seen within 2 working days in NHSGGC	83.7%	75.2%	91.3%	90%
% of foot ulcers seen within 2 working days in Renfrewshire	84.6%	78.8%	91.4%	90%

4.6 This performance has been achieved by using information technology and trend analysis and employing innovative and agile workforce planning to predict and manage capacity and increasing demand. The IT system enables patients to book their first available appointment, with refusal triggering an unavailability status that is then used to calculate true waiting times. The service works closely with the referral management centre to allow vacant appointment slots to be utilised by vulnerable patients to ensure prompt care. Referral patterns from previous years are examined to confirm that capacity aligns with predicted demand.

4.7 Service Development

The service continues to carry a large number of vacancies due to difficulties recruiting staff. Graduates come from only two universities in Scotland – Glasgow and Edinburgh – with just 50 prospective employees graduating in 2023, 50% of whom were attracted to the private sector. This means only 25 graduates were available to fill posts across all 14 territorial Boards in Scotland.

4.8 In order to attract more students into NHSGGC employment, the service now employs Level 4 students at Band 4 for a four-month period around the time of final exams, and prior to Health and Care Professions Council (HCPC) registration.

4.9 The service has also implemented the Prepare Project, whereby candidates work with the service for two days a week and attend university for three days a week during term time, which again allows

students to consolidate their learning, and study while earning a proportion of a Band 5 salary. This is facilitated by Once For Scotland Annexe 21 and complies with the Living Wage. Salaries increase each year over the course of the four-year programme, effectively allowing the service to 'grow their own' workforce. The aim is to have 16 employees undertaking this process at any one time and ensure staff are professionally socialised so they feel more connected to the organisation. This is a particularly attractive option for students in the current cost of living crisis, as it allows them to earn while they learn when attending university may otherwise be financially unviable. It is also a transferable model that could be considered by other services experiencing similar recruitment challenges. The Podiatry service in NHSGGC, supported by Renfrewshire HSCP, is the only service area in Scotland using this approach and influencing other Boards to adopt a similar approach.

- 4.10 The Podiatry Service continue to work innovatively to explore options for service improvement, reduce waiting times and increase access to the service with several initiatives at the planning stages that will link in with NHSGGC's Waiting Well and Realistic Medicine programmes.

5. Primary Care Support - Overview

- 5.1 Renfrewshire HSCP also hosts Primary Care Support (PCS). The team works across NHSGGC to support General Practice and Community Optometry contractors. This includes managing contracts, payments, some supplies, any changes to practices, and linking with eHealth and Premises to support contractors. The PCS team also work with all six NHSGGC HSCPs on future planning and Primary Care Improvement Plans (PCIP), which is the delivery framework for the implementation of the 2018 Scottish General Medical Services (GMS) contract for general practices (GP). The Service also manages the Child Health Surveillance, Standardised Immunisation and Recall (SIRS) and Screening Services for NHSGGC and other boards under service level agreements.
- 5.2 Service performance is monitored through the NHSGGC Primary Care Programme Board to the Corporate Management Team and Chief Officers' Group, which reports to the NHSGGC Finance, Planning and Performance Committee. For the Care governance element of Primary Care Support, performance is reported to the Primary Care and Community Care Governance Group, which reports into the Board's care governance groups. For General Practice, the requirement to report through the Quality Outcome Framework (QoF) shifted to Quality Improvement through GP Clusters. The role of a Cluster is to improve the quality of care within the practices, Cluster, and locality with a focus on quality planning, quality improvement, and quality assurance. For PCIPs, each HSCP has their own reporting arrangements. Primary Care Support facilitates Board-wide reporting based on six-monthly monitoring requirements by Scottish Government.
- 5.3 The PCS Team support over 227 GP practices and staff in NHSGGC with approximately 1.3 million registered patients, and over 700 Optometrists across 188 Optometry practices, to ensure statutory contractual arrangements are in place for the provision of services within NHSGGC.

5.4 Primary Care Support covers the independent practitioner element of the service, the development and delivery of health surveillance and immunisation programmes, and the transformation programme for Primary Care, with a team of approximately 100 staff including the General Medical Services (GMS) Contract Team, Family Health Services (FHS) Team, Practice Nurse Team, and the Immunisation and Screening Team.

5.5 Service Performance

The 2018 GMS Contract and associated PCIPs is a ten-year transformation programme, with milestones set out in the original contract documentation and accompanying Memorandum of Understanding (MoU). Positive progress has been made in a number of areas including:

- Roll out of hub models in all three MoU priority areas of Pharmacotherapy; Vaccination; and Community Treatment and Care Centres, enabling 80-100% GP practice coverage in these service areas
- Vaccination delivery for PCIP completed across NHSGGC
- 86% of GP practice coverage by Mental Health and Wellbeing Service
- 73% of GP practices have access to Community Link Workers
- Rapid development of workforce within PCIP service to support GP practices over a four-year period including the development of new roles e.g., Pharmacy support staff, Health Care Support Worker (HCSW) and Advance Practitioners in Primary Care
- Investment in premises through PCIP funding to create and refurbish clinical space within local community health buildings; and
- Provision of significant capacity to meet the increased and growing demand with General Practice.

5.6 The PCS Team is also responsible for leading and managing various functions including:

- Management of Primary Medical/General Ophthalmic Services
- Primary Medical and Ophthalmic contracts and payments
- Medical and Ophthalmic performers' lists
- Contractor performance management
- Application of regulatory framework for independent contractors
- Support/development of practice nursing and the practice and extended Multi-Disciplinary Team
- Support and advise all six HSCPs and NHSGGC with the overall development of primary care; and
- Management and delivery of the screening for adult and children
- Management and support the delivery of the child immunisation programme i.e., pre-school and school-age
- Management of the Child Health Surveillance, Standardised Immunisation and Recall (SIRS) and Cervical Cytology Screening Services (CCR); and
- Management of the Distribution Centre for contractors.

5.7 Service Development

NHSGGC's Primary Care Strategy is due to be published in Spring 2024 following an extensive programme of collaborative engagement in 2023, placing patients firmly at the centre of strategy development. A series of workshops and development sessions sought views from over 1,700 participants including the public, clinical leads from across NHSGGC, HSCPs and wider stakeholders, non-clinical staff, contractors, community organisations, third sector, professional groups, and key strategic service partners to inform strategic direction and develop a shared ambition to ensure long-term sustainability for Primary Care Services. The priorities are Optimising our Workforce, Digitally Enabled Care, and Effective Integration, Interfacing and All System Working. The Primary Care Strategy will be brought to the IJB for noting in Summer 2024.

5.8 Future priorities for the Primary Care Support Service will continue to include:

- Supporting implementation of the Primary Care Strategy over the next 5 years
- Ongoing support to General Practice as part of its sustainability programme
- Ongoing support to practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development
- Supporting GP Clusters and Quality Improvement
- Improving data on outcomes, workforce, and activity
- Continued support for the redesign across the six Primary Care Improvement Plans and implementing current and future national GP contract changes; and
- Further development of shared care and interface approaches between primary and secondary care including Community Optometry and Ophthalmology.

6. **GP Out of Hours Service - Overview**

6.1 Renfrewshire HSCP have undertaken interim Lead Partnership responsibility for the GP Out of Hours Service since August 2022 and not formally delegated, so performance is not built into the Scorecard however it is managed and monitored by SMT. The service provides urgent care to patients outwith regular GP surgery opening hours and is designed to manage non-life-threatening medical issues that require attention outside ordinary working hours, such as evenings, weekends and public holidays.

6.2 With extensive patient involvement, NHSGGC has moved to a more stable appointment-based model of delivering GP Out of Hours since 2020. This change has resulted in fewer unplanned closures of sites and a high degree of satisfaction from those accessing the service. Recent engagement figures showed 93% of those accessing the service said it met their needs, up from 83% in 2021.

6.3 The service also offers virtual consultations either by telephone or Near Me video consultations, which enables patients to attend their consultation from home or a homely setting. Benefits include reduced travel to appointments, time, cost, and convenience.

6.4 The GP Out of Hours service also provides patient transport services to patients requiring transport to and from the Out of Hours service if they have no other means of transport. The service was recently extended to widen the criteria for those able to access patient transport and allow for the transport of a carer to support the patient when required.

6.5 Service Performance

This section provides a performance snapshot for the service as at January 2024:

6.6 GP Out Of Hours Scheduled Shifts

Current performance for GP Out of Hours Shifts continues to exceed the target position of 90% of sites open. For week ending 4 February 2024, 65 of 65 scheduled shifts were open with none closed = 100%.

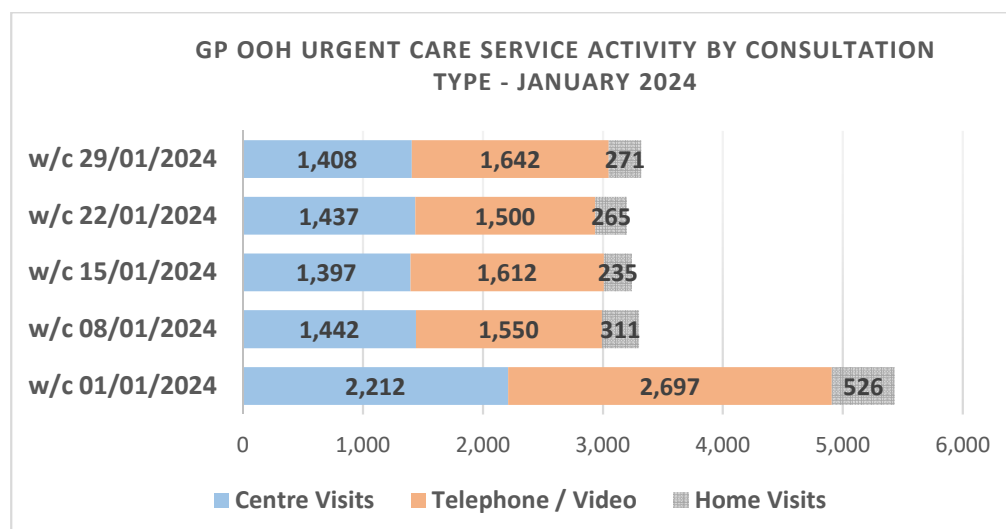
6.7 GP OOH Activity

Service activity for each week of January 2024 is detailed in Table 3 and Graph 1 below. Week commencing 01/01/24 shows a spike in activity, which would be expected over the New Year public holidays, with totals between 3,200 and 3,321 recorded for the following four weeks:

Table 3

W/C	Centre Visits	Tel./Video	Home Visits	Total
01/01/24	2,212	2,697	526	5,435
08/01/24	1,442	1,550	311	3,303
15/01/24	1,397	1,612	235	3,244
22/01/24	1,437	1,500	265	3,202
29/01/24	1,408	1,642	271	3,321

Graph 1



6.8 Service Development

The service continues to explore options for development and innovation, with Advanced Nurse Practitioner and Engagement programmes underway as highlighted below.

6.9 Advanced Nurse Practitioner (ANP) Programme

Due to past challenges with GP workforce and rising demand for patient care in the Out of Hours period, the Service invested and developed the nursing workforce. This included grown your own ANP within current staffing resources. Four new Advanced Nurse Practitioners have now completed training and been successful in the recruitment process, taking up posts as Out of Hours ANPs in November 2023. This programme helps support service stability and strengthen the multi-disciplinary team. A further two trainee ANP posts have been created and due to take up post in September 2024, again promoting career progression within the service.

6.10 Engagement Programme

As NHSGGC seeks to create a long-term, robust, and sustainable out of hours model which meets the needs of patients now, and in the future, the Board is seeking feedback from patients and the public on the future model for the service.

6.11 A programme of engagement took place between October and December 2023 when patients and members of the public were asked to share their views on the delivery of GP Out of Hours, to inform the development of the service. An initial report containing early feedback on the engagement programme will be presented to the NHSGGC Board in the coming weeks.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – No EQIA has been carried out as this report does not represent a new policy, plan, service, or strategy.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

Author Jill Cram, Senior Planning and Performance Development Officer

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement Frances.Burns@renfrewshire.gov.uk



To: Renfrewshire Integration Joint Board

On: 22 March 2024

Report by: Clerk

Heading: Proposed Dates of and Arrangements for Meetings of the IJB 2024/25

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

1. Summary

- 1.1 Members are requested to consider the proposed timetable of future meetings of the IJB to June 2025 as set out below, with meetings being held at 10.00 am on:

Wednesday, 25 September 2024

Friday, 22 November 2024

Friday, 24 January 2025

Friday, 21 March 2025

Friday, 27 June 2025.

- 1.2 The next scheduled meeting of the IJB will be held at 10.00 am on 28 June 2024.

- 1.3 Members are further requested to consider arrangements for meetings of the IJB for 2024/25, noting that at the meeting of the IJB Audit, Risk and Scrutiny Committee held on 15 March 2024, the Committee approved its timetable of meetings of the Committee to June 2025 and agreed that meetings would be held remotely on MS teams at 10.00 am on:

Friday, 13 September 2024

Friday 15 November 2024

Friday 14 March 2025 and

Friday, 20 June 2025.

2. Recommendations

- 2.1 That it be noted that the next meeting of the IJB will be held 10.00 am on 28 June 2024 and that members consider the arrangements for this meeting;
 - 2.2 That the IJB approve the dates and times of the IJB meetings in 2024/25 as detailed in paragraph 1.1 of this report and consider the arrangements for these meetings; and
 - 2.1 That the IJB note the dates and times of the IJB Audit, Risk and Scrutiny Committee in 2024/25 as detailed in paragraph 1.3 of this report and note that these meetings will be held remotely on MS teams.
-

3. Background

- 3.1 Over recent years, meeting remotely on MS teams has been vital to the continuation of discussion of important issues whilst responding to and emerging from the COVID-19 pandemic. Throughout this time it has allowed members the flexibility to join meetings and allowed for optimum attendance.
- 3.2 At the meeting of the Joint Board held on 30 June 2023 the IJB decided that meetings of both the IJB and the IJB Audit, Risk and Scrutiny Committee to March 2024 would continue to be held remotely on MS teams. Further it was agreed that a report be submitted to the meeting of the IJB scheduled to be held on 24 March 2024 to consider arrangements for the agreed meetings in June 2024 and also to consider the timetable for meetings to June 2025 and the arrangements for these meetings.
- 3.3 At recent development sessions, IJB members have expressed a preference that, from June 2024, IJB meetings would be held in-person and that these meetings be 'hybrid' meetings allowing members to attend in-person or join remotely on MS teams.
- 3.4 Due to the limited options available to support a hybrid approach from external locations, it is proposed that meetings of the IJB from June 2024 be held in Renfrewshire Council's Council Chambers where the necessary technical configuration is available. The use of this venue will also allow members of the public to attend either in-person in the meeting venue if they so wish and also for the continued recording of all meetings via MS teams which are then uploaded to Youtube and the Council's website, allowing those not able to attend in-person the opportunity to view meetings.

Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.
4. **Legal** - none.
5. **Property/Assets** - none.

6. **Information Technology** - none.
 7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the website.
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - none.
 11. **Privacy Impact** - none.
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List of Background Papers – none.

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