

Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board_

Date	Time	Venue
Friday, 22 March 2019	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Meeting Details

Please note that this meeting will commence at 9.30 am.

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor Scott Kerr: Dr Donny Lyons: Morag Brown: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Dr Donny Lyons (Chair) and Councillor Jacqueline Cameron (Vice Chair)

Further Information

This is a meeting which is open to members of the public.

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 either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to reception where they will be met and directed to the meeting.

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

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Report by Clerk. | 177 - 178 |



Minute of Meeting

Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 25 January 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor Scott Kerr (all Renfrewshire Council); Dr Donny Lyons, Morag Brown, Dorothy McErlean and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Louise McKenzie (Council staff member involved in service provision); Alan McNiven (third sector representative); John Boylan (Trade Union representative for Council); Graham Capstick (Trade Union representative for Health Board); David Leese, 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

Dr Donny Lyons, Chair, presided.

In Attendance

Lynn Mitchell, Managing Solicitor (Contracts and Conveyancing) (on behalf of Clerk), and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Fiona Mackay, Head of Strategic Planning & Health Improvement, Peter McCulloch, Interim Head of Health and Social Care (Paisley) and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

Apologies

Alex Thom (Registered Medical Practitioner (non-GP); David Wylie (Health Board staff member involved in service provision); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); and Dr Stuart Sutton (Registered Medical Practitioner (GP)).

Declarations of Interest

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

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 23 November 2018 was submitted.

DECIDED: That the Minute be approved.

2 Update on Capability Scotland Services - Whitehaugh and West Lane Gardens

Under reference to item 1 of the Minute of the meeting of this IJB held on 29 June 2018, the Chief Officer submitted a report providing an update on the day care services for adults with learning disabilities operated by Capability Scotland, on behalf of the Renfrewshire Health and Social Care Partnership (HSCP), in Renfrewshire at Whitehaugh, Paisley and West Lane Gardens, Johnstone.

The report intimated that all service users had been assessed and allocated individual SDS budgets; almost half of these service users had moved or were in transition to a positive destination in terms of future service provision; through the HSCP's work with service users and families, a number of people expressed their interest in the Community Networks Service but only if it was made available in the Johnstone area; and there were a small number of individuals who had not yet identified alternative service provision and the HSCP would continue to engage with these individuals to explore available options.

It was noted that the Community Networks Service currently operated in the Paisley area and in response to requests for this service to be available in the Johnstone area, the Community Networks Service would be extended. The HSCP were currently working with Renfrewshire Council to scope out the property options available for a Community Networks Hub in Johnstone and the building at West Lane Gardens was being considered alongside other properties in the Johnstone area. A range of options were being explored in relation to staffing of the future service and the HSCP was working closely with Capability Scotland.

The HSCP would continue to work with service users to support their transition to the range of alternative service provision available including the newly extended Community Networks Service in Johnstone and would work with key stakeholders to take forward the Community Networks Service extension.

DECIDED:

(a) That it be noted that Capability Scotland had continued to operate this service using the extended funding made available from Renfrewshire Council and that the service would cease to operate from April 2019;

(b) That it be noted that a number of service users had been supported to move on to alternative service provision;

(c) That the ongoing work supporting the remaining service users and their families/carers in relation to future care requirements be noted; and

(d) That the extension to the existing Community Networks Service in Johnstone be noted.

3 Financial Report 1 April to 30 November 2018

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 November 2018 and the projected year-end position for the year ended 31 March 2019, as detailed in appendices 1 and 2 to the report.

The overall revenue position for the HSCP for the year-to-date and projected outcome for 2018/19 was an underspend as detailed in the report, prior to the transfer of balances to General Reserves at the financial year-end.

The key pressures were highlighted in section 4 of the report. Appendix 3 to the report detailed the adult social care budget projected year-end position as at 31 March 2019; Appendix 4 to the report detailed the health revenue budget position as at 30 November 2018; Appendix 5 to the report detailed the health revenue budget position as at 31 March 2019; Appendix 6 to the report detailed the 2018/19 adult social care financial allocation to the HSCP; Appendix 7 to the report detailed the 2018/19 health financial allocation to the HSCP and Appendix 8 to the report detailed the projected movement in reserves.

The report provided information on the set-aside budget; reserves; financial planning 2019/20 and the Living Wage increase for 2018/19.

A copy of the letter dated 12 December 2018 from the Director of Health Finance, Corporate Governance and Value, Scottish Government, to all NHS Chairs, NHS Directors of Finance and Integration Authority Chief Officers, providing details of the funding settlement for Health Boards, which included IJBs, formed Appendix 9 to the report. It was noted that included within the funding settlement for Health and Social Care Integration was an allocation of additional funding to IJBs. The letter specifically stated that in 2019/20 NHS payments to Integration Authorities for delegated health functions must deliver a real-terms uplift in baseline funding, before provision of funding for pay awards, over 2018/19 cash levels; and in addition to this, and separate from the Board funding uplift, would be two elements of funding for Social Care: £120 million would be transferred from the Health Portfolio to local authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and £40 million had been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding was to be additional to each council's 2018/19 recurrent spending on social care and was not substitutional, which meant that, when taken together, local authorities social care budgets for allocation to Integration Authorities, plus those retained for non-delegated social care functions, and funding for school counselling services must be £160 million greater than 2018/19 recurring budgets.

A copy of the letter dated 12 December 2018 from the Cabinet Secretary for Finance, Economy and Fair Work, Scottish Government, to Leaders of Scottish local authorities, setting out the Scottish Government's draft spending and tax plans for 2019/20 formed

Appendix 10 to the report. Within this letter, the Cabinet Secretary confirmed that, in return for their 2019/20 settlement, local authorities would be expected to deliver certain specific commitments, including the commitment that the allocation to Integration Authorities must be £160 million greater than 2018/19 recurrent budgets. The allocation of this additional funding to the IJB would form part of the overall adult social care resource assessment currently being discussed with, and subject to agreement with, Renfrewshire Council as part of their 2019/20 budget setting process.

DECIDED:

- (a) That the current in-year position as at 30 November 2018 be noted;
- (b) That the projected year-end position for 2018/19 be noted; and
- (c) That the current position as regards the 2019/20 draft Scottish Budget be noted.

4 Performance Management Report

The Chief Officer submitted a report relative to the benchmarking report for the HSCP for 2018/19.

The report intimated that the HSCP's performance had been measured against the HSCPs within the Greater Glasgow and Clyde area, being East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde and West Dunbartonshire and also within the 'Family Group', as determined by Health Improvement Scotland, consisting of Stirling, Clackmannanshire, Dumfries and Galloway, Falkirk, Fife, South Ayrshire, South Lanarkshire and West Lothian Councils.

Appendix 1 to the report detailed the National Core Suite of Integration Indicators Benchmarking Exercise with the HSCP Family Group as at December 2018; Appendix 2 to the report detailed the National Core Suite of Integration Indicators Benchmarking Exercise with Greater Glasgow and Clyde HSCPs as at December 2018; Appendix 3 to the report detailed the Health and Wellbeing Profile Indicators Benchmarking Exercise with the HSCP Family Group as at December 2018 and Appendix 4 to the report detailed the Health and Wellbeing Profile Indicators Benchmarking Exercise with NHS Greater Glasgow and Clyde HSCPs as at December 2018.

The appendices to the report presented a range of indicators providing an overview of health and its wider determinants at a local level. The results highlighted in pink were the same as the Scottish average; those highlighted in green were better than the Scottish average; those highlighted in orange were less than the Scottish average and those highlighted in blue detailed the best group result.

DECIDED: That the Benchmarking Report 2018/19 for Renfrewshire HSCP be noted.

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John Trainer entered the meeting during consideration of the following item of business.

5 Adult Health and Wellbeing Survey 2017/18

The Chief Officer submitted a report relative to the Adult Health and Wellbeing Survey 2017/18 Renfrewshire Summary Report, a copy of which was appended to the report.

The report intimated that the 2017/18 survey provided an update for the Renfrewshire area on progress towards performance assessment targets and national health behaviour targets against 2008 baseline data. The survey was formed around a set of core questions to allow monitoring of trends over time where possible. The information helped build a picture of the public's health in Renfrewshire and the results could be compared to the Greater Glasgow and Clyde average.

The objectives of the survey were to examine trends in key indicators since 2008; monitor and compare changes amongst those living in the most deprived areas with other areas; and provide health and wellbeing information at HSCP level and determine change over time.

The survey results would be presented to the Strategic Planning Group and would inform the Strategic Plan for 2019/22.

DECIDED: That the Adult Health and Wellbeing Survey 2017/18 for Renfrewshire and its implications for the Strategic Plan 2019/22 be noted.

6 Non-financial Governance Arrangements

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2017.

The report provided performance information regarding Freedom of Information; health and safety; complaints; civil contingencies and business continuity; insurance and claims; risk management; and general data protection regulations.

Concern was expressed around violence and aggression and the high number of physical assaults on staff.

It was proposed (a) that the content of the report be noted; and (b) that more detailed information be included in future reports in relation to violence and aggression to allow these incidents to be seen in context. This was agreed

DECIDED:

(a) That the content of the report be noted; and

(b) That more detailed information be included in future reports in relation to violence and aggression to allow these incidents to be seen in context.

7 Change and Improvement Programme Update

Under reference to item 5 of the Minute of the meeting of the IJB held on 23 November 2018, the Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme including the service reviews underway.

The report intimated that the Change and Improvement Programme was being delivered through three workstreams, 1. optimising joint and integrated working and shifting the balance of care; 2. statutory requirements, national policy and compliance; and 3. service reviews to support the delivery of our market facilitation statement and strategic and financial plans.

Concerns were raised regarding the perceived lack of detail issued to carers in relation to the Learning Disabilities service review; how carers felt that the final report on this service review would be a complete surprise to those involved; that the process had not been transparent; and that members of the IJB had not seen any actual outcomes from this service review, they had only been made aware of emerging themes at development sessions.

Members were advised that the Learning Disabilities Planning Group had been sighted on the themes arising from this service review; that it had been a very transparent process to date; that the early findings from the service review had been shared with the Carers Centre in December 2018; and that the independent report on this service review would contain recommendations which would be looked at by the HSCP and the findings reported to the IJB.

The Carers Short Breaks Statement, which formed the appendix to the report, set out the HSCP's policy on providing short breaks to carers as well as information on how carers could access a short break. Renfrewshire HSCP had adopted the Shared Care Scotland description of what constituted a short break.

It was proposed (a) that the content of the report be noted; (b) that the Carers Short Break Services Statement, as detailed in the appendix to the report, be approved; (c) that it be agreed that the Carers Short Break Services Statement be reviewed on 1 April 2020 and annually thereafter; and (d) that detailed reports on the current service reviews would be submitted to the next meeting of the IJB to be held on 22 March 2019. This was agreed unanimously.

DECIDED:

(a) That the content of the report be noted;

(b) That the Carers Short Break Services Statement, as detailed in the appendix to the report, be approved;

(c) That it be agreed that the Carers Short Break Services Statement be reviewed on 1 April 2020 and annually thereafter; and

(d) That detailed reports on the current service reviews be submitted to the next meeting of the IJB to be held on 22 March 2019.

8 NHSGGC Public Health Strategy 2018/22 - Turning the Tide Through Prevention

The Chief Officer submitted a report relative to the 10-year NHSGGC Public Health Strategy and Renfrewshire HSCP's early actions in response.

Dr Linda de Caestecker gave a presentation which included information on the aim of the strategy; female life expectancy trends within Glasgow and Clyde Valley; child poverty; pressures on health services 2015/16 to 2017/18; becoming a public health organisation; Scotland's public health priorities; programmes in the strategy; health being included in all policies; key principles of implementation; the ladder of community participation; and the next steps to be taken.

The report intimated that the NHSGGC Public Health Strategy: Turning the tide through prevention was published in August 2018 and was led by the Director of Public Health.

The strategy set out the strategic direction for public health across the Health Board area with a specific focus on prevention; reflected the national ambition of whole system working, creating an impetus for change; was expected to inform Community Plans and HSCP Strategic Plans; set out a clear focus on prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities.

The report provided detail on the strategic objectives of the strategy and the HSCP response to the strategy in terms of priorities for health and wellbeing in the three-year Strategic Plan.

DECIDED: That the strategic direction for public health over the next 10 years be noted.

9 Renfrewshire Alcohol and Drug Partnership Annual Report 2017/18

The Chief Officer submitted a report relative to the Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2017/18, a copy of which formed the appendix to the report.

The report intimated that the ADP had key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs. ADPs in Scotland produced annual reports for submission to the Scottish Government and to ensure consistency, the Scottish Government had developed a standard template designed to allow consistent reporting on how ADPs were meeting national and local priorities.

The ADP Annual Report set out the financial framework used to deliver local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which were recovery and outcome-focused. It also reflected on progress achieved against Ministerial priorities, outlining improvement goals.

DECIDED: That the contents of the report be noted.

10 Integration Joint Board Records Management Plan

The Chief Officer submitted a report relative to the Integration Joint Board (IJB) Records Management Plan, a copy of which was appended to the report.

The report intimated that the IJB was obliged to submit and maintain a Records Management Plan as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Records Management Plan required to be submitted to the Keeper of the Records of Scotland by 1 February 2019.

Both Renfrewshire Council and NHS Greater Glasgow and Clyde had agreed Record Management Plans in place. The IJB Records Management Plan set out the arrangements for the management of the IJB's records and the relationship with Renfrewshire Council's and NHS Greater Glasgow and Clyde's Records Management Plans. The IJB did not hold any personal information and the Records Management Plan related to the IJB's committees, plans and policies.

DECIDED: That the content of the Records Management Plan be approved and reviewed as required and submitted to the Keeper of the Records of Scotland by 1 February 2019.

11 Date of Next Meeting

DECIDED: That it be agreed that the next meeting of the IJB would be held at 9.30 am on 22 March 2019 in the Abercorn Conference Centre, Renfrew Road, Paisley.

To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Head of Administration

Heading: IJB Membership Update

1. Purpose

- 1.1. The purpose of this report is to update on the membership arrangements of Renfrewshire IJB.
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2. Membership Changes

- 2.1. Morag Brown's term of office with NHS Greater Glasgow & Clyde (NHSGGC) Health Board expires on 31 March 2019 and, as such, will thereafter also cease to hold her position of voting member on Renfrewshire IJB.
- 2.2. Work is underway to confirm a replacement to the above position. In the meantime, arrangements are in place to ensure appropriate cover.
- 2.3. Shilpa Shivaprasad will replace Alex Thom as the Registered Medical Practitioner (non GP) representative on the IJB, effective from 1 March 2019.
- 2.4. Christopher Johnstone will continue to cover the position of Registered Medical Practitioner (GP) in the absence of Stuart Sutton.
- 2.5. At its meeting on 28 February 2019, Renfrewshire Council agreed that Councillor Binks should replace Councillor Strang as the substitute member for Councillor Kerr, as the voting member representing Renfrewshire Council.
-

3. Recommendation

It is recommended that the IJB:

- Note the content of this report and that a further report will be brought back to a future meeting to confirm the voting member representative from NHSGGC.
-

Implications of the Report

1. **Financial** – None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.
4. **Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
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 Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – Procedural Standing Orders for Meetings of the Integration Joint Board (18 September 2015)

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)

To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2018 to 1 February 2019

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 1 February 2019 and the projected year end position for the year ended 31 March 2019.
-

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 1 February 2019; and
 - Note the projected year-end position for 2018/19;
-

3. Summary

- 3.1. As detailed in the table below the IJB year to date position and projected outturn for 2018/19 is an underspend, prior to the transfer of balances to General Reserves at the financial year end.

Division	Year to Date Position	Year End Outturn
Total Renfrewshire HSCP	Underspend £514k	Underspend £616k

- 3.2. The key pressures are highlighted in section 4.

- 3.3. 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 6 and 7 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Year to Date and Projected Year End Outturn

Year to Date: Underspend £514k

Year End Outturn: Underspend £616k

- 4.1. The overall net underspend for the HSCP at 1 February 2019 is an underspend of £514k, with an anticipated year-end underspend of £616k, assuming that the current trajectory of spend continues throughout this financial year. Members should however note that this projection assumes that any underspends in

relation to the Action 15, and Primary Care Improvement Programme monies will be transferred to ear marked reserves to be drawn down in 2019/20.

4.2. The current underspend in Addictions, which reflects the decision to hold recruitment pending the implementation of the Addictions services review recommendations, accounts for a significant proportion of the current underspend. As previously highlighted to members, these monies will be transferred to an ear marked reserve at the financial year end in order to be reinvested in full in future years.

4.3. In addition to the above, the current and projected underspend includes the flexible use of the additional resources made available by the Council on a recurring basis to support the financial sustainability of services as well as a draw down from ear marked and general reserves as detailed below and in Appendices 3 and 8. This includes:

- The drawdown of earmarked reserves to fund short term non-recurring restructuring costs of the Care at Home Service throughout the first quarter of 2018/19 as approved by the IJB at its meeting of 29 June 2018;
- Proposed non-recurring budget virements from areas of underspend within services to temporarily fund areas of overspend
- 'Anticipated' draw down of both recurring additional resources made available by the council, and non-recurring monies from the reserves built up over the past 2 years (the level of resource to be drawn down is monitored on a 4-weekly basis).

4.4. The main broad themes of the current and projected outturn remain in line with those previously reported and include:

4.4.1. ***Adults and Older People - Underspend £270k***

- *Care at Home:*
Continued pressures within the care at home service which, as previously highlighted to the IJB are subject to a number of strengthened financial governance arrangements put in place by the Chief Officer and Chief Finance Officer. However, it should be noted that the success in keeping delayed discharges to a minimum is having a consequential impact on this budget.
- *Employee costs - Adult Social Care*
Underspends in employee costs (excluding care at home) reflecting vacancies throughout all service areas these underspends are assisting in the funding of the pressures within the Care at Home service.
- *Addictions (including ADP)*
Underspend which as detailed in para 4.2 above reflects the planned hold on recruitment
- *Adult Community Services*
 - Net overspend reflecting the costs associated with keeping delayed discharges to a minimum, this is offset by underspends reflecting ongoing turnover and recruitment issues across the Rehabilitation and District Nursing services

4.4.2. ***Mental Health - Overspend £98k***

- As previously reported, the overspend in Mental Health Services reflects pressures in relation to maintaining the recommended safe staffing and skill mix for registered nurse to bed ratios.

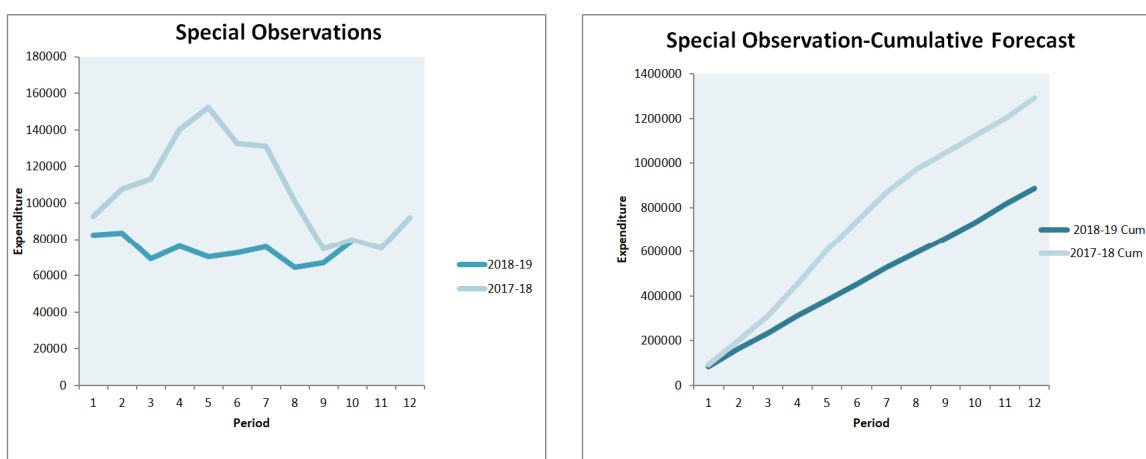
- 4.4.3. **Children's Services – Underspend £316k**
- As previously reported, the underspend within Children's Services reflects vacancies within School Nursing and Health Visiting;

- 4.4.4. **Hosted – Underspend £308k**
- As previously reported, the underspend in Hosted Services reflects a number of vacant administrative posts in the Primary Care screening service, and, a combination of: staff turnover; maternity/unpaid leave and vacancies within Podiatry in relation to the implementation of the new workforce plan. Members should note that the service is currently recruiting to posts in line with its new workforce plan.

4.5. **Enhanced Observations:**

As at 31 January 2019 expenditure on enhanced observations is projected to be c£900k. As part of the 2018/19 Financial Plan a £900k budget was created for enhanced observations and a commitment was made by the management team to work towards reducing the cost in line with this budget.

- 4.6. The graphs below show that the spend for month 1-10 of 2018/19 is significantly lower than the same period in 2017/18 with a projected year end reduction in spend in comparison to 2017/18 of c£400k .



5. **Prescribing**

- 5.1. As previously indicated to members, with the ending of the risk sharing arrangement across NHSGGC partnerships, prescribing costs represent the greatest financial risk to the HSCP, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.
- 5.2. The current projected year end position for prescribing is an overspend of £320k. As activity data is two months behind the figures in the financial ledger, the current projection is based on the position as at November.
- 5.3. In order to provide more accurate prescribing projections, NHSGGC Central Prescribing and Finance Teams have been working on a spreadsheet tool which can be adapted for each individual HSCP. This is in its final stages of refinement with the intention that it will be used as the basis for future projections.
- 5.4. The current overspend relates primarily to increased premiums for drugs that are on short supply. The projected year end position assumes that the current

short supply issues will not be resolved and that no further drugs go on short supply. This position is however subject to change.

6. Reserves

- 6.1. As detailed in Appendix 8 the opening reserves position for 2018/19 was £3.442m. This figure comprises £930k of general reserves and £2.512m of earmarked reserves.
- 6.2. Consistent with the IJB's Reserves Policy at its meeting of 29 June 2018, the IJB approved the creation of ear marked reserves for draw down as required in 2018/19. Based on current projections for 2018/19 a total of £422k of ear marked reserves have been 'notionally' drawn down.
- 6.3. The table in Appendix 6 provides further details on the remaining balances held in the IJB reserves including an estimated projection of ear marked reserves to be created in respect of: Primary Care Transformation Fund; and Mental Health Action 15 monies. Members are reminded that this does not include the reserves carried forward by Renfrewshire Council on behalf of the IJB. In addition, any underspends from the current financial year not included under ear marked reserves will, subject to the approval of the IJB be transferred to general reserves as part of the overall financial plan for 2019/20.

7. Living Wage Increase 2018/19

- 7.1. As highlighted in previous reports to the IJB, implementation of the Living Wage rate of £8.75 for 2018/19 is near completion, with the majority of our contracted providers having accepted the offered increase which includes the impact of on-costs.
- 7.2. The Living Wage for 2019/20 has been agreed at £9 per hour. As in the past 3 years the offer to providers will include the impact of on-costs. Work is already underway to implement this.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
 2. **HR & Organisational Development** – none
 3. **Community Planning** - none
 4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
 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 Council's website.
 8. **Health & Safety** – none.
 9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
 10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
 11. **Privacy Impact** – none.
-

List of Background Papers:

- Scottish Government Medium Term Financial Strategy;
- Scottish Fiscal Commission paper;
- 2018/19 Delegated Health and Social Care Budget (Renfrewshire IJB, 23 March 2018)

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk / 0141 618 6824)

Appendix 1

HSCP Revenue Budget Position 1st April 2018 to 31st March 2019

Subjective Heading	Revised Annual Budget (reflecting adjustments to Annual Accounts) £'000	Projected to Year End (reflecting movements to Reserves) £'000	Variance		
			£'000s	%	
Employee Costs	75,923	74,529	1,394	1.8%	underspend
Property Costs	1,033	1,095	(62)	-6.0%	underspend
Supplies and Services	8,125	8,531	(406)	-5.0%	Overspend
Contractors	55,272	55,272	-	0.0%	Overspend
Purchase Of Healthcare	2,466	2,500	(34)	-1.4%	Overspend
Transport	804	804	-	0.0%	underspend
Family Health Services	82,860	83,168	(308)	-0.4%	Overspend
Administrative Costs	71	71	-	0.0%	Overspend
Payments to Other Bodies	3,238	3,218	20	0.6%	Overspend
Set Aside	30,468	30,468	-	0.0%	Breakeven
Gross Expenditure	260,260	259,655	605	0.2%	underspend
Income	(28,673)	(28,685)	11	0.0%	underspend
NET EXPENDITURE	231,586	230,970	616	0.27%	underspend

Care Group	Revised Annual Budget £'000	Projected to Year End (reflecting movements to Reserves) £'000	Revised Variance		
			£'000s	%	
Adults & Older People	63,110	62,841	270	0.4%	underspend
Mental Health	20,532	20,630	(98)	-0.5%	Overspend
Learning Disabilities	13,784	13,738	46	0.3%	underspend
Children's Services	5,403	5,087	316	5.8%	underspend
Prescribing	35,302	35,622	(320)	-0.9%	Overspend
Health Improvement & Inequalities	1,025	962	62	6.1%	underspend
FHS	45,346	45,346	(0)	0.0%	underspend
Resources	4,945	4,891	54	1.1%	underspend
Hosted Services	10,805	10,497	308	2.9%	underspend
Set Aside	30,468	30,468	-	0.0%	Breakeven
Delegated Services	866	888	(22)	-2.5%	Breakeven
NET EXPENDITURE	231,586	230,969	616	0.27%	underspend

Appendix 2

Adult Social Care Revenue Budget Year to Date Position 1st April 2018 to 1st February 2019

Subjective Heading	Year to Date Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Actual to Date £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non-recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year to Date Actual £000's	Revised Variance		
										£000's	%	
Employee Costs	17,653	491	18,144	18,303	(159)	246	(86)	-	18,144	-	0%	breakeven
Property Costs	276	-	276	162	113	-	(113)	-	276	-	0%	breakeven
Supplies and Services	1,086	-	1,086	1,230	(143)	7	136	-	1,086	-	0%	breakeven
Contractors	33,215	799	34,014	34,570	(557)	-	236	321	34,014	-	0%	breakeven
Transport	492	-	492	438	54	-	(54)	-	492	-	0%	breakeven
Administrative Costs	43	-	43	45	(2)	-	2	-	43	-	0%	breakeven
Payments to Other Bodies	1,781	-	1,781	1,837	(56)	-	56	-	1,781	-	0%	breakeven
Gross Expenditure	54,546	1,290	55,836	56,586	(750)	253	177	321	55,836	0	0%	breakeven
Income	(15,320)		(15,320)	(15,497)	177	-	(177)	-	(15,320)	-	0%	breakeven
NET EXPENDITURE	39,226	1,290	40,516	41,089	(574)	253	-	321	40,516	0	0%	breakeven

Client Group	Year to Date Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Actual to Date £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non-recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year to Date Actual £000's	Revised Variance		
										£000's	%	
Older People	26,097	1,013	27,110	27,714	(604)	246	38	321	27,110	-	0%	breakeven
Physical or Sensory Difficulties	4,099	138	4,238	4,182	55	-	(55)	-	4,238	-	0%	breakeven
Learning Difficulties	7,676	138	7,815	7,918	(103)	7	96	-	7,815	-	0%	breakeven
Mental Health Needs	936	-	936	878	58	-	(58)	-	936	-	0%	breakeven
Addiction Services	417	-	417	396	21	-	(21)	-	417	-	0%	breakeven
NET EXPENDITURE	39,226	1,290	40,516	41,089	(574)	253	-	321	40,516	0	0%	breakeven

Appendix 3

Adult Social Care Revenue Budget Projected Year End Position 1st April 2018 to 31st March 2019

Subjective Heading	Annual Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves £000's	In-Year Non-recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year End Projection £000's	Revised Variance		
										£000's	%	
Employee Costs	28,686	798	29,484	29,743	(259)	399	(140)		29,484	-	0.0%	breakeven
Property Costs	448		448	264	184	-	(184)		448	-	0.0%	breakeven
Supplies and Services	1,765		1,765	1,998	(233)	12	221		1,765	-	0.0%	breakeven
Contractors	53,974	1,298	55,272	56,177	(905)	-	384	521	55,272	-	0.0%	breakeven
Transport	800		800	712	88	-	(88)		800	-	0.0%	breakeven
Administrative Costs	70		70	73	(3)	-	3		70	-	0.0%	breakeven
Payments to Other Bodies	2,894		2,894	2,985	(91)	-	91		2,894	-	0.0%	breakeven
Gross Expenditure	88,637	2,096	90,733	91,952	(1,219)	411	287	521	90,733	-	-	breakeven
			-									
Income	(24,895)		(24,895)	(25,182)	287	-	(287)	-	(24,895)	-	0.0%	breakeven
NET EXPENDITURE	63,742	2,096	65,838	66,770	(932)	411	-	521	65,838	-	-	breakeven

Client Group	Annual Budget £000's	Draw Down from Recurring Budget Allocation £000's	Revised Budget £000's	Projection to Year End £000's	Variance £000's	Earmarked Reserves	In-Year Non-recurring Budget Virement £000's	Draw Down from General Reserves held by Renfrewshire Council £000's	Adjusted Year End Projection £000's	Revised Variance		
										£000's	%	
Older People	42,408	1,646	44,054	45,036	(982)	399	62	521	44,054	-	0.0%	breakeven
Physical or Sensory Difficulties	6,661	225	6,886	6,796	90	-	(90)		6,886	-	0.0%	breakeven
Learning Difficulties	12,474	225	12,699	12,867	(168)	12	156		12,699	-	0.0%	breakeven
Mental Health Needs	1,521		1,521	1,427	94	-	(94)		1,521	-	0.0%	breakeven
Addiction Services	678		678	644	34	-	(34)		678	-	0.0%	breakeven
NET EXPENDITURE	63,742	2,096	65,838	66,770	(932)	411	-	521	65,838	-	-	breakeven

Projected Year End Budget Position is a breakeven

Funding Available to be Drawn Down throughout 2018/19				
Funding Type:	Opening Balance 2018/19	Draw Down 2018/19	Estimated Draw Down 2018/19	Closing Balance 2018/19
Recurring Budget (held by Council)	£1,904,916	-£1,904,860		£56
Earmarked Reserves	£488,000		-£411,350	£76,650
Non-Recurring Reserves held on behalf of IJB	£1,655,916		-£520,916	£1,135,000
Ringfenced Carers Budget	£646,000	-£190,912		£455,088
	£4,694,832	-£2,095,772	-£932,266	£1,666,794

Appendix 4

Health Revenue Budget Position 1st April 2018 to 31st January 2019

Subjective Heading	Year to Date Budget £000's	Adjustment to Budget in line with Annual Accounts £'000's	In-year Adjustment to Budget £000's	Revised Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Adjustment to Reserves £000's	Adjusted Year to Date Actual £000's	Revised Variance		
									£000's	%	
Employee Costs	38,132	-	477	38,609	36,797	1,812	(653)	37,450	1,159	3.0%	underspend
Property Costs	7	-	23	30	41	(11)	-	41	(11)	-157.1%	overspend
Supplies and Services	16,588	(12,016)	714	5,286	5,443	(157)	(183)	5,626	(340)	-2.0%	overspend
Purchase Of Healthcare	2,055	-	-	2,055	2,083	(28)	-	2,083	(28)	-1.4%	overspend
Resource Transfer	14,060	(15,029)	969	-	-	-	-	-	-	0.0%	breakeven
Family Health Services	65,923	-	3,126	69,049	69,307	(258)	-	69,307	(258)	-0.4%	overspend
Set Aside	24,970	-	420	25,390	25,390	-	-	25,390	-	0.0%	breakeven
Gross Expenditure	161,735	(27,045)	5,729	140,419	139,061	1,358	(836)	139,897	522	0.3%	underspend
Income	(2,820)	-	(197)	(3,017)	(3,028)	11	-	(3,028)	11	0.0%	breakeven
NET EXPENDITURE	158,915	(27,045)	5,532	137,402	136,033	1,369	(836)	136,869	533	0.34%	underspend

Care Group	Year to Date Budget £000's	Adjustment to Budget in line with Annual Accounts £'000's	In-year Adjustment to Budget £000's	Revised Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Adjustment to Reserves £000's	Adjusted Year to Date Actual £000's	Revised Variance		
									£000's	%	
Addiction Services	2,237	-	17	2,254	1,907	347	-	1,907	347	15.5%	underspend
Adult Community Services	8,207	-	(884)	7,323	7,445	(122)	-	7,445	(122)	-1.5%	Overspend
Children's Services	4,363	-	139	4,502	4,239	263	-	4,239	263	6.0%	underspend
Learning Disabilities	902	-	3	905	866	39	-	866	39	4.3%	Overspend
Mental Health	15,463	-	103	15,566	15,649	(83)	-	15,649	(83)	-0.5%	Overspend
Mental Health - Action 15	218	-	59	277	24	253	(253)	277	-	0.0%	Breakeven
Hosted Services	8,935	-	70	9,005	8,747	258	-	8,747	258	2.9%	underspend
Prescribing	29,418	-	-	29,418	29,683	(265)	-	29,683	(265)	-0.9%	Overspend
Gms	17,198	-	2,087	19,285	19,286	(1)	-	19,286	(1)	0.0%	Breakeven
Other	17,430	-	1,073	18,503	18,503	-	-	18,503	-	0.0%	Breakeven
Planning & Health Improvement	889	-	(35)	854	802	52	-	802	52	5.8%	underspend
Administration & Management	1,854	-	1,262	3,116	3,080	36	9	3,071	45	2.4%	underspend
Primary Care Improvement Prog	755	-	249	1,004	412	592	(592)	1,004	-	0.0%	Breakeven
Resource Transfer	15,721	(16,690)	969	-	-	-	-	-	-	0.0%	Breakeven
Veterans	143	(143)	-	-	-	-	-	-	-	0.0%	Breakeven
Social Care Fund	10,212	(10,212)	-	-	-	-	-	-	-	0.0%	Breakeven
Set Aside	24,970	-	420	25,390	25,390	-	-	25,390	-	0.0%	Breakeven
NET EXPENDITURE	158,915	(27,045)	5,532	137,402	136,033	1,369	(836)	136,869	533	0.34%	underspend

Appendix 5

Health Revenue Budget Position 1st April 2018 to 31st March 2019

Subjective Heading	Annual Budget £'000	Adjustment to Budget in line with Annual Accounts £'000's	In year Adjustments £000's	Revised Budget £'000	Projected to Year End £'000	Variance £'000	Adjustment to Reserves £'000	Adjusted Projection to Year End £'000	Revised Variance		
									£'000s	%	
Employee Costs	45,758		572	46,330	44,159	2,171	(783)	44,942	1,388	3.0%	underspend
Property Costs	8		27	35	49	(14)	-	49	(14)	-39.4%	Overspend
Supplies and Services	19,906	(14,419)	857	6,344	6,531	(187)	(219)	6,750	(406)	-6.4%	Overspend
Purchase Of Healthcare	2,466			2,466	2,500	(34)		2,500	(34)	-1.4%	Overspend
Resource Transfer	16,872	(18,035)	1,163	-	-	-	-	-	-	0.0%	Breakeven
Family Health Services	79,108		3,752	82,860	83,167	(307)	-	83,167	(308)	-0.4%	Overspend
Set Aside	29,964		504	30,468	30,468	-	-	30,468	-	0.0%	Breakeven
Gross Expenditure	194,082	(32,454)	6,875	168,503	166,873	1,630	(1,002)	167,875	627	0.4%	underspend
Income	(3,385)		(236)	(3,620)	(3,632)	11		(3,632)	11	-0.3%	Overspend
NET EXPENDITURE	190,697	(32,454)	6,639	164,882	163,241	1,641	(1,002)	164,243	638	0.33%	underspend

Care Group	Annual Budget £'000	Adjustment to Budget in line with Annual Accounts £'000's	In year Adjustments £000's	Revised Budget £'000	Projected to Year End £'000	Variance £'000	Adjustment to Reserves £'000	Adjusted Projection to Year End £'000	Revised Variance		
									£'000s	%	
Addiction Services	2,684		20	2,704	2,288	416	-	2,288	416	15.4%	underspend
Adult Community Services	9,849		(1,061)	8,788	8,935	(147)		8,935	(147)	-1.7%	Overspend
Children's Services	5,236		167	5,403	5,087	316		5,087	316	5.8%	underspend
Learning Disabilities	1,082		3	1,085	1,039	46		1,039	46	4.2%	underspend
Mental Health	18,596		123	18,679	18,777	(98)	-	18,777	(98)	-0.5%	Overspend
Mental Health-Action 15	261		71	332	29	303	(303)	332	-	0.0%	Breakeven
Hosted Services	10,722		84	10,805	10,497	308	-	10,497	308	2.9%	underspend
Prescribing	35,302			35,302	35,622	(320)	-	35,622	(320)	-0.9%	Overspend
Gms	20,637		2,506	23,143	23,143	0	-	23,143	0	0.0%	Breakeven
Other	20,916		1,287	22,203	22,203	(0)	-	22,203	(0)	0.0%	Breakeven
Planning & Health Improvement	1,067		(42)	1,025	962	62	-	962	62	6.1%	underspend
Administration & Management	2,225		1,515	3,740	3,697	43	11	3,686	54	1.4%	underspend
Primary Care Improvement Prog	906		299	1,205	495	710	(710)	1,205	-	0.0%	Breakeven
Resource Transfer	18,866	(20,029)	1,163	(0)	-	(0)	-	-	(0)	0.0%	Breakeven
Veterans	171	(171)		0	-	0		-	0	0.0%	Breakeven
Social Care Fund	12,254	(12,254)		-	-	-	-	-	-	0.0%	Breakeven
Set Aside	29,964		504	30,468	30,468	-	-	30,468	-	0.0%	Breakeven
NET EXPENDITURE	190,697	(32,454)	6,639	164,882	163,241	1,640	(1,002)	164,243	638	33%	underspend

Projected Year End Budget Position is an underspend of £638k

Note 1: Adjustments to budget to reflect year end accounting treatment whereby expenditure is incurred in Adult Social Budget: Social Care Fund £12.254m; Resource Transfer £19.564m; Veterans Monies £0.171m

Note 2: Please refer to Budget Reconciliation for in year adjustments

For Information

- Adult Community Services includes: District and Out of Hours Nursing; Rehabilitation Services and Equipu
- Children's Services includes: Community Services-School Nursing and Health Visitors; Specialist Services-CAMHS and SLT
- GMS = costs associated with GP services in Renfrewshire
- Other = costs associated with Dentists, Pharmacists, Optometrists
- Hosted Services = board wide responsibility for support to GP's for areas such breast and bowel screening. Also included board wide responsibility for Podiatry
- Other Services = Business Support staff; Admin related costs, hotel services and property related costs such as rent

2018/19 Adult Social Care Financial Allocation to Renfrewshire HSCP	
	£k
2018/19 Renfrewshire HSCP Opening Budget:	63,690.0
	63,690.0
<u>Budget Adjustments Posted in Period 6</u>	
18/19 Vehicle Insurance Budget Realignment	-0.8
Adult Social Care Budget as at P8	63,689.2
<u>Budget Adjustments Posted in Period 11</u>	
Transfer of Corporate Finance Posts to HSCP	52.6
Adult Social Care Budget as at P11	63,741.8

2018/19 Health Financial Allocation to Renfrewshire HSCP	
	£k
2017/18 Renfrewshire HSCP Closing Budget:	165,010.6
Add: Set Aside	29,964.0
less: non recurring budgets (allocated annually)	-4,046.3
less: Budget Adjustments*	
SCF	-12,254.0
Veterans	-171.0
RT	-18,866.0
= base budget rolled over	159,637.3
Additions:	
1.5% Uplift	1,751.0
Children's Service Collaboration Fees - Fostering Reports	31.9
Podiatry Budgets from Inverclyde	123.5
GP Income Budgets to Facilities	370.0
	2,276.4
Reductions:	
Savings Legacy	-519.0
GMS ADJ 1819 (*GMS = costs associated with GP services in Renfrewshire)	-2,294.4
	-2,813.4
Non-Recurring:	
Consultant Arrears	34.5
Protection Cost - EMI HCA Displaced through redeployment	2.4
	36.9
Budget allocated as per 2018/19 Financial Allocation 31st May 2018	159,137.2
Budget Adjustments posted in month 3	
Additions:	
Income for building maintenance - Accommodation	2.3
	2.3
Non-Recurring:	
Primary Care Improvement Programme	904.6
MH Action 15	261.5
EMIS staff transfer PC Screening from Board	81.0
	1,247.1
Health Budget as reported @ 30th June 18	160,386.5
Budget Adjustments posted in month 4	
Reductions:	
Prescribing	-1,151.4
	-1,151.4
Non-Recurring:	
Veterans	171.4
	171.4
Health Budget as reported @ 31st July 18	159,406.5
Budget Adjustments posted in month 5	
Non-Recurring:	
ADP Funding	577.3
	577.3
Health Budget as reported @ 31st August 18	159,983.8
Budget Adjustments posted in month 6	
Additions:	
Additional Pay Award	640.2
GMS Adjustment	1,587.0
SESP Nurse: Pay award. Post transferred from board	3.2
	2,230.4
Non-Recurring:	
SESP Funding: Posts with Adult comm Care, Hosted services and PHI	338.8
Modern Apprentice	3.6
	342.4
Health Budget as reported @ 30th September 18	162,556.6
Budget Adjustments posted in month 7	
Additions:	
Adjustment to Set Aside Budget	504.0
	504.0
Reductions:	
Smoking Cessation transferred to the Board	-65.2
	-65.2
Non-Recurring:	
Funding for Syrian Refugees	8.1
Adjustment to GMS - Match to Expenditure	1,084.3
Transfer of SESP Budget for East Ren - Service provision ceased	20.2
	1,112.6
Health Budget as reported @ 31st October 2018	164,108.1
Budget Adjustments posted in month 8	
Additions:	
CAMCHP56 PC Medical - To support GP Subcommittees	35.0
	35.0
Reductions:	
Primary Care Support - Transfer of budget for Nurses -Rent of Rooms	-26.8
	-26.8
Non-Recurring:	
Transfer to Resource Transfer Budget - To fund inflationary Rise	-698.2
Primary Care Support Transfer of budget for Nurses Rent of Rooms	2.3
PCIP Tranche 2 Funding	299.0
Action 15 - Mental Health	71.0
Mental Health Bundle Funding - CAMHS Innovation Fund	290.0
Funding for Syrian Refugees	7.2
Funding for September 2018 Health Visiting intake	131.0
	97.7
Health Budget as reported @ 30th November 2018	164,214.0
Budget Adjustments posted in month 9	
Reductions:	
Adjustment to GMS - Match to Expenditure	-186.3
	-186.3
Non-Recurring:	
Adjustment to GMS - Match to Expenditure	1,106.1
	1,106.1
Health Budget as reported @ 31st December 2018	165,133.8
Budget Adjustments posted in month 10	
Additions:	
CAMCHP114 MINF Funding - PHI	10.8
	10.8
Non-Recurring:	
Adjustment to GMS - Match to Expenditure	202.3
Transfer to Resource Transfer Budget - To fund delayed discharges	-465.0
	-262.7
Health Budget as reported @ 31st January 2019	164,881.9

Projected Movement in Reserves

Earmarked Reserves	Opening Position 2018/19 £000's	Amounts Drawn Down in 2018/19	Projected New Reserves	Closing Position 2018/19 £000's	Movement in Reserves in 2018/19
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	438	-11		427	-11
Primary Care Improvement Program (18/19)			710	710	710
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	414			414	0
Primary Care Transformation Fund Monies	39			39	0
District Nurse 3 year Recruitment Programme	150			150	0
Prescribing	450			450	0
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings in 18/19	339			339	0
Health Visiting	181			181	0
Tannahill Diet and Diabetes Pilot Project	17			17	0
Mental Health Action 15			303	303	303
TOTAL Delegated Health Ear Marked Reserves	2,028	-11	1,013	3,030	1,002
Care @ Home Redesign/Locality Services Redesign Associated Costs	399	-399		0	-399
Costs Associated With Additional Set Up Costs For Specific Planned Placement	35			35	0
ICT Swift Update Costs	50	-12		38	-12
TOTAL Adult Social Care Ear Marked Reserves	484	-411	0	73	-411
TOTAL EARMARKED RESERVES	2,512	-422	1,013	3,103	591

General Reserves	Opening Position 2018/19 £000's	Amounts Drawn Down in 2018/19	Projected New Reserves	Closing Position 2018/19 £000's	Movement in Reserves in 2018/19
Renfrewshire HSCP - Health delegated budget under spend carried forward	930			930	0
TOTAL GENERAL RESERVES	930	0	0	930	0

OVERALL RESERVES POSITION	3,442	-422	1,013	4,033	591
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To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Finance Officer

Heading: 2019/20 Delegated Health and Social Care Budget

1. Purpose

- 1.1 This report describes the financial allocation and budgets made available to the Integration Joint Board (IJB) for 2019/20 by the Council and NHSGGC and outlines the main financial pressures on health and adult social care services.
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2. Recommendation

It is recommended that the IJB:

- Agree to accept the delegated Adult Social Care Budget for 2019/20;
- Agree to delegate responsibility to accept the 2019/20 delegated Health Budget to the Chief Officer and Chair of the IJB, subject to:
 - The expected uplift of 2.54% reflecting the Boards uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12;
 - That the final budget offer includes a budget for Set Aside for 2019/20; and
 - That the Renfrewshire share of the transfer of budgets in relation to the closure of continuing care beds is included.
- Approve the drawdown of reserves in order to fund any shortfall in funding for 2019/20.

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. 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 our two partner bodies, NHSGGC and Renfrewshire Council is used by the IJB to commission services from its two partner organisations. 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.

4. 2019/20 Overview

- 4.1. On 12 December 2018, the Scottish Government published their draft budget for 2019/20, which was subject to parliamentary approval over the course of January and February 2019. Included within the conditions of the 2019/20 budget was the continued prioritisation of financial support for social care including the use of earmarked funding of £160 million to support Social Care and Mental Health investment, this was made up of £120m from the Health Portfolio to go to Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services. In addition, £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.
- 4.2. This report sets out the implications of the Scottish Government budget announcement of 12 December 2018 which was approved on 21 February 2019. and provides members with an overview of the IJB's anticipated budget allocation for 2019/20.
- 4.3. In agreeing the 2019/20 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 were detailed in the HSCP's three-year Financial Plan which was approved by members on 15 September 2017 and which are set out in more detail later in this report.
- 4.4. Similar to 2018/19, the Scottish Government draft budget for 2019/20 provides grant figures for one year only. However, in 2018 it published its first Medium Term Financial Strategy (MTFS) with a commitment to provide three-year funding settlements from 2020/21 onwards. The MTFS sets out the Government's financial assessment of the funding required to deliver on its key policies over this parliamentary period. It also highlights that the overall outlook is for little growth through to 2022/23. It is therefore likely that in the medium term, public finances in Scotland are likely to remain challenging and subject to further year on year reductions.
- 4.5. As highlighted in previous budget updates to the IJB, Members should remain aware that as a large proportion of the Scottish Budget is now driven by devolved tax powers, this brings additional risk to the funding available for public services in Scotland. As the Scottish Government budget moves towards c50% of its budget being generated from devolved tax raising powers, the performance of the Scottish economy becomes a key factor in the overall level of resources available to the Scottish Government. Whilst economic growth in Scotland in 2018 was ahead of that of the wider UK, the medium-term forecast is that this position cannot be sustained, with a likely reduction in growth from 1.4% to 1%. In this context, it is likely that the Scottish Government's budget will be subject to uncharted levels of uncertainty and risk moving forward.
- 4.6. In 2018/19 and 2019/20, in addition to positive Barnett consequential from the UK government budget for Scotland, the Scottish Government exercised devolved tax raising powers to generate an increase in their budgeted resources to support local government. However, future opportunities for the Scottish Government to generate similar additional resources in the short to

medium term may be limited. Real uncertainty therefore remains over the scale of the reduction in resources over the medium term. This, along with the continuation of annual cost pressures and increasing demand will drive a need for further significant and sustained savings to ensure financial sustainability across all sectors.

- 4.7. The HSCP's three-year Financial Plan reflects the economic outlook to 2020/21, adopting a strategic and sustainable approach linked to the delivery of priorities in our Strategic Plan. 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. Our three-year Financial Plan focuses on a medium-term perspective centred 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.
- 4.8. Although as detailed earlier on in this report (para 4.4), the Scottish Government have committed to three-year funding settlements from 2020/21 onwards, it is likely that the next budget announcement will not be until December 2019, following on from the UK Government Comprehensive Spending Review. It is therefore essential that the IJB adopts a strategy to identify plans to meet any budget shortfall reflecting the current financial uncertainty, early in 2019/20. Moving beyond 2020/21 it is anticipated that multiyear financial settlements will assist in managing the planning risks associated with annual financial settlements.
- 4.9. In addition, it is important that the IJB works to create sufficient reserves to protect it during the course of the financial year, as highlighted by the CFO in previous reports to the IJB. In addition, members should note that Audit Scotland will continue to closely monitor the IJB's position to ensure unallocated general working balances remain at an appropriately prudent level.
- 4.10. Over recent months, budget assumptions have been updated including the impact of new statutory obligations, and the impact of increasing demographic and demand pressures. In addition, the CFO has identified areas of existing resource to re-direct to mitigate the impact of current and emerging cost pressures.
- 4.11. As detailed in the HSCP's three-year Financial Plan the financial projections include a range of key assumptions for which there remains significant and real uncertainty. These include:
- **Future funding allocations from Partner Organisations** – the Scottish Government has not provided any material details of spending plans beyond 2019/20 other than high level figures which indicate low levels of cash growth. However, as referred to in para 4.4, the commitment to providing multiyear financial settlements from 2020/21 represents a significantly positive step in providing greater clarity over the IJB's financial outlook.
 - **Future Pay Settlements** - the move to multi-year settlements provides a degree of certainty of pay pressures through to 2020/21, although these are at the higher end of the projections included within our financial plan. This will directly increase the cost pressures for the IJB. The sustainability of future pay awards at similar levels, in the context of an expectation of further reductions in resources, will be a major challenge for the IJB to manage in future years.
 - **Demand led Pressures** – demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward. Through its 'Change and Improvement Programme', the HSCP continues to actively

progress a wide range of key demand and cost management actions including identifying areas of existing resource that can be re-directed to mitigate the financial impact of these pressures whilst seeking to achieve better outcomes for clients and their families.

- **Prescribing** - impact of additional premiums paid for drugs on short supply.

4.12. In addition to the above, there also are risks associated with the potential outcome of Brexit. This could have a significant impact on the level of resources made available to the Scottish Government budget. If the UK exit the EU without a deal, the Chancellor of the Exchequer has made clear the expectation of an emergency UK budget shortly thereafter which is likely to have negative implications for public finances in Scotland both in 2019/20 and beyond.

4.13. The implications of the above and the associated impact on Renfrewshire IJB's delegated budgets are outlined in the following sections of this report.

5. Scottish Government Budget 2019/20

5.1. Following the announcement of the Scottish Government's Draft Budget for 2019/20 on 12 December 2018, the Director of Health Finance, Corporate Governance and Value, for the Scottish Government 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.

5.2. Members should note that included within the funding settlement for Health and Social Care Integration is an allocation of additional funding to IJBs. The letter specifically states the following:

- In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels and,
- In addition to this, and separate from the NHS Board funding uplift, will be two elements of funding for Social Care:
 - £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
 - £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

5.3. This funding is to be additional to each Council's 2018/19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018/19 recurrent budgets.

5.4. On the 12 December 2018, the Cabinet Secretary for Finance, Economy and Fair Work wrote to the Leaders of all Scottish Local Authorities (a copy of the letter is attached at Appendix 2), setting out the Scottish Government's draft spending and tax plans for 2019/20. Within this letter he confirms that in return

for their 2019/20 settlement, Local Authorities will be expected to deliver certain specific commitments, including the commitment that the allocation to Integration Authorities must be £160 million greater than 2018/19 recurrent budgets.

5.5. The Cabinet Secretary for Finance, Economy and Fair Work issued further clarification on 31 January 2019 (Appendix 3), in which he announced the release of additional resources to local government in 2019/20, following the Budget Bill Stage 1 debate in Parliament. This included the following change:

- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities – whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019/20 by 2.2% compared to 2018/19, i.e. by up to £50 million across all local authorities to help them manage their own budgets.

5.6. The letter of the 31 January 2019 from the Cabinet Secretary for Finance, Economy and Fair Work is the basis on which Renfrewshire Council have made their budget offer to the IJB for 2019/20.

5.7. Subsequent to the above, the Local Government Finance Circular No. 2/2019 was issued on 7 March 2019 (Appendix 4).

6. Delegated Adult Social Care Budget 2019/20

6.1. Similar to 2018/19, demographic and socio-economic factors continue to drive significant demand and cost pressures for 2019/20 relating to:

- Expected cost pressures arising from contractual arrangements which are subject to renewal;
- Financial impact of the negotiated application of the increased living wage across the sector;
- Increases associated with the National Care Home Contract;
- Legislative changes impacting upon the cost of delivering support to Carers;
- 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;
- Increasing number and complexity of care packages required to support adult clients to live as independently as possible in the community.

6.2. Over the past years, through the Change and Improvement Programme, the HSCP has taken forward a wide range of programmes designed in part to dampen and mitigate the impact of demand led growth, including investing in preventative measures and redesigned services to reduce longer term demand growth. However, there is a major risk that as these pressures continue to grow in their scale and impact, our ability to mitigate and dampen these is not able to keep pace with the resources available.

6.3. The Chief Finance Officer, using a range of informed assumptions, has estimated that the demand and cost growth for Adult Social Care in 2019/20 linked to the areas highlighted in para 6.1 is likely to be in the region of a gross

increase of c£4million (excluding new requirements such as the Carers Act, and the extension of Free Personal and Nursing Care to the under 65s).

- 6.4. In 2017/18 Renfrewshire Council set aside £4.4 million for Adult Social Care service pressures, which throughout 2017/18 and 2018/19 has been managed jointly by the Director of Finance and Resources for the Council and the CFO. This resource has now been drawn down in full and is included in the base budget for 2019/20 on a recurring basis. The balance of the current non-recurring resources held by the Council will once again be made available to the HSCP in 2019/20 by the Council and as detailed in the table below is included in the CFOs financial plan for 2019/20.
- 6.5. At its meeting of 28 February 2019, Renfrewshire Council, following the Director of Finance and Resources recommendations, approved a recurring net uplift to the delegated Adult Social Care budget of £1.424 million. This included: provision to meet pay pressures in 2019/20; the net impact of new service and cost pressures in 2019/20 and ongoing implementation of the Carers Act. In addition to this, as detailed in 6.4 above, the balance of the non-recurring resources (reserves) c £1.1 million held by the Council will be made available to the HSCP in 2019/20. The proposed net uplift includes an adjustment of 2.2% against the 2018/19 budget, which equates to £1.4 million. These adjustments by the Council are in line with the conditions of the letter of 31 January 2019 from the Cabinet Secretary for Finance, Economy and Fair Work (Appendix 3).
- 6.6. In recognition that the HSCP is progressing a range of service transformation and redesign projects which take time to fully develop and implement, the Council has agreed to extend additional support by earmarking the £1.4million. These resources have been earmarked by the Council in 2019/20 to provide resources to mitigate the risk of change, and, support the HSCP transition from existing service arrangements to new ones, as well as providing resource capacity to support the HSCP to deliver its change programme in 2019/20.
- 6.7. The table below provides a summary of the above:

	Amount In £000's	
Anticipated Budget Pressures (inc Carers)		4,233
Funded by:		
Uplift from Renfrewshire Council:		
Share of £108m	3,689	
Adjustment for Non-Delegated Children's, and Criminal Justice Social Care Functions	(1,200)	
2.2% efficiency/ cost mitigation adjustment	(1,400)	
Allocation of Carers Monies	335	(1,424)
Resource Transfer Adjustment		(1,191)
Proposed savings for 19/20		(508)
= Residual Funding Requirement		= (1,110)

- 6.8. The residual funding requirement of £1.1m (para 6.7) is based on the anticipated budget pressures for 2019/20 and will be funded from non-recurring resources made available by the Council in 2019/20. Should these be fully utilised in 2019/20, as currently forecast, there will be a requirement for the Council to address this funding on a recurring basis moving into 2020/21.
- 6.9. Similar to the arrangement agreed in 2017/18 and 2018/19, the amount of drawdown will be agreed between the Council's Director of Finance and Resources and the CFO, on the basis of the actual impact of the cost pressures

over the course of the financial year. Updates on the level of resource required to be drawn down will be reported to members in the finance budget monitoring papers throughout 2019/20 along with any agreed draw from the £1.4 million of resources available to support transformation and change activities.

7. Delegated Health Budget 2019/20

- 7.1. As detailed earlier in this report, on 12 December 2018, the Director of Health Finance, Scottish Government, wrote to NHS Chief Executives (Appendix 1), setting out the draft budget for 2019/20 for NHS Boards as set out by the Cabinet Secretary for Finance, Economy and Fair Work. This included narrative which set out the expectations that the funding settlement for Health Boards would allow for progress to be made in: “delivering greater progress and pace in the integration of health and social care as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care”. It also confirms that NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018/19 cash levels.
- 7.2. The letter also refers to: “The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the Set Aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to Set Aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.”
- 7.3. Also included within the letter are confirmation of an allocation of £392 million for investing in reforming services including Primary Care, Waiting Time Improvements, Mental Health and CAMHS, Trauma Network and Cancer, some of which will be delegated to the IJB.
- 7.4. The NHSGGC expected contribution includes an uplift at 2.54% reflecting the Board’s uplift for 2019/20. It is anticipated that the formal budget offer from the NHS Board will not be received until April 2019, following NHSGGC Board approval. The indicative offer has been verbally agreed with the Assistant Director of Finance for NHSGGC, pending receipt of the formal budget contribution offer.
- 7.5. In addition to the above, NHSGGC have confirmed that the recurring budget for the continuing care beds financial framework will be included in the formal offer in April. The final offer will also confirm any change to the 2018/19 recurring rollover funding once the month 12 allocation from the Scottish Government is confirmed.
- 7.6. Building on the long-standing approach to deliver savings and efficiencies for local health services, during the past year, through its Change and Improvement Programme, the HSCP has successfully managed to take forward a number of programmes intended to dampen and mitigate the impact of demand led growth. However, the scope to further mitigate and reduce demand to deliver additional recurring savings is assumed to be highly limited.

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

- Resource Transfer from the NHS is used to directly fund social care services provided directly through the Council or commissioned from third party organisations.
- Prescribing budget has a clear 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;
- Family Health Service budgets directly fund income to contracted services such as GPs;
- Social Care Fund is passed directly through to Renfrewshire Council for allocation to the Adult Social Care Budget;
- Mental Health services protection in line with the Scottish Government's directions;
- Health Visitors funding – this is a ring-fenced allocation from the Scottish government in line with their priority to increase the number of Health Visitors by 2019/20.

7.8. The table below provides a summary of the above, highlighting that the amount of remaining budget against which any savings targets need to be delivered is c£28.023 million the majority of which are employee related budgets.

<u>Health Budget Influencable Spend</u>	£'000's
2018/19 Net Recurring Budget (not including set aside) Includes Action 15 and PCIP 18-19 Allocations	163,357
<u>Less:</u>	
Resource Transfer	-18,866
Prescribing	-35,302
FHS	-43,156
Social Care Fund	-12,425
Mental Health (Per SG Direction for 18-19)	-18,573
Action 15	-332
PCIP	-1,205
Health Visitors Money (Ring Fenced Funding)	-3,336
ADP (Ring fenced Funding)	-2,140
	-135,334
= Remaining Budget Against which savings can be applied	28,023
% of budget against which savings can be applied	17.15%

7.9. The CFO, using a range of informed assumptions, has estimated that the demand and cost growth for delegated Health Services (not including Set Aside) in 2019/20 is likely to be in the region of £6 million. In order to identify the funding gap for 2019/20 the Chief Finance Officer has built in a number of assumptions which include:

- Pay Inflation of 3%;
- Inflationary linked increases on non-pay eligible budgets;
- Net increase of 6% for Prescribing (in line with 2018/19 assumptions) and reflective of current projections for 2018/19;

- Additional monies to support the increase of 6% in the employer's superannuation contributions; and
- Approval of savings (detailed in the Change and Improvement Programme paper submitted to the IJB on 22 March 2019)

7.10. Members should note that the current projected 2019/20 pressure for prescribing is largely due to the impact of short supply. Work is underway to mitigate this increased pressure through a number of actions including collaborating with other HSCPs in GG&C and across Scotland to proactively engage with the Scottish Government with the clear aim of establishing plans to reduce overall drug costs in 19/20.

7.11. The table below provides a high level summary of the above:

	Amount In £000's
Anticipated Budget Pressures	6,076
Funded by:	
NHSGGC expected contribution (uplift at 2.54%) for 2019/20 inc	(2,903)
Additional funding from SG for superannuation increase	(2,345)
Continuing Beds Transfer (net of transfer to Adult Social Care)	(161)
Savings approved in 18/19	(304)
Proposed savings for 19/20	(363)
= Total Funding	6,076

Note: these are high level indicative figures which have yet to be agreed pending final receipt of the formal budget offer from NHSGGC

Set Aside Budget for 2019/20

7.12. As yet no offer has been received from NHSGGC in respect of the Set Aside Budget for 2019/20.

7.13. As highlighted in section 7.2, the Scottish Government remain committed to ensuring that Set Aside arrangements are fit for purpose, and will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to Set Aside budgets, is put into practice in 2019/20.

7.14. The CFO'S recommendation to the IJB is, to delegate responsibility to accept the 2019/20 delegated Health Budget to the Chief Officer and Chair of the IJB subject to:

- The expected uplift of 2.54% reflecting the boards uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12;
- That the final budget offer includes a budget for Set Aside for 2019/20; and
- That the Renfrewshire share of the transfer of budgets in relation to the closure of continuing care beds is included.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.

2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
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 Council's website.
8. **Health & Safety** – none
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package
10. **Risk** – Delays in setting the budget may impact on the IJBs ability to achieve financial balance in 2018-19. In addition there are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services, delivery of additional unallocated savings within the current financial year
11. **Privacy Impact** – none.

List of Background Papers – none

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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

Our Ref: A22950623

12 December 2018

Dear Chief Executives

Budget 2019-20 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2019-20 by the Cabinet Secretary for Finance, Economy and Fair Work in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the Portfolio settlement and approach taken is that the Budget will support the delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, investment in mental health and delivering greater progress and pace in the integration of health and social care, as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care.

Baseline Funding

Territorial Boards will receive a minimum baseline uplift of 2.5%, which includes funding for the 2019-20 pay award. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will continue to mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The four patient facing National Boards, (Scottish Ambulance Service, NHS 24, Golden Jubilee Foundation and The State Hospital) will each receive a minimum uplift of 1.7%, including funding for the 2019-20 pay award. In addition, the Scottish Ambulance Service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive funding for the 2019-20 pay award.

The National Board savings requirement of £15 million is reflected in opening budgets, with final amendments to be agreed before the start of the financial year.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £392 million will be invested in reforming service delivery in 2019-20, as set out below:

Improving patient outcomes	2018-19 (£m)	2019-20 (£m)	Increase for 2019-20 (£m)
Primary Care	120	155	35
Waiting Times Improvement	56	146	90
Mental Health and CAMHS	47	61	14
Trauma Networks	10	18	8
Cancer	10	12	2
TOTAL	243	392	149

When combining the £149 million increase in investment in reform with an increase of £281 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £430 million (4.2 per cent) in 2019-20. Further detail is set out in the annex to this letter.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in advance of the new financial year.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £155 million in 2019-20. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

Waiting Times Improvement Plan

Investment of £146 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40 million will be accelerated into 2018-19 to allow Boards to support immediate priorities.

Mental Health and CAMHS

To support the mental health strategy, in 2019-20 a further £14 million will be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018-19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019-20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018-19 plus £14 million. Directions regarding the use of £14 million will be issued in year.

Trauma Networks

This funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks.

Cancer

This reflects continued investment in the £100 million cancer strategy.

Health and Social Care Integration

In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.

In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:

- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.

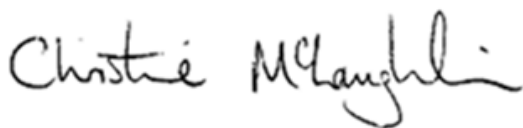
Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

3 Year Financial Plan

We will shortly set out the requirements for the three year planning and performance cycle. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



CHRISTINE MCLAUGHLIN

Director of Health Finance, Corporate Governance and Value
Scottish Government

Annex – Board Funding Uplifts

NHS Territorial Boards	Total 2018-19 Allocation £m	Baseline uplift £m	Uplift (exc 18-19 pay) £m	Uplift (exc 18-19 pay) %	NRAC & National Board adjs £m	2019-20 Total allocation £m	Total uplift (exc 18-19 pay) %
Ayrshire and Arran	695.3	24.1	17.8	2.6%	0.6	720.0	2.6%
Borders	200.7	7.0	5.1	2.6%	0.0	207.7	2.6%
Dumfries and Galloway	289.3	9.8	7.3	2.5%	0.0	299.1	2.5%
Fife	637.0	22.2	16.4	2.6%	2.2	661.4	2.9%
Forth Valley	507.1	17.7	13.1	2.6%	2.2	527.0	3.0%
Grampian	921.1	32.6	23.9	2.6%	4.2	957.9	3.1%
Greater Glasgow and Clyde	2,155.7	75.4	55.6	2.6%	0.0	2,231.2	2.6%
Highland	604.7	21.0	15.5	2.6%	1.8	627.5	2.9%
Lanarkshire	1,156.8	40.4	29.8	2.6%	2.2	1,199.3	2.8%
Lothian	1,385.1	48.7	35.8	2.6%	7.7	1,441.5	3.1%
Orkney	48.0	1.6	1.2	2.5%	0.0	49.6	2.5%
Shetland	49.0	1.6	1.2	2.5%	0.0	50.6	2.5%
Tayside	735.2	25.6	18.9	2.6%	2.1	762.9	2.8%
Western Isles	73.4	2.4	1.8	2.5%	0.0	75.7	2.5%
	9,458.4	330.2	243.4	2.6%	22.9	9,811.4	2.8%
NHS National Boards							
National Waiting Times Centre	54.0	2.3	1.3	2.5%	-2.1	54.2	-1.4%
Scottish Ambulance Service	241.0	9.2	4.4	1.8%	9.6	259.9	5.8%
The State Hospital	34.8	0.9	0.6	1.7%	-0.3	35.3	0.7%
NHS 24	66.4	2.4	1.5	2.2%	-0.2	68.6	1.8%
NHS Education for Scotland	423.4	6.5	0.5	0.1%	-4.0	425.9	-0.8%
NHS Health Scotland	18.3	0.4	0.2	1.1%	-0.4	18.3	-1.1%
NHS National Services Scotland	332.3	12.8	10.3	3.1%	-6.7	338.5	1.1%
Healthcare Improvement Scotland	24.7	0.4	0.2	0.8%	-0.3	24.9	-0.3%
	1,194.9	35.1	19.1	1.6%	-4.5	1,225.6	1.2%
Total NHS Boards	10,653.3	365.3	262.5	2.5%	18.4	11,037.0	2.6%
Improving Patient Outcomes	243.0	149.0	149.0	-	-	392.0	-
Total Frontline NHS Boards*	10,097.5	494.0	400.2	3.9%	29.9	10,621.4	4.2%

*Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.



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APPENDIX 2

Councillor Alison Evison
COSLA President
Verity House
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Edinburgh
EH12 5BH

Copy to: The Leaders of all Scottish local
authorities

12 December 2018

Today I set out the Scottish Government's draft spending and tax plans for 2019-20. Further to my announcement I write now to confirm the details of the local government finance settlement for 2019-20.

As agreed with COSLA, details of the indicative allocations to individual local authorities for 2019-20 will be formally published on 17 December in a Local Government Finance Circular.

This settlement takes into account the fact that the finances I have at my disposal are constrained by continuing UK Government policies that do not meet Scotland's needs. Even after the additional Health consequential and other non-Barnett allocations in 2019-20 announced as part of the 2018 UK Budget, Scotland's fiscal resource block grant is still almost £2.0 billion (6.9%) lower in real terms than it was in 2010-11.

If the consequential for investment in the NHS are excluded, this year's block grant would be £340 million or 1.3% less in real terms than it was last year.

Nobody should understate the real financial challenges that has posed and the tough and difficult decisions that means for us, both collectively and individually. Despite that, I am absolutely clear that the Budget plans I have announced are ambitious for Scotland and continue to be targeted at providing value for tax payers and support our vital public services.

The total revenue funding to be provided through the settlement for 2019-20 will be £9,987 million, which includes distributable non-domestic rates incomes of £2,853 million.

The core Capital funding is set at £759 million but with the inclusion of the continuing expansion of Early Years provision, the addition of an extra £50 million Town Centre Fund and the repayment of the reprofiled capital this increases the Capital funding within the settlement to £1,084 million.



The total funding which the Scottish Government will provide to local government in 2019-20 through the settlement is therefore £11,071 million. This includes;

- Baseline from 2019-20 of the full £170 million additional revenue investment announced earlier this year at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and implementation of the Carers Act;
- £120 million to be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An indicative allocation of £3.3 million for Barclay implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

For 2019-20, local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £80 million to support services.

The revenue allocation, including the additional resources to meet our commitments on the expansion of Early Years and support for social care and mental health, delivers a real terms increase for local government for 2019-20 compared to 2018-19. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £80 million next year) the total funding (revenue and capital) delivers a real-terms increase in the overall resources to support local government services of £289 million or 2.7%.

The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

In addition to this, the Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.

We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme. We recognise that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below inflation at 49 pence, a 2.1 per cent increase, ensuring over 90 per cent of properties in Scotland pay a lower poundage than they would in other parts of the United Kingdom.

I believe that the outcome of the financial settlement for local government, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement to enable local authorities to meet our priorities of inclusive economic growth and investment in our vital health and social care and education services.



DEREK MACKAY



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Councillor Alison Evison,
COSLA President
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Copy to: Leaders of all Scottish local authorities

31 January 2019

Dear Alison,

I have listened carefully to the points you and other Leaders have raised with me following our consultation, and most recently in our meeting on 30 January, on the terms of the local government settlement and the issues you have sought to resolve as being important to you. The Scottish Greens have also raised many similar points in my discussions with them to secure support for the Budget.

In the Budget Bill Stage 1 debate in Parliament today I announced a package of further measures covering local taxation and local government finance which I consider will be the biggest empowerment of local authorities since devolution. I write now to confirm the details.

The Scottish Government has committed to make a number of changes to local government taxation between now and the end of this Parliament and clearly COSLA will have a key role as that works unfolds. These potential changes include:

- To consult, in 2019, on the principles of a locally determined tourist tax, prior to introducing legislation to permit local authorities to introduce a **transient visitor levy**, if it is appropriate for local circumstances;
- To support an agreed amendment from the Scottish Greens to the Transport (Scotland) Bill that would enable those local authorities who wish to use such a power, to introduce a **workplace parking levy**. Scottish Government support will be contingent on the exclusion of hospitals and NHS properties; and
- To devolve Non-Domestic Rates **Empty Property Relief** to local authorities in time for the next revaluation.

Both the Scottish Government and the Greens also supported the recommendation of the Commission on Local Tax Reform, which was co-chaired by the then COSLA President, that the present council tax system must end.

In order to make progress the Scottish Government will convene cross-party talks on its replacement with a view to publishing legislation, should cross-party agreement on a replacement be reached, by the end of this Parliament, with that legislation taken forward in the following Parliament.

While the Scottish Government maintains the position that money for education, social care and early learning and child care are core functions of local government, we have listened to the arguments that local government requires increased funding and flexibility for the 'core' local government settlement.

I have, therefore, agreed to make the following changes:

- An increase in the core resource local government settlement of £90 million;
- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities– whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19, i.e. by up to £50 million across all local authorities to help them manage their own budgets
- Provide, as you have requested, local authorities with the flexibility to increase the Council tax by 3% in real terms, which equates to 4.79% next year.
- Bringing forward a three year funding settlement for local government from 2020-21 budget onwards; and to develop a rules based framework for local government funding in partnership with COSLA that would be introduced for the next Parliament.

Taken together, this enhanced package offers up to £187 million of increased funding and flexibility to local authorities.

In addition to this, and subject to the successful outcome of negotiations with teachers, the Scottish Government will fully fund its contribution to the cost of the Teachers' Pay deal, providing local authorities with the additional funding required to meet our share of the pay offer.

At our meeting on 30 January I also undertook to follow up and confirm the position on two further points.

Firstly, Local authorities, along with other public bodies, will face increased costs as a result of changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. The UK Government has committed to part fund these costs.


Local authorities were assuming a shortfall of 33% in the funding for these costs. Scottish Government analysis is that this shortfall is likely to be closer to 21%. This difference amounts to around £15 million for local authorities which they should no longer have to budget for.

We will not have formal confirmation of the impact of these changes to the Scottish Budget until the UK Spring Statement on 13 March 2019. However, we are committed to continue to press the UK Government to meet the full cost of these changes to avoid damaging impacts on the delivery of public services across Scotland. The Scottish Government will, however, commit to pass on to local government the consequential that we receive towards the employers' cost increase for local government Teachers' Pension schemes.

Secondly, I can confirm that I intend to bring forward as early as I can (early in the new financial year) changes to legislation which will allow Councils to vary loans fund repayments for advances made before 1 April 2016. Changes to repayments must be based on prudent principles and we will work with COSLA and Audit Scotland to reach a solution.

Throughout the Budget negotiations, I have endeavoured to engage constructively and openly with COSLA. As a result of the continuing UK austerity cuts forced upon us I know local authorities, along with the rest of the public sector, are still facing some difficult financial challenges, but I hope that you can recognise and welcome the significant package of additional measures I have confirmed today, which I truly do consider will be the biggest empowerment of local authorities since devolution.

Set out in the Appendix to this letter are details of the additional allocations to individual local authorities, through the normal formula distribution for the additional £90 million, to be spent at the discretion of individual councils. Subject to Parliamentary approval in the final stages of the Budget Bill, these sums will be added to the Local Government Finance (Scotland) Order 2019 to be presented to Parliament later in February.


DEREK MACKAY

Local Authority	Additional Stage 1 Allocation: Core Grant
	£m
Aberdeen City	3.161
Aberdeenshire	4.352
Angus	1.967
Argyll & Bute	1.626
Clackmannanshire	0.834
Dumfries & Galloway	2.678
Dundee City	2.503
East Ayrshire	2.051
East Dunbartonshire	1.874
East Lothian	1.719
East Renfrewshire	1.787
Edinburgh, City of	7.038
Eilean Siar	0.691
Falkirk	2.600
Fife	6.165
Glasgow City	9.969
Highland	4.228
Inverclyde	1.355
Midlothian	1.493
Moray	1.543
North Ayrshire	2.398
North Lanarkshire	5.702
Orkney	0.637
Perth & Kinross	2.477
Renfrewshire	2.941
Scottish Borders	1.990
Shetland	0.719
South Ayrshire	1.890
South Lanarkshire	5.388
Stirling	1.585
West Dunbartonshire	1.576
West Lothian	3.063
Scotland	90.000



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Local Government Finance Circular No. 2/2019

Chief Executives and Directors of Finance of
Scottish Local Authorities

Chief Executive, Convention of Scottish Local
Authorities (COSLA)

Our ref: A23379521
7 March 2019

Dear Chief Executive/Director of Finance

- 1. LOCAL GOVERNMENT FINANCE (SCOTLAND) ORDER 2019 - SETTLEMENT FOR 2019-20 AND REDETERMINATIONS FOR 2018-19**
- 2. LOCAL GOVERNMENT CAPITAL ALLOCATIONS 2018-20**
- 3. NON-DOMESTIC RATES FOR 2019-20**

1. The Scottish Parliament today debated and approved the Local Government Finance (Scotland) Order 2019. This Order provides the statutory authority to pay the General Revenue Grant (GRG) for 2019-20 and the changes made to amounts payable to each authority for 2018-19 since the 2018 Order.

2. This Circular provides a summary of the 2019-20 figures (and the revised revenue allocations for 2018-19) which have been updated from those contained in Local Government Finance Circular No. 8/2018.

3. The Cabinet Secretary for Finance, Economy and Fair Work wrote to all 32 local authorities on 12 December and 31 January providing details of the proposed settlement, including additional resources and flexibility following Stage 1 of the Budget Bill. The Scottish Government requires local authorities to deliver on the full package of agreed measures as set out in the offer letters, including the shared priorities which will improve outcomes for local people.

4. The total overall funding package for 2019-20 includes:

- An additional £90 million of General Revenue Grant added at Stage 1 of the Budget Bill;
- The flexibility to increase the Council Tax by 3% in real terms which equates to 4.79% next year;
- Baselining from 2019-20 of the full £170 million additional revenue investment announced at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £29.5 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and £10.5 million for the implementation of the Carers Act;

- £120 million for additional investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services (see Cabinet Secretary's letter of 31 January regarding increased flexibility);
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An allocation of £3.3 million for Barclay Review implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

5. It should be noted that the distributable General Revenue Grant figures contained in this Circular differ from the amount approved in the Order by a total of £35.498 million, the distribution of which was agreed with COSLA after the Order was laid. The breakdown of the £35.498 million is as follows; Free Personal Care for the under 65s (£29.5 million); 1+2 Languages (£3 million); Scottish Assessors Association Barclay Implementation (£2.498 million); and the increase in the Carers Act extension (£0.5 million). These sums will be subject to a future Parliamentary approval. In addition, following the outcome of negotiations with teachers, further funding will be provided in 2019-20 to meet the Scottish Government's share of the costs for the Teacher's Pay Award.

6. Local authorities (and other public bodies) will face increased costs as a result of changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. The UK Government has committed to part fund these costs.

7. We will not have formal confirmation of the impact of these changes to the Scottish Budget until the UK Spring Statement on 13 March 2019. Whatever decision the UK Government eventually takes, the Scottish Government will commit to pass on to local government the full consequential that we receive towards the employers' cost increase for local government Teachers' Pension schemes.

8. Alongside the funding set out in this Circular it should be noted that there are a number of further funding streams out-with the local government finance settlement for particular policy initiatives which benefit local government services. Table 6.15 in the Scottish Government's "Budget Document: 2019-20", which was published on 12 December, provides further details of these funding streams.

9. The various parts and annexes to this Circular, listed below, provide more of the detail behind the calculations.

Part A:- Local Government Finance Settlement – Revenue: 2019-20 and changes in 2018-19;
 Part B:- Local Government Finance Settlement – Capital: 2019-20 and changes in 2018-19;
 Part C:- Non-Domestic Rates for 2019-20.

10. The various Annexes included in this Circular are as follows:

Annex A: All Scotland Aggregated Funding Totals 2018-20;
 Annex B: Individual Revenue Allocations for 2019-20;
 Annex C: Revised Individual Revenue Allocations for 2018-19;
 Annex D: Explanatory Notes on the Revenue Distribution;
 Annex E: Additional Distributable Revenue Allocations for 2019-20
 Annex F: Estimates of Ring-Fenced Grant Revenue Funding for 2019-20;
 Annex G: Floor calculation for 2019-20;
 Annex H: Redeterminations of Individual Revenue funding for 2018-19;

Annex I: 2008-20 Changes Column;
Annex J: General Capital Grant and Specific Capital Grants for 2019-20;
Annex K: Revised General Capital Grant and Specific Capital Grants for 2018-19;
Annex L: General Capital Grant – Flood Allocations Per Local Authority 2019-20; and
Annex M: Total Local Government Funding Settlement for 2019-20.

Part A: Local Government Finance Settlement - Revenue: 2019-20 and changes in 2018-19

11. This Finance Circular sets out the distribution of revenue funding allocations for 2019-20 and 2018-19. **Annex A** of this Circular sets out the all-Scotland aggregate totals for 2018-20.

12. **Annexes B and C** set out the distribution of the total revenue funding allocation between councils and the allocation of the different elements (General Revenue Funding, Non-Domestic Rate Income and estimated Ring-Fenced Revenue Grants) for each council for 2019-20 and 2018-19. The basis behind the grant distribution methodology is as recommended in the report from the Settlement and Distribution Group (SDG) and as agreed by COSLA Leaders and Scottish Ministers. The explanatory notes contained in **Annex D** explain the basis behind the calculation of the individual council grant allocations.

13. **Annex E** gives a breakdown of additional distributable revenue allocations for 2019-20 since Finance Circular 8/2018, this includes the distribution of £2.498 million for Barclay implementation costs in respect of the additional costs that will fall to be met by the Scottish Assessors Association (SAA). Following agreement of the distribution of the SAA funding by COSLA Leaders at their meeting on 22 February, the Scottish Government expects constituent local authorities to pass on these amounts in full to the relevant Assessor and/or Valuation Joint Board. The remaining undistributed sum for Barclay implementation costs will be subject to further discussion with COSLA.

14. **Annex F** gives a breakdown of the individual council shares of all the estimated Ring-Fenced revenue grant allocations for 2019-20.

15. The calculation and effects of the main floor adjustment for 2019-20, which provided councils with a maximum decrease in funding of 2.52%, is set out in **Annex G** of this Circular. The setting of the floor is in line with the revised arrangements agreed following the SDG review of the floor methodology.

16. This Circular confirms that the calculation behind the **85% funding floor** applied in 2018-19 has been retained for 2019-20. The methodology compares total revenue funding plus local authorities estimated council tax income and any council whose total support under this method falls below 85% will be topped up to ensure that all councils receive 85% of the Scottish average total revenue support per head.

17. The changes to the 2018-19 GRG figures since Local Government Finance Circular 8/2018 are set out in **Annex H**

18. **Annex I** summarises the column within the settlement titled 2008-2020 Changes Column.

Part B: Local Government Finance Settlement – Capital Grants 2019-20

19. In 2019-20 the Local Government Settlement provides capital grants totalling £1,084.210 million. This is made up of General Capital Grant totalling £703.969 million and Specific Grants totalling £380.241 million.

20. **Annex J** sets out the distribution for the General Capital Grants per local authority for 2019-20.

21. **Annex K** sets out the revised distribution for the General Capital Grants per local authority for 2018-19. An additional £0.425 million has been allocated to West Lothian to be transferred to the Improvement Service in respect of Scottish Local Government Cyber Security Infrastructure and Skills Match Funding Programme.
22. **Annex L** sets out the allocations within the General Capital Grant for flood schemes for 2019-20
23. **Annex M** summarises the Local Government Finance Settlement for 2019-20.

Part C: Non- Domestic Rates for 2019-20 and Business Rates Incentivisation Scheme

24. The Distributable Amount of Non-Domestic Rate Income for 2019-20 is confirmed as £2,853 million.

25. The following eight pieces of non-domestic rates legislation (accessible online at www.legislation.gov.uk) come into effect on 1 April 2019.

25.1. The Non-Domestic Rate (Scotland) Order 2019

This Order sets the non-domestic rate poundage of 49 pence in Scotland for 2019-20.

25.2. The Non-Domestic Rates (Levying) (Scotland) Regulations 2019

These regulations make provision for a poundage supplement (referred to as the Large Business Supplement) in 2019-20 of 2.6 pence on properties with a rateable value in excess of £51,000; and for reductions in non-domestic rates as a result of the Small Business Bonus Scheme (SBBS) for 2019-20. There is no change compared to 2018-19.

25.3. The Non-Domestic Rates (Telecommunications Installations) (Scotland) Amendment Regulations 2019

Updates the pilot relief for telecoms masts in 3 designated rural areas (maps) in the Non-Domestic Rates (Telecommunication Installations) (Scotland) Regulations 2016, and the grid coordinates set out in *Non-Domestic Rates Relief – Mobile Masts Pilot Extension – Eligible Grid References and dated 12th February 2018* (17 sites) in The Non-Domestic Rates (Telecommunication Installations) (Scotland) Amendment Regulations 2018. This document is replaced with *Non-Domestic Rates Relief – Mobile Masts Pilot Extension – Eligible Grid References - 30 January 2019* (46 sites). This relief was last year made available to 31 March 2029.

25.4. The Non-Domestic Rates (Transitional Relief) Amendment (Scotland) Regulations 2019

Extends transition relief arrangements into 2019-20 for hospitality properties and Aberdeen City/Shire offices with an additional 12.5% real terms relief (14.8% in cash terms with inflation set at 2.1%, which is the percentage increase in the non-domestic rates poundage between 2018-19 and 2019-20). Hospitality properties must have a rateable value under £1.5 million to qualify. De minimis applies to this relief. Relief does not continue for former relief, splits or hydro premises.

25.5. The Non-Domestic Rates (Relief for New and Improved Properties) (Scotland) Regulations 2019

Provides 'Business Growth Accelerator' relief: 100% rates relief for certain new-build properties until a year after first occupation. Additionally the Regulations ensure that no increase in rates is payable for a year in respect of certain property improvements.

25.6. The Non-Domestic Rating (Telecommunications New Fibre Infrastructure) (Scotland) Order 2019

This Order provides for a separate entry to be made in the valuation roll for telecommunications new fibre infrastructure. This is fibre infrastructure which is laid, flown, blown, affixed or attached on or after 1 April 2019. Without this Order there would be no

requirement that this infrastructure be valued separately from the rest of the telecommunications network it may be a part of.

25.7. The Non-Domestic Rates (Telecommunications New Fibre Infrastructure Relief) (Scotland) Regulations 2019

These Regulations provide 100% relief on telecommunications new fibre infrastructure up to 31 March 2029.

25.8. The Non-Domestic Rating (Valuation of Utilities) (Scotland) Amendment Order 2019

This provides a routine update to The Non-Domestic Rating (Valuation of Utilities) (Scotland) Order 2005 amending the definition of electricity generation, amending a company name and adding another, and removing an unnecessary reference to the date of registration of certain companies.

26. As set out above, for 2019-20 the Non Domestic Rate poundage is set at 49p and the Large Business Supplement at 2.6p for property with a rateable value over £51,000.

27. Details of the Business Rates Incentivisation Scheme (BRIS) outcome of the amounts to be retained by local authorities for 2017-18, revised targets for 2018-19 and provisional targets for 2019-20 will be confirmed shortly.

Enquiries relating to this Circular

28. It should be noted that a few of the figures in this Circular may be marginally different because of the roundings. Local authorities should note that if they have any substantive specific enquiries relating to this Circular these should, in the first instance, be addressed through COSLA. We have given an undertaking to respond to these queries as quickly as possible. Contact details for COSLA are:

Lauren Bruce
0131 474 9232 Lauren@cosla.gov.uk

Any other queries should be addressed to the following:

Local Government Revenue Settlement and BRIS.
Bill Stitt 0131 244 7044 Bill.Stitt@gov.scot

Local Government Finance Settlement (Capital)
Craig Inglis 0131 244 2949 Craig.Inglis@gov.scot

Non-Domestic Rates
Ian Storrie 0131 244 5328 Ian.Storrie@gov.scot

29. This Circular, along with the supporting tables will be made available through the Local Government section of the Scottish Government website at:
<https://www.gov.scot/publications/local-government-finance-circulars-index/>

Yours faithfully



Brenda Campbell

Deputy Director, Local Government & Analytical Services Division

	2018-19 £ million	2019-20 £ million
Revenue Funding		
General Resource Grant	6,885.332	6,717.618
Non Domestic Rate Income	2,636.000	2,853.000
Specific Revenue Grants	273.650	507.732
Total Revenue	9,794.982	10,078.350
less Teachers' Induction Scheme	0.135	37.600
less Discretionary Housing Payments	10.000	10.458
less Mental Health	0.000	12.000
less Gaelic	0.110	0.128
less Barclay Implementation	0.000	0.802
less Customer First Top-up	0.400	1.540
less Early Years Expansion*	6.000	0.000
Distributable Revenue Funding	9,778.337	10,015.822
Capital Funding		
General Capital Grant	598.707	703.969
Specific Capital Grants	259.049	357.110
Distributed to SPT	19.033	23.131
Total Capital	876.789	1,084.210
Total Funding	10,671.771	11,162.560

2018-19 RECONCILIATION FROM FINANCE CIRCULAR 8/2018

General Resource Grant	6,884.865
Seat Belts	0.202
Child Poverty Action Reports	0.160
West Lothian Digital Office	0.075
Dundee GAM	0.030
Revised General Resource Grant	6,885.332

2019-20 RECONCILIATION FROM FINANCE CIRCULAR 8/2018

General Resource Grant	6,626.430
Additional Stage 1 Allocation	90.000
Discretionary Housing Payments	1.188
Revised General Resource Grant	6,717.618
General Capital Grant	598.282
Additional General Capital Grant**	0.425
Revised General Capital Grant	598.707
Total Settlement Finance Circular 2/2019	10,671.771
	11,162.560

*Now distributed as a specific grant

**Additional allocated in respect of Scottish Local Government Cyber Security Infrastructure and Skills Match Funding Programme.

INDIVIDUAL REVENUE ALLOCATIONS FOR 2019-20

ANNEX B

£million	Expenditure					Funding						
	1	2	3	4	5	6	7	8	9	10	11	12
	Updated Service Provision	2008-20 Changes	Loan Charges/ PPP/ LPFS	Main Floor	Total Estimated Expenditure	Assumed Council Tax contribution	Total Ring-fenced Grants	Non Domestic Rates	General Revenue Funding	Total	85% floor	Revised Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aberdeen City	404.351	6.220	20.089	3.128	433.788	91.492	20.337	258.560	63.399	342.296	0.000	342.296
Aberdeenshire	515.284	8.563	20.746	-4.797	539.796	110.410	20.697	123.812	284.877	429.386	0.000	429.386
Angus	237.944	3.870	12.137	-2.287	251.664	43.468	8.899	27.468	171.829	208.196	0.000	208.196
Argyll & Bute	209.595	3.199	9.865	15.336	237.995	39.261	7.389	35.634	155.711	198.734	0.000	198.734
Clackmannanshire	110.447	1.641	5.051	-0.392	116.747	19.208	5.161	17.315	75.063	97.539	0.000	97.539
Dumfries & Galloway	330.829	5.270	16.707	-3.211	349.595	59.032	11.305	51.150	228.108	290.563	0.000	290.563
Dundee City	335.226	4.924	14.921	-3.285	351.786	47.372	17.188	64.307	222.919	304.414	0.000	304.414
East Ayrshire	265.732	4.036	10.883	-2.600	278.051	42.122	12.690	27.360	195.879	235.929	0.000	235.929
East Dunbartonshire	231.054	3.688	7.198	-2.080	239.860	50.133	8.113	22.669	158.945	189.727	0.000	189.727
East Lothian	212.372	3.383	4.071	2.385	222.211	44.452	9.006	25.550	143.203	177.759	0.000	177.759
East Renfrewshire	211.048	3.517	9.452	-0.849	223.168	42.634	5.366	15.377	159.791	180.534	0.000	180.534
Edinburgh, City of	911.968	13.849	24.934	13.269	964.020	218.026	40.225	365.250	340.519	745.994	1.700	747.694
Eilean Siar	80.212	1.359	7.565	16.717	105.853	9.450	3.128	8.482	84.793	96.403	0.000	96.403
Falkirk	324.266	5.116	20.470	-3.061	346.791	58.642	15.996	69.739	202.414	288.149	0.000	288.149
Fife	761.616	12.131	33.461	-7.332	799.876	138.011	34.395	165.717	461.753	661.865	0.000	661.865
Glasgow City	1,364.760	19.617	104.578	-1.491	1,487.464	213.202	67.255	356.234	850.773	1,274.262	0.000	1,274.262
Highland	517.795	8.319	33.550	-5.113	554.551	96.443	21.328	143.240	293.540	458.108	0.000	458.108
Inverclyde	182.279	2.667	11.091	0.404	196.441	27.532	8.334	19.834	140.741	168.909	0.000	168.909
Midlothian	190.069	2.937	9.916	-1.760	201.162	35.457	10.372	31.615	123.718	165.705	0.000	165.705
Moray	187.053	3.037	9.064	-1.729	197.425	33.870	8.063	43.563	111.929	163.555	0.000	163.555
North Ayrshire	315.508	4.720	13.881	-3.088	331.021	49.411	14.719	41.124	225.767	281.610	0.000	281.610
North Lanarkshire	727.226	11.219	10.883	-1.894	747.434	115.606	33.501	107.252	491.075	631.828	0.000	631.828
Orkney Islands	76.832	1.254	6.261	-0.823	83.524	8.025	7.156	10.459	57.884	75.499	0.000	75.499
Perth & Kinross	304.524	4.875	13.034	-2.802	319.631	64.690	10.531	56.590	187.820	254.941	0.000	254.941
Renfrewshire	379.741	5.787	8.528	-3.493	390.563	69.028	18.398	104.417	198.720	321.535	0.000	321.535
Scottish Borders	243.476	3.916	13.874	-2.357	258.909	47.457	9.330	36.624	165.498	211.452	0.000	211.452
Shetland Islands	82.117	1.414	8.240	3.139	94.910	8.162	7.107	25.925	53.716	86.748	0.000	86.748
South Ayrshire	240.730	3.719	9.788	-0.903	253.334	47.547	8.868	42.462	154.457	205.787	0.000	205.787
South Lanarkshire	671.567	10.602	10.976	4.423	697.568	122.370	28.144	341.166	205.888	575.198	0.000	575.198
Stirling	198.291	3.119	11.748	-1.879	211.279	38.628	8.990	44.042	119.619	172.651	0.000	172.651
West Dunbartonshire	217.045	3.101	3.976	2.063	226.185	33.297	9.976	84.736	98.176	192.888	0.000	192.888
West Lothian	373.782	6.027	13.532	-3.638	389.703	63.745	15.637	85.327	224.994	325.958	0.000	325.958
Scotland	11,414.739	177.096	510.470	0.000	12,102.305	2,088.183	507.604	2,853.000	6,653.518	10,014.122	1.700	10,015.822

REVISED INDIVIDUAL REVENUE ALLOCATIONS FOR 2018-19

ANNEX C

	Expenditure					Funding						
	1	2	3	4	5	6	7	8	9	10	11	12
	Updated Service Provision	2008-18 Changes	Loan Charges/ PPP/ LPFS	Main Floor	Total Estimated Expenditure	Assumed Council Tax contribution	Total Ring- fenced Grants	Non Domestic Rates	General Revenue Funding	Total	85% floor	Revised Total
£million	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aberdeen City	389.283	7.068	20.821	-3.765	413.407	91.893	8.385	227.801	85.328	321.514	8.700	330.214
Aberdeenshire	502.347	9.779	21.382	-6.039	527.469	109.944	7.441	110.710	299.374	417.525	0.000	417.525
Angus	230.751	4.386	12.410	-2.853	244.694	43.132	4.477	25.101	171.984	201.562	0.000	201.562
Argyll & Bute	204.467	3.641	10.141	16.304	234.553	39.092	3.317	33.035	159.109	195.461	0.000	195.461
Clackmannanshire	109.281	1.895	5.203	-1.291	115.088	19.139	3.151	15.326	77.472	95.949	0.000	95.949
Dumfries & Galloway	325.007	6.019	18.504	-4.032	345.498	58.854	6.650	44.229	235.765	286.644	0.000	286.644
Dundee City	328.884	5.607	17.834	-4.055	348.270	47.467	10.468	55.553	234.782	300.803	0.000	300.803
East Ayrshire	256.332	4.550	11.274	-2.098	270.058	41.782	7.079	26.073	195.124	228.276	0.000	228.276
East Dunbartonshire	225.585	4.174	8.308	-2.190	235.877	49.617	2.989	21.791	161.480	186.260	0.000	186.260
East Lothian	204.407	3.817	6.497	1.199	215.920	43.590	3.402	23.744	145.184	172.330	0.000	172.330
East Renfrewshire	207.579	3.976	11.368	-1.077	221.846	42.288	2.560	14.318	162.680	179.558	0.000	179.558
Edinburgh, City of	879.408	15.652	25.524	18.575	939.159	216.243	19.340	340.474	363.102	722.916	0.000	722.916
Eilean Siar	77.887	1.527	10.279	15.827	105.520	9.483	1.820	7.702	86.515	96.037	0.000	96.037
Falkirk	315.654	5.859	20.914	-3.849	338.578	58.170	7.356	65.958	207.094	280.408	0.000	280.408
Fife	738.369	13.756	34.399	-8.714	777.810	136.675	19.375	154.138	467.622	641.135	0.000	641.135
Glasgow City	1,327.555	22.282	108.166	6.969	1,464.972	211.640	42.587	340.778	869.967	1,253.332	0.000	1,253.332
Highland	503.700	9.488	34.649	-5.256	542.581	95.827	9.815	126.537	310.402	446.754	0.000	446.754
Inverclyde	177.880	3.055	11.457	0.668	193.060	27.541	4.540	18.363	142.616	165.519	0.000	165.519
Midlothian	182.005	3.321	10.173	-2.173	193.326	34.721	4.189	28.115	126.301	158.605	0.000	158.605
Moray	181.647	3.475	9.354	-2.300	192.176	33.511	3.116	40.151	115.398	158.665	0.000	158.665
North Ayrshire	309.567	5.401	14.381	-3.778	325.571	49.372	8.904	39.471	227.824	276.199	0.000	276.199
North Lanarkshire	711.696	12.852	11.226	-2.619	733.155	114.374	18.205	104.339	496.237	618.781	0.000	618.781
Orkney Islands	75.951	1.431	6.480	-1.077	82.785	7.925	6.188	9.376	59.296	74.860	0.000	74.860
Perth & Kinross	293.912	5.496	13.428	-0.649	312.187	64.139	4.441	51.953	191.654	248.048	0.000	248.048
Renfrewshire	369.091	6.606	8.803	-4.258	380.242	68.169	8.953	120.105	183.015	312.073	0.000	312.073
Scottish Borders	237.385	4.479	14.363	-2.945	253.282	47.338	3.804	32.790	169.350	205.944	0.000	205.944
Shetland Islands	80.608	1.603	8.753	3.443	94.407	8.140	5.752	23.852	56.663	86.267	0.000	86.267
South Ayrshire	236.151	4.249	10.083	-1.034	249.449	47.401	5.047	38.299	158.702	202.048	0.000	202.048
South Lanarkshire	649.357	11.984	11.322	9.914	682.577	120.940	14.756	295.500	251.381	561.637	0.000	561.637
Stirling	192.570	3.557	12.066	-2.132	206.061	38.389	3.773	42.273	121.626	167.672	0.000	167.672
West Dunbartonshire	213.023	3.557	6.246	-0.178	222.648	33.139	6.148	78.812	104.549	189.509	0.000	189.509
West Lothian	364.028	6.812	13.910	-4.537	380.213	62.867	9.512	79.333	228.501	317.346	0.000	317.346
Scotland	11,101.367	201.354	539.718	0.000	11,842.439	2,072.802	267.540	2,636.000	6,866.097	9,769.637	8.700	9,778.337

The explanation of each of the columns within the tables at Annex B is as follows:

Column 1 – represents the updated on-going service provision and includes the following combined information: (i) the Grant Aided Expenditure (GAE) assessments; (ii) the Special Islands Needs Allowance (SINA); (iii) each council's individual share of the on-going revenue grants which have been rolled up into the core local government finance settlement; (iv) each council's share of all the baselined redeterminations since Spending Review 2007; and the previous loan charge adjustment.

Column 2 – is the new combined total, non-ring-fenced, changes in general provision resulting from Spending Reviews 2007, 2010, 2011, 2013, 2015 and budget revisions for 2016 - 2020 allocated pro-rata to each council's share of GAE plus SINA.

Column 3 – represents the share of the loan charges support for outstanding debt and the same level of on-going PPP level playing field support. The methodology for calculating Loan Charge Support (LCS) and support for Public Private Partnership (PPP) projects (level playing field projects only (LPFS)) is set out on Annex H of Finance Circular 2/2011.

Column 4 – is the main floor adjustment which has been calculated using the revised methodology agreed following the 2018 review.

Column 5 – this is the net revenue expenditure recognised by the Scottish Government and represents the sum of columns 1 to 4.

Column 6 – is the assumption of the amount of Total Estimated Expenditure to be funded from the council tax. Any changes are as a result of buoyancy or projected numbers of properties, as well as the estimated additional council tax income to be collected and retained by each local authority as a result of the changes to bands E to H.

Column 7 – is each council's share of the on-going Ring-Fenced Grants for Gaelic, Pupil Equity Fund, Criminal Justice Social Work, Early Learning and Childcare and Support for Ferries.

Column 8 – is each council's share of the estimated non-domestic rate income which has been distributed proportionately on the basis of council's 2018-19 mid-year income.

Column 9 – is the balance of funding provided by means of general revenue funding and is calculated by deducting columns 6, 7 and 8 from the Total Estimated Expenditure in column 5.

Column 10 – represents the total revenue funding available to each council in 2019-20.

Column 11 – is the 85% floor adjustment which has been calculated to meet the Scottish Government's commitment to ensure that no Local Authority receives less than 85% of the Scottish average per head in terms of revenue support.

Columns 12 - is the revised total funding including all the changes and the 85% funding floor adjustments.

Local Authority	Additional Stage 1 Allocation	Discretionary Housing Payments	1+2 Languages	Scottish Assessors Association Barclay Implementation	Free Personal Care Under 65s	Change in Carers Act Extension
	£m	£m	£m	£m	£m	£m
Aberdeen City	3.161	1.698	0.102	0.039	1.342	0.019
Aberdeenshire	4.352	1.008	0.157	0.044	1.385	0.021
Angus	1.967	0.593	0.066	0.044	0.592	0.012
Argyll & Bute	1.626	0.578	0.044	0.062	0.437	0.009
Clackmannanshire	0.834	0.701	0.029	0.030	0.273	0.005
Dumfries & Galloway	2.678	1.157	0.081	0.070	0.745	0.016
Dundee City	2.503	2.049	0.080	0.048	0.834	0.015
East Ayrshire	2.051	1.726	0.070	0.038	0.647	0.012
East Dunbartonshire	1.874	0.508	0.071	0.030	0.552	0.010
East Lothian	1.719	0.655	0.065	0.016	0.548	0.009
East Renfrewshire	1.787	0.337	0.071	0.041	0.481	0.008
Edinburgh, City of	7.038	5.579	0.223	0.094	3.023	0.042
Eilean Siar	0.691	0.146	0.014	0.016	0.134	0.003
Falkirk	2.600	1.589	0.095	0.088	0.863	0.014
Fife	6.165	3.912	0.217	0.163	1.962	0.034
Glasgow City	9.969	9.536	0.304	0.420	3.696	0.058
Highland	4.228	1.754	0.132	0.134	1.221	0.022
Inverclyde	1.355	1.031	0.041	0.046	0.420	0.009
Midlothian	1.493	0.928	0.058	0.014	0.474	0.008
Moray	1.543	0.439	0.052	0.016	0.501	0.009
North Ayrshire	2.398	2.014	0.078	0.045	0.702	0.014
North Lanarkshire	5.702	3.853	0.210	0.228	1.855	0.030
Orkney	0.637	0.090	0.012	0.053	0.113	0.002
Perth & Kinross	2.477	0.597	0.078	0.077	0.778	0.015
Renfrewshire	2.941	1.915	0.101	0.113	0.961	0.017
Scottish Borders	1.990	0.793	0.062	0.092	0.577	0.012
Shetland	0.719	0.136	0.014	0.053	0.121	0.002
South Ayrshire	1.890	1.172	0.060	0.043	0.567	0.012
South Lanarkshire	5.388	2.907	0.190	0.227	1.712	0.030
Stirling	1.585	0.558	0.052	0.053	0.514	0.008
West Dunbartonshire	1.576	1.955	0.054	0.032	0.485	0.009
West Lothian	3.063	2.016	0.117	0.029	0.985	0.014
Scotland	90.000	53.930	3.000	2.498	29.500	0.500

Local Authority	Gaelic	Pupil Equity Fund	Criminal Justice Social Work	Early Learning and Childcare	18-19 Stage 1 Budget Bill Support for Ferries	Top Up Criminal Justice Social Work
	£m	£m	£m	£m	£m	£m
Aberdeen City	0.114	2.784	4.123	13.316	0.000	0.652
Aberdeenshire	0.010	2.841	2.659	15.187	0.000	0.420
Angus	0.029	2.078	1.538	5.254	0.000	0.243
Argyll & Bute	0.365	1.321	0.917	4.786	0.000	0.145
Clackmannanshire	0.005	1.549	1.110	2.497	0.000	0.175
Dumfries & Galloway	0.000	2.814	2.449	6.042	0.000	0.387
Dundee City	0.000	4.999	3.647	8.542	0.000	0.576
East Ayrshire	0.150	3.453	2.271	6.816	0.000	0.359
East Dunbartonshire	0.066	1.621	0.721	5.705	0.000	0.114
East Lothian	0.008	1.502	1.089	6.407	0.000	0.172
East Renfrewshire	0.014	1.386	0.561	3.405	0.000	0.089
Edinburgh, City of	0.305	7.185	8.307	24.428	0.000	1.313
Eilean Siar	0.965	0.289	0.323	1.551	0.000	0.051
Falkirk	0.014	3.536	2.694	9.752	0.000	0.426
Fife	0.011	9.901	6.069	18.414	0.000	0.959
Glasgow City	0.520	21.945	15.161	29.629	0.000	2.397
Highland	0.935	3.910	3.039	13.444	0.000	0.480
Inverclyde	0.074	2.349	1.338	4.573	0.000	0.212
Midlothian	0.008	2.204	1.232	6.928	0.000	0.195
Moray	0.000	1.372	1.184	5.507	0.000	0.187
North Ayrshire	0.062	4.455	2.923	7.279	0.000	0.462
North Lanarkshire	0.265	8.621	5.489	19.126	0.000	0.868
Orkney Islands	0.000	0.207	0.249	1.200	5.500	0.039
Perth & Kinross	0.110	1.621	1.809	6.991	0.000	0.286
Renfrewshire	0.020	4.273	2.568	11.537	0.000	0.406
Scottish Borders	0.001	1.754	1.177	6.398	0.000	0.186
Shetland Islands	0.000	0.214	0.283	1.610	5.000	0.045
South Ayrshire	0.012	2.283	1.705	4.868	0.000	0.270
South Lanarkshire	0.145	7.580	4.190	16.229	0.000	0.662
Stirling	0.123	1.437	1.351	6.079	0.000	0.214
West Dunbartonshire	0.015	3.366	1.742	4.853	0.000	0.275
West Lothian	0.008	5.150	2.532	7.947	0.000	0.400
Scotland	4.354	120.000	86.450	286.300	10.500	13.665

Note:

Please note these figures are unchanged from circular 8/2018, the actual allocation of these specific revenue grants have been or will be notified to the relevant local authorities in due course by the relevant policy team.

Local Authority	Grant Without Floor	Change Without Floor	Floor Change	Grant With Floor	Change With Floor
	£m	%	£m	£m	%
West Lothian	286.935	-0.03%	-3.638	283.297	-1.30%
Fife	578.350	-0.13%	-7.332	571.018	-1.40%
Angus	180.425	-0.18%	-2.287	178.138	-1.45%
East Ayrshire	205.051	-0.24%	-2.600	202.451	-1.50%
Midlothian	138.797	-0.39%	-1.760	137.037	-1.66%
Dundee City	259.095	-0.40%	-3.285	255.810	-1.66%
North Ayrshire	243.589	-0.88%	-3.088	240.501	-2.14%
Orkney	64.896	-0.91%	-0.823	64.073	-2.16%
Dumfries & Galloway	253.273	-0.93%	-3.211	250.062	-2.19%
Stirling	148.247	-1.06%	-1.879	146.367	-2.31%
Perth & Kinross	221.046	-1.06%	-2.802	218.244	-2.32%
East Dunbartonshire	164.086	-1.09%	-2.080	162.006	-2.34%
Renfrewshire	275.529	-1.10%	-3.493	272.036	-2.35%
Highland	403.294	-1.12%	-5.113	398.181	-2.37%
Scottish Borders	185.898	-1.12%	-2.357	183.541	-2.38%
Aberdeenshire	382.749	-1.28%	-4.797	377.952	-2.52%
Falkirk	242.203	-1.27%	-3.061	239.142	-2.52%
North Lanarkshire	538.457	-2.18%	-1.894	536.562	-2.52%
Moray	143.833	-1.33%	-1.729	142.104	-2.52%
Glasgow City	1,091.505	-2.39%	-1.491	1,090.014	-2.52%
South Ayrshire	177.967	-2.02%	-0.903	177.064	-2.52%
East Renfrewshire	156.634	-1.99%	-0.849	155.785	-2.52%
Clackmannanshire	82.243	-2.05%	-0.392	81.851	-2.52%
Inverclyde	142.342	-2.80%	0.404	142.746	-2.52%
West Dunbartonshire	157.722	-3.78%	2.063	159.785	-2.52%
East Lothian	151.128	-4.03%	2.385	153.513	-2.52%
Aberdeen City	290.307	-3.56%	3.128	293.435	-2.52%
Shetland	73.637	-6.51%	3.139	76.776	-2.52%
South Lanarkshire	487.008	-3.40%	4.423	491.431	-2.52%
Edinburgh, City of	612.853	-4.59%	13.269	626.122	-2.52%
Argyll & Bute	153.393	-11.38%	15.336	168.729	-2.52%
Eilean Siar	70.759	-21.15%	16.717	87.476	-2.52%
Scotland	8563.251	-2.27%	0.000	8563.251	-2.27%

New Post Circular 8/2018

Local Authority	Access to Sanitary Products - Schools	Access to Sanitary Products - Public Bodies	Free Child Burials	Glasgow School of Art Fire	Whole System Approach	Customer First	Dundee Public Service Obligation	R RTP Homelessness	Dundee Growth Accelerator	School Clothing Grant	Seat Belts	Teacher Induction Scheme	Child Poverty Action Reports	West Lothian Digital Office
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aberdeen City	0.056	0.047	0.009	0.000	0.025	0.000	0.000	0.077	0.000	0.179	0.005	0.863	0.005	0.000
Aberdeenshire	0.094	0.042	0.012	0.000	0.025	0.000	0.000	0.062	0.000	0.153	0.015	1.571	0.005	0.000
Angus	0.043	0.025	0.005	0.000	0.025	0.000	0.000	0.042	0.000	0.099	0.004	0.637	0.005	0.000
Argyll & Bute	0.028	0.014	0.003	0.000	0.025	0.000	0.000	0.030	0.000	0.047	0.007	0.323	0.005	0.000
Clackmannanshire	0.017	0.015	0.002	0.000	0.025	0.000	0.000	0.030	0.000	0.088	0.002	0.438	0.005	0.000
Dumfries & Galloway	0.053	0.026	0.006	0.000	0.025	0.000	0.000	0.034	0.000	0.162	0.009	0.996	0.005	0.000
Dundee City	0.047	0.044	0.006	0.000	0.025	0.000	0.938	0.068	1.530	0.255	0.004	0.852	0.005	0.000
East Ayrshire	0.043	0.035	0.006	0.000	0.025	0.000	0.000	0.030	0.000	0.179	0.005	0.828	0.005	0.000
East Dunbartonshire	0.047	0.020	0.005	0.000	0.025	0.000	0.000	0.030	0.000	0.036	0.003	2.628	0.005	0.000
East Lothian	0.037	0.027	0.005	0.000	0.025	0.000	0.000	0.040	0.000	0.098	0.004	0.831	0.005	0.000
East Renfrewshire	0.051	0.015	0.005	0.000	0.025	0.000	0.000	0.030	0.000	0.029	0.003	2.059	0.005	0.000
Edinburgh, City of	0.120	0.100	0.020	0.000	0.025	0.000	0.000	0.229	0.000	0.336	0.012	1.433	0.005	0.000
Eilean Siar	0.010	0.006	0.001	0.000	0.025	0.000	0.000	0.030	0.000	0.007	0.004	0.233	0.005	0.000
Falkirk	0.057	0.035	0.007	0.000	0.025	0.000	0.000	0.057	0.000	0.201	0.005	1.535	0.005	0.000
Fife	0.130	0.092	0.016	0.000	0.025	0.000	0.000	0.124	0.000	0.457	0.013	3.226	0.005	0.000
Glasgow City	0.170	0.170	0.025	0.062	0.025	0.000	0.000	0.301	0.000	1.032	0.014	3.336	0.005	0.000
Highland	0.087	0.054	0.010	0.000	0.025	0.000	0.000	0.061	0.000	0.195	0.021	1.724	0.005	0.000
Inverclyde	0.028	0.026	0.003	0.000	0.025	0.000	0.000	0.030	0.000	0.112	0.002	0.718	0.005	0.000
Midlothian	0.033	0.023	0.004	0.000	0.025	0.000	0.000	0.032	0.000	0.121	0.003	0.525	0.005	0.000
Moray	0.032	0.017	0.004	0.000	0.025	0.000	0.000	0.030	0.000	0.070	0.004	0.449	0.005	0.000
North Ayrshire	0.050	0.039	0.006	0.000	0.025	0.000	0.000	0.044	0.000	0.289	0.004	1.389	0.005	0.000
North Lanarkshire	0.135	0.081	0.016	0.000	0.025	1.540	0.000	0.096	0.000	0.512	0.011	2.180	0.005	0.000
Orkney	0.008	0.006	0.001	0.000	0.025	0.000	0.000	0.030	0.000	0.010	0.001	0.154	0.005	0.000
Perth & Kinross	0.048	0.024	0.006	0.000	0.025	0.000	0.000	0.046	0.000	0.073	0.007	0.988	0.005	0.000
Renfrewshire	0.067	0.040	0.008	0.000	0.025	0.000	0.000	0.043	0.000	0.219	0.005	1.340	0.005	0.000
Scottish Borders	0.042	0.019	0.005	0.000	0.025	0.000	0.000	0.035	0.000	0.091	0.007	0.771	0.005	0.000
Shetland	0.009	0.006	0.001	0.000	0.025	0.000	0.000	0.030	0.000	0.015	0.002	0.113	0.005	0.000
South Ayrshire	0.040	0.024	0.005	0.000	0.025	0.000	0.000	0.040	0.000	0.113	0.004	0.855	0.005	0.000
South Lanarkshire	0.124	0.078	0.014	0.000	0.025	0.000	0.000	0.105	0.000	0.358	0.010	1.934	0.005	0.000
Stirling	0.038	0.021	0.004	0.000	0.025	0.000	0.000	0.030	0.000	0.065	0.004	0.763	0.005	0.000
West Dunbartonshire	0.034	0.024	0.004	0.000	0.025	0.000	0.000	0.063	0.000	0.189	0.002	0.509	0.005	0.000
West Lothian	0.072	0.037	0.009	0.000	0.025	0.000	0.000	0.071	0.000	0.210	0.006	1.264	0.005	0.075
Scotland	1.850	1.232	0.233	0.062	0.800	1.540	0.938	2.000	1.530	6.000	0.202	37.465	0.160	0.075

Local Authority	2019-20 GAE plus SINA	Percentage Shares	2008-20 Changes	2008-19 Changes	Movement in Changes
	£m	£m	£m	£m	£m
Aberdeen City	278.191	3.51	6.220	7.068	-0.848
Aberdeenshire	382.979	4.84	8.563	9.779	-1.216
Angus	173.075	2.19	3.870	4.386	-0.516
Argyll & Bute	143.052	1.81	3.199	3.641	-0.442
Clackmannanshire	73.392	0.93	1.641	1.895	-0.254
Dumfries & Galloway	235.696	2.98	5.270	6.019	-0.749
Dundee City	220.234	2.78	4.924	5.607	-0.683
East Ayrshire	180.516	2.28	4.036	4.550	-0.514
East Dunbartonshire	164.955	2.08	3.688	4.174	-0.486
East Lothian	151.321	1.91	3.383	3.817	-0.434
East Renfrewshire	157.279	1.99	3.517	3.976	-0.459
Edinburgh, City of	619.374	7.82	13.849	15.652	-1.803
Eilean Siar	60.782	0.77	1.359	1.527	-0.168
Falkirk	228.796	2.89	5.116	5.859	-0.743
Fife	542.567	6.85	12.131	13.756	-1.625
Glasgow City	877.341	11.08	19.617	22.282	-2.665
Highland	372.059	4.70	8.319	9.488	-1.169
Inverclyde	119.290	1.51	2.667	3.055	-0.388
Midlothian	131.358	1.66	2.937	3.321	-0.384
Moray	135.811	1.71	3.037	3.475	-0.438
North Ayrshire	211.074	2.66	4.720	5.401	-0.681
North Lanarkshire	501.775	6.34	11.219	12.852	-1.633
Orkney	56.069	0.71	1.254	1.431	-0.177
Perth & Kinross	218.015	2.75	4.875	5.496	-0.621
Renfrewshire	258.805	3.27	5.787	6.606	-0.819
Scottish Borders	175.140	2.21	3.916	4.479	-0.563
Shetland	63.233	0.80	1.414	1.603	-0.189
South Ayrshire	166.338	2.10	3.719	4.249	-0.530
South Lanarkshire	474.174	5.99	10.602	11.984	-1.382
Stirling	139.515	1.76	3.119	3.557	-0.438
West Dunbartonshire	138.673	1.75	3.101	3.557	-0.456
West Lothian	269.541	3.40	6.027	6.812	-0.785
Scotland	7920.420	100.000	177.096	201.354	-24.258

GENERAL CAPITAL GRANT AND SPECIFIC GRANTS 2019-20

ANNEX J

2019-20	Capital Settlement 2019-20			Specific grants to be paid in 2019-20						
£m	General Capital Grant	Specific Grants	Total Capital Grants	Strathclyde Partnership	Vacant and Derelict Land	TMDF	Cycling Walking & Safer Streets	Early Years Expansion	Town Centre Fund	Total
Aberdeen City	27.949	10.325	38.274	0.000	0.000	0.000	0.374	8.600	1.351	10.325
Aberdeenshire	37.590	13.714	51.304	0.000	0.000	0.000	0.428	10.000	3.286	13.714
Angus	19.872	4.471	24.343	0.000	0.000	0.000	0.191	3.200	1.080	4.471
Argyll & Bute	19.269	3.885	23.154	0.000	0.000	0.000	0.143	2.500	1.242	3.885
Clackmannanshire	6.208	2.567	8.775	0.000	0.000	0.000	0.084	1.800	0.683	2.567
Dumfries & Galloway	24.408	4.973	29.381	0.000	0.000	0.000	0.244	3.200	1.529	4.973
Dundee City	23.247	4.878	28.125	0.000	0.000	0.000	0.243	3.900	0.735	4.878
East Ayrshire	14.630	10.000	24.630	0.000	0.000	0.000	0.199	8.100	1.701	10.000
East Dunbartonshire	11.046	3.821	14.867	0.000	0.000	0.000	0.177	2.700	0.944	3.821
East Lothian	10.066	7.046	17.112	0.000	0.000	0.000	0.171	5.600	1.275	7.046
East Renfrewshire	8.257	5.736	13.993	0.000	0.000	0.000	0.155	4.600	0.981	5.736
Edinburgh, City of	58.746	51.824	110.570	0.000	0.000	33.877	0.834	14.500	2.613	51.824
Eilean Siar	9.151	1.468	10.619	0.000	0.000	0.000	0.045	1.200	0.223	1.468
Falkirk	16.084	8.037	24.121	0.000	0.000	0.000	0.261	5.800	1.976	8.037
Fife	38.329	16.914	55.243	0.000	1.772	0.000	0.607	10.200	4.335	16.914
Glasgow City	80.628	101.477	182.105	0.000	3.528	77.928	1.011	16.000	3.010	101.477
Highland	37.743	15.449	53.192	0.000	0.000	0.000	0.384	12.100	2.965	15.449
Inverclyde	9.403	2.989	12.392	0.000	0.000	0.000	0.129	2.200	0.660	2.989
Midlothian	10.575	7.356	17.931	0.000	0.000	0.000	0.146	6.300	0.910	7.356
Moray	12.412	4.190	16.602	0.000	0.000	0.000	0.157	2.800	1.233	4.190
North Ayrshire	18.179	7.981	26.160	0.000	2.141	0.000	0.222	4.200	1.418	7.981
North Lanarkshire	35.947	14.392	50.339	0.000	2.886	0.000	0.556	7.700	3.250	14.392
Orkney Islands	7.454	1.036	8.490	0.000	0.000	0.000	0.036	0.800	0.200	1.036
Perth & Kinross	28.484	7.830	36.314	0.000	0.000	0.000	0.247	5.600	1.983	7.830
Renfrewshire	18.391	6.848	25.239	0.000	0.000	0.000	0.289	5.100	1.459	6.848
Scottish Borders	25.247	4.409	29.656	0.000	0.000	0.000	0.188	2.800	1.421	4.409
Shetland Islands	7.690	1.542	9.232	0.000	0.000	0.000	0.037	1.300	0.205	1.542
South Ayrshire	12.897	7.048	19.945	0.000	0.000	0.000	0.184	5.800	1.064	7.048
South Lanarkshire	33.029	11.046	44.075	0.000	1.120	0.000	0.520	6.900	2.506	11.046
Stirling	12.205	3.830	16.035	0.000	0.000	0.000	0.153	2.600	1.077	3.830
West Dunbartonshire	11.186	3.106	14.292	0.000	0.000	0.000	0.147	2.100	0.859	3.106
West Lothian	17.647	6.922	24.569	0.000	0.000	0.000	0.296	4.800	1.826	6.922
Undistributed	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Councils Total	703.969	357.110	1,061.079	0.000	11.447	111.805	8.858	175.000	50.000	357.110
Strathclyde Partnership for Transport		23.131	23.131	23.131	0.000	0.000	0.000	0.000	0.000	23.131
Grand Total	703.969	380.241	1,084.210	23.131	11.447	111.805	8.858	175.000	50.000	380.241

GENERAL CAPITAL GRANT AND SPECIFIC GRANTS 2018-19 - REVISED

ANNEX K

2018-19	Capital Settlement 2018-19			Specific grants to be paid in 2018-19					
£m	General Capital Grant	Specific Grants	Total Capital Grants	Strathclyde Partnership	Vacant and Derelict Land	TMDF	Cycling Walking & Safer Streets	Early Years Expansion	Total
Aberdeen City	23.677	7.713	31.390	0.000	0.000	0.000	0.313	7.400	7.713
Aberdeenshire	37.135	8.857	45.992	0.000	0.000	0.000	0.357	8.500	8.857
Angus	12.601	2.859	15.460	0.000	0.000	0.000	0.159	2.700	2.859
Argyll & Bute	12.938	2.219	15.157	0.000	0.000	0.000	0.119	2.100	2.219
Clackmannanshire	5.425	1.670	7.095	0.000	0.000	0.000	0.070	1.600	1.670
Dumfries & Galloway	21.667	3.004	24.671	0.000	0.000	0.000	0.204	2.800	3.004
Dundee City	20.158	3.502	23.660	0.000	0.000	0.000	0.202	3.300	3.502
East Ayrshire	12.689	7.066	19.755	0.000	0.000	0.000	0.166	6.900	7.066
East Dunbartonshire	9.567	2.446	12.013	0.000	0.000	0.000	0.146	2.300	2.446
East Lothian	12.057	4.942	16.999	0.000	0.000	0.000	0.142	4.800	4.942
East Renfrewshire	7.166	4.028	11.194	0.000	0.000	0.000	0.128	3.900	4.028
Edinburgh, City of	49.405	41.041	90.446	0.000	0.000	27.950	0.691	12.400	41.041
Eilean Siar	8.069	1.037	9.106	0.000	0.000	0.000	0.037	1.000	1.037
Falkirk	14.559	5.217	19.776	0.000	0.000	0.000	0.217	5.000	5.217
Fife	32.675	10.790	43.465	0.000	1.486	0.000	0.504	8.800	10.790
Glasgow City	68.017	81.784	149.801	0.000	2.952	64.295	0.837	13.700	81.784
Highland	40.985	10.720	51.705	0.000	0.000	0.000	0.320	10.400	10.720
Inverclyde	8.282	2.008	10.290	0.000	0.000	0.000	0.108	1.900	2.008
Midlothian	9.777	5.521	15.298	0.000	0.000	0.000	0.121	5.400	5.521
Moray	10.833	2.531	13.364	0.000	0.000	0.000	0.131	2.400	2.531
North Ayrshire	0.000	5.494	5.494	0.000	1.709	0.000	0.185	3.600	5.494
North Lanarkshire	29.763	9.458	39.221	0.000	2.396	0.000	0.462	6.600	9.458
Orkney Islands	6.389	0.730	7.119	0.000	0.000	0.000	0.030	0.700	0.730
Perth & Kinross	16.831	5.005	21.836	0.000	0.000	0.000	0.205	4.800	5.005
Renfrewshire	16.094	4.639	20.733	0.000	0.000	0.000	0.239	4.400	4.639
Scottish Borders	26.135	2.556	28.691	0.000	0.000	0.000	0.156	2.400	2.556
Shetland Islands	6.612	1.131	7.743	0.000	0.000	0.000	0.031	1.100	1.131
South Ayrshire	11.064	5.153	16.217	0.000	0.000	0.000	0.153	5.000	5.153
South Lanarkshire	27.607	7.233	34.840	0.000	0.901	0.000	0.432	5.900	7.233
Stirling	10.601	2.428	13.029	0.000	0.000	0.000	0.128	2.300	2.428
West Dunbartonshire	14.478	1.922	16.400	0.000	0.000	0.000	0.122	1.800	1.922
West Lothian*	15.451	4.345	19.796	0.000	0.000	0.000	0.245	4.100	4.345
Councils Total	598.707	259.049	857.756	0.000	9.444	92.245	7.360	150.000	259.049
Strathclyde Partnership for Transport		19.033	19.033	19.033	0.000	0.000	0.000	0.000	19.033
Grand Total	598.707	278.082	876.789	19.033	9.444	92.245	7.360	150.000	278.082

* Additional £0.425 million allocated to West Lothian to be transferred to the Improvement Service in respect of Scottish Local Government Cyber Security Infrastructure and Skills Match Funding Programme.

Council	Flood Scheme	Total 2019-20 £m
Aberdeenshire Council	Stonehaven	3.843
Aberdeenshire Council	Huntly	-0.174
Angus Council	Arbroath	1.726
Argyll & Bute Council	Campbeltown	4.184
Comhairle nan Eilean Siar	South Fords	0.044
Dumfries & Galloway Council	Dumfries/ River Nith/ Whitesands FPS	0.800
Dumfries & Galloway Council	Stranraer work item 4 & 6	0.288
Dumfries & Galloway Council	Langholm	0.000
Dumfries & Galloway Council	Newton Stewart/ River Cree	0.280
Dundee City Council	Broughty Ferry	2.342
Dundee City Council	Dundee	0.000
East Ayrshire Council	New Cumnock	1.000
East Dunbartonshire Council	Park Burn	0.000
East Lothian Council	Musselburgh	-1.910
East Lothian Council	Haddington	0.032
Falkirk Council	Grangemouth FPS	0.425
Fife Council	Kinness Burn	-0.192
Glasgow City Council	White Cart Water Phase 3	2.025
Glasgow City Council	Camlachie Burn	0.024
Highland Council	Smithton and Culloden	-2.217
Highland Council	Caol and Lochyside	2.498
Highland Council	Drumnadrochit	0.485
Inverclyde Council	Inverclyde FPS - Glenmosston Burn	0.000
Inverclyde Council	Inverclyde FPS - Coves Burn	0.000
Inverclyde Council	Inverclyde FPS - Bouverie Burn	0.000
Inverclyde Council	Quarrier's Village	0.000
Moray Council	Newmill	0.000
North Ayrshire Council	Millport Coastal	0.160
North Ayrshire Council	Upper Garnock FPS	2.537
North Ayrshire Council	Mill Burn Millport	0.320
Orkney Islands Council	Kirkwall	0.000
Perth & Kinross Council	Comrie	9.224
Perth & Kinross Council	Milnathort	0.090
Perth & Kinross Council	South Kinross	0.126
Perth & Kinross Council	Scone	0.075
Scottish Borders Council	Hawick	4.204
Stirling Council	Bridge of Allan	0.316
Stirling Council	Stirling	0.067
Stirling Council	Callander	0.178
West Dunbartonshire Council	Gruggies Burn	0.800
	Total	33.600

TOTAL LOCAL GOVERNMENT FUNDING SETTLEMENT 2019-20

ANNEX M

Local Authority	Ring-Fenced Grants	Non Domestic Rates	General Revenue Funding	Total 2019-20 Revenue	General Capital Grant	Specific Grant	Total 2019-20 Capital	2019-20 Local Government Finance Settlement
	£m	£m	£m	£m	£m	£m	£m	£m
Aberdeen City	20.337	258.560	63.399	342.296	27.949	10.325	38.274	380.570
Aberdeenshire	20.697	123.812	284.877	429.386	37.590	13.714	51.304	480.690
Angus	8.899	27.468	171.829	208.196	19.872	4.471	24.343	232.539
Argyll & Bute	7.389	35.634	155.711	198.734	19.269	3.885	23.154	221.888
Clackmannanshire	5.161	17.315	75.063	97.539	6.208	2.567	8.775	106.314
Dumfries & Galloway	11.305	51.150	228.108	290.563	24.408	4.973	29.381	319.944
Dundee City	17.188	64.307	222.919	304.414	23.247	4.878	28.125	332.539
East Ayrshire	12.690	27.360	195.879	235.929	14.630	10.000	24.630	260.559
East Dunbartonshire	8.113	22.669	158.945	189.727	11.046	3.821	14.867	204.594
East Lothian	9.006	25.550	143.203	177.759	10.066	7.046	17.112	194.871
East Renfrewshire	5.366	15.377	159.791	180.534	8.257	5.736	13.993	194.527
Edinburgh, City of	40.225	365.250	342.219	747.694	58.746	51.824	110.570	858.264
Eilean Siar	3.128	8.482	84.793	96.403	9.151	1.468	10.619	107.022
Falkirk	15.996	69.739	202.414	288.149	16.084	8.037	24.121	312.270
Fife	34.395	165.717	461.753	661.865	38.329	16.914	55.243	717.108
Glasgow City	67.255	356.234	850.773	1,274.262	80.628	101.477	182.105	1,456.367
Highland	21.328	143.240	293.540	458.108	37.743	15.449	53.192	511.300
Inverclyde	8.334	19.834	140.741	168.909	9.403	2.989	12.392	181.301
Midlothian	10.372	31.615	123.718	165.705	10.575	7.356	17.931	183.636
Moray	8.063	43.563	111.929	163.555	12.412	4.190	16.602	180.157
North Ayrshire	14.719	41.124	225.767	281.610	18.179	7.981	26.160	307.770
North Lanarkshire	33.501	107.252	491.075	631.828	35.947	14.392	50.339	682.167
Orkney	7.156	10.459	57.884	75.499	7.454	1.036	8.490	83.989
Perth & Kinross	10.531	56.590	187.820	254.941	28.484	7.830	36.314	291.255
Renfrewshire	18.398	104.417	198.720	321.535	18.391	6.848	25.239	346.774
Scottish Borders	9.330	36.624	165.498	211.452	25.247	4.409	29.656	241.108
Shetland	7.107	25.925	53.716	86.748	7.690	1.542	9.232	95.980
South Ayrshire	8.868	42.462	154.457	205.787	12.897	7.048	19.945	225.732
South Lanarkshire	28.144	341.166	205.888	575.198	33.029	11.046	44.075	619.273
Stirling	8.990	44.042	119.619	172.651	12.205	3.830	16.035	188.686
West Dunbartonshire	9.976	84.736	98.176	192.888	11.186	3.106	14.292	207.180
West Lothian	15.637	85.327	224.994	325.958	17.647	6.922	24.569	350.527
Undistributed	0.128	0.000	62.400	62.528	0.000	0.000	0.000	62.528
Strathclyde Passenger Transport	0.000	0.000	0.000	0.000	0.000	23.131	23.131	23.131
Scotland	507.732	2,853.000	6,717.618	10,078.350	703.969	380.241	1,084.210	11,162.560

To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Subject: Performance Management Report: Unscheduled Care

1. Context

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. This report covers unscheduled care with particular focus on the six Scottish Government Ministerial Strategy Group (MSG) targets and performance specifically related to older people aged 65+.
- 1.2 Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital. Unscheduled care is an important area of focus for Renfrewshire HSCP, working in partnership with NHSGGC Acute and local primary care services. The IJB has had a 'set aside' budget for commissioning unscheduled care since 2016. That budget has had no scope to be used differently. That may change based on how the MSG led integration review proposals are implemented.
-

2. Recommendation

It is recommended the IJB:

- Note the unscheduled care commissioning intentions for Renfrewshire HSCP;
 - Agree the Ministerial Strategy Group (MSG) targets for Renfrewshire HSCP for 2019/20; and
 - Note the additional data available for Renfrewshire patients aged over 65.
-

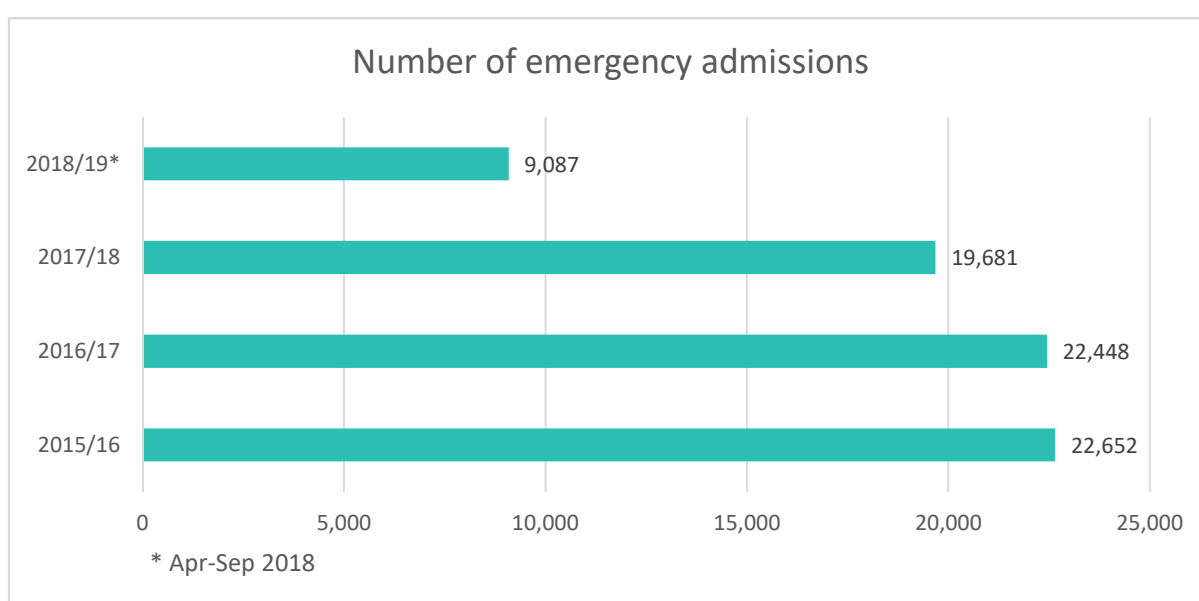
3. Scottish Government Ministerial Strategy Group (MSG) Targets

- 3.1 We have focused our attention in the last year on tracking progress and working to achieve the six MSG targets as part of our overall performance management process (please see Appendix 1). The targets focus on:

- Emergency admissions
- Unplanned bed days
- A&E attendances
- Delayed discharge bed days (18+)
- Percentage of last 6 months of life spent in the community (all ages)
- Proportion of 65+ population living at home (supported and unsupported)

The targets submitted to MSG for 2019/20 are for those aged over 18 only.

3.2 Emergency admissions



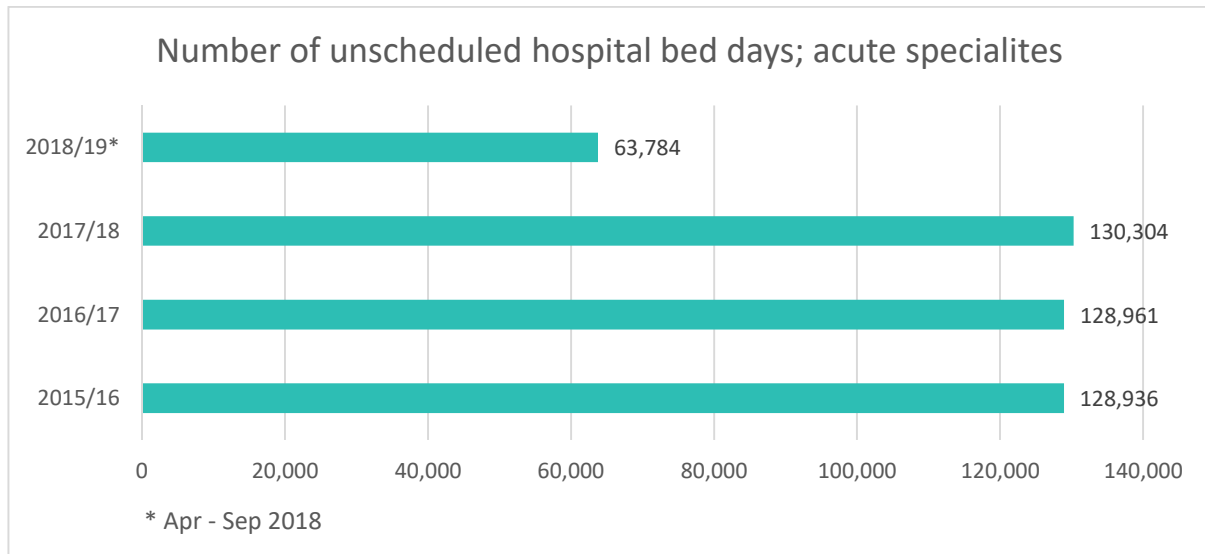
Target for 2018/19: 21,759

Proposed target for 2019/20: 19,302 (age 18+ 17,502)

Due to a change in the counting method and a significant focus on reducing emergency admissions, we have set a challenging target of 19,302 for 2019/20. This is a reduction of over 11% on the 2018/19 target.

3.3

Unscheduled hospital bed days; acute specialties



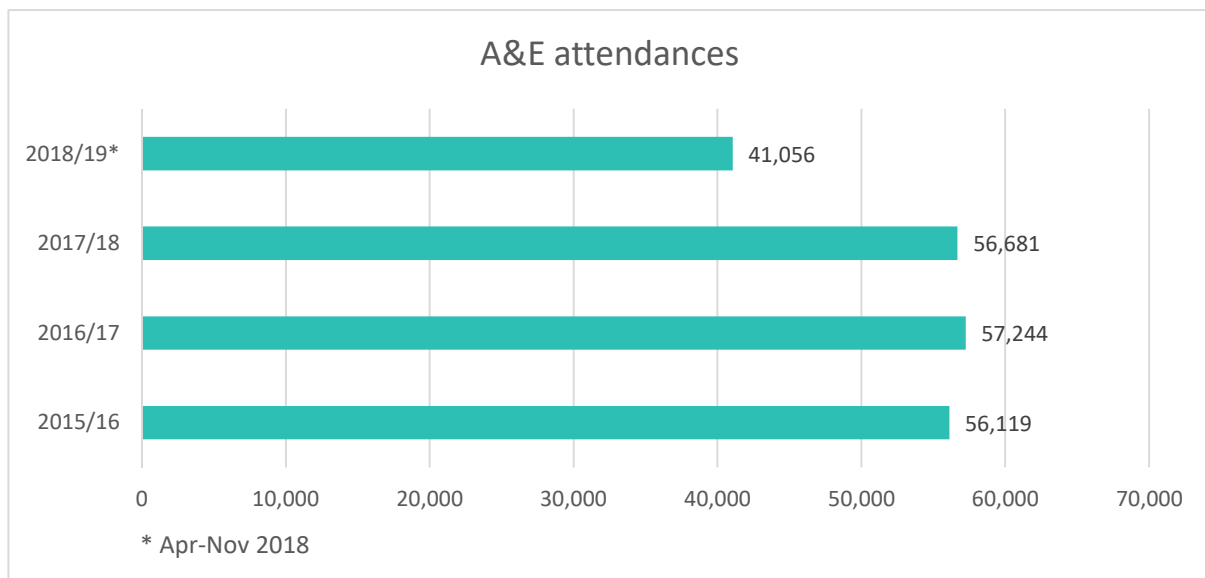
Target for 2018/19: 123,820

Proposed target for 2019/20: 126,477 (age 18+ 123,976)

Based on trends including the first six months of 2018/19, 126,477 is a realistic and achievable target without any additional resources to invest in community services.

3.4

A&E attendances



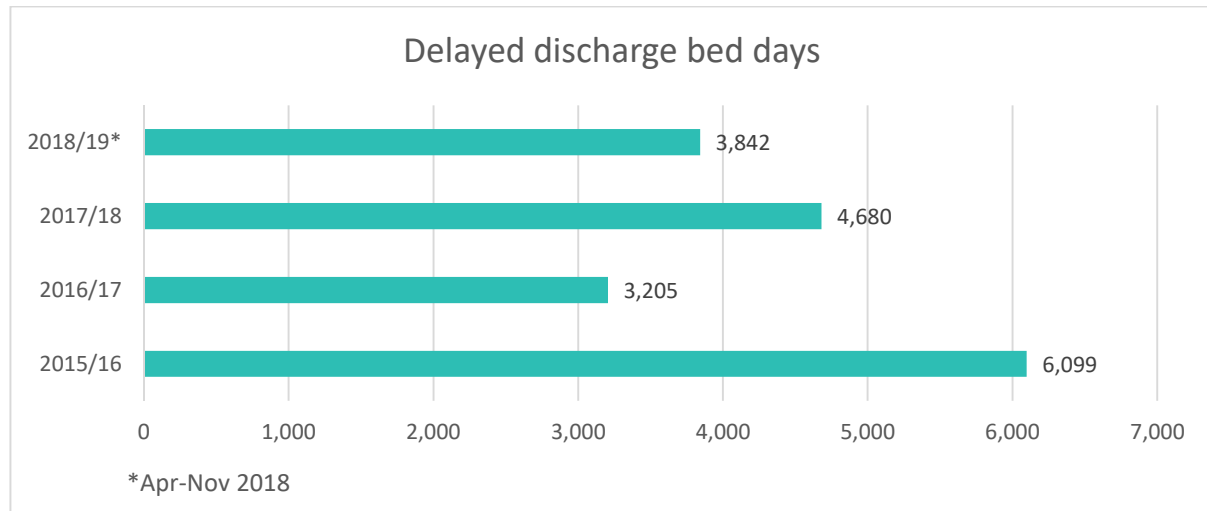
Target for 2018/19: 56,119

Proposed target for 2019/20: 56,119 (age 18+ 45,123)

A&E attendance activity across Scotland has grown in the past three years, however we have set a challenging target of 56,119 to try to return to 2015/16 levels of attendance. We are optimistic that our campaign to

support people to use the right service, and our focus on reducing frequent attenders at A&E, will help us achieve this target.

3.5 Delayed discharge bed days (18+)



Target for 2018/19: 3,200

Proposed target for 2019/20: 4,501

Although the target for 2019/20 is higher than the previous year, this is realistic based on the current six month position and still 26% below the figure for 2015/16.

3.6 Percentage of last six months of life spent in the community (all ages)

	2015/16	2016/17	2017/18
Renfrewshire	87.4%	87.0%	88.5%
Scotland	87.0%	87.0%	88.0%

Over the last four year period, the percentage of people spending the last six months of life in a community setting has been consistent, averaging at 87.6%. Our target for 2018/19 and 2019/20 is to maintain the rate of 87.4% from the baseline year of 2015/16.

3.7 Proportion of 65+ population living at home (supported and unsupported)

In 2015/16 (for those aged 75+), 81.6% lived at home unsupported (possibly with unpaid carers); 9.5% were supported to stay in their own homes (i.e. received care at home services); 7.0% resided in a care home; and 1.9% were in hospital. In three years, there has been an increase in over 75s living at home (supported) and a reduction in the percentage living in a care home.

	Setting	2015-16	2016-17	2017-18
Renfrewshire Aged 75+	Home (unsupported)	81.4%	82.4%	82.6%
	Home (supported)	9.5%	8.7%	8.6%
	Care Home	7.2%	7.0%	6.9%
	Hospice/Palliative Care Unit	0.0%	0.0%	0.0%
	Community Hospital	0.0%	0.0%	0.0%
	Large Hospital	1.9%	1.8%	1.8%

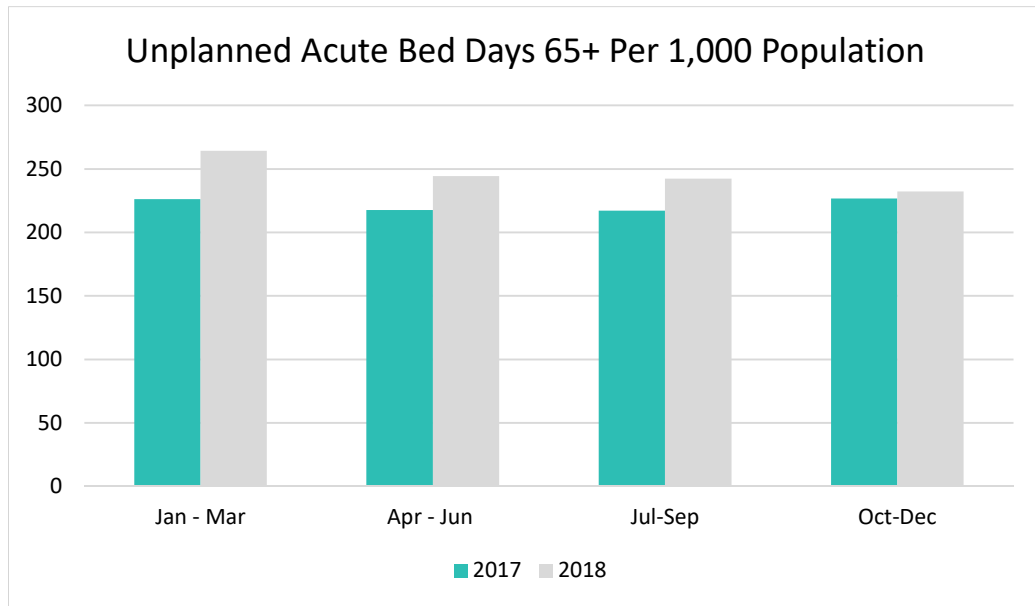
3.8 To reduce our reliance on unscheduled care we have prioritised the following activities:

- A social media and communications plan to educate our population to use the most appropriate health and care services
- Increasing the use of consistent Anticipatory Care Plans (ACPs)
- Agreeing service improvements in specialty areas where usage of unscheduled bed days is high and sharing these across the system
- Supporting care homes to reduce avoidable admissions to hospital by targeting work with homes that have higher admission rates to understand what is driving this. In addition, encouraging the use of ACPs and providing support to homes through our Care Home Liaison Nurses
- Rolling out the 'red bag' initiative in all nursing homes. The red bag contains important information about a care home resident's health in one place so they can receive quick and effective treatment by ambulance and hospital staff, with the aim of reducing residents' length of stay in hospital
- Focusing attention on frequent users at Emergency Departments (ED) with GPs to try a preventative approach with these patients
- Use of a common frailty tool to be used across the NHS Board area to identify people at risk of hospital admission and support them and their families to manage their conditions.
- Work is ongoing to reduce delayed discharges in Renfrewshire. In a small number of cases there have been difficulties with Care at Home provision due to levels of demand in particular areas, but steps are being taken to address this. The remainder are awaiting care home places and either in the process of assessment or looking at their second or third choices due to unavailability of their first choice option.

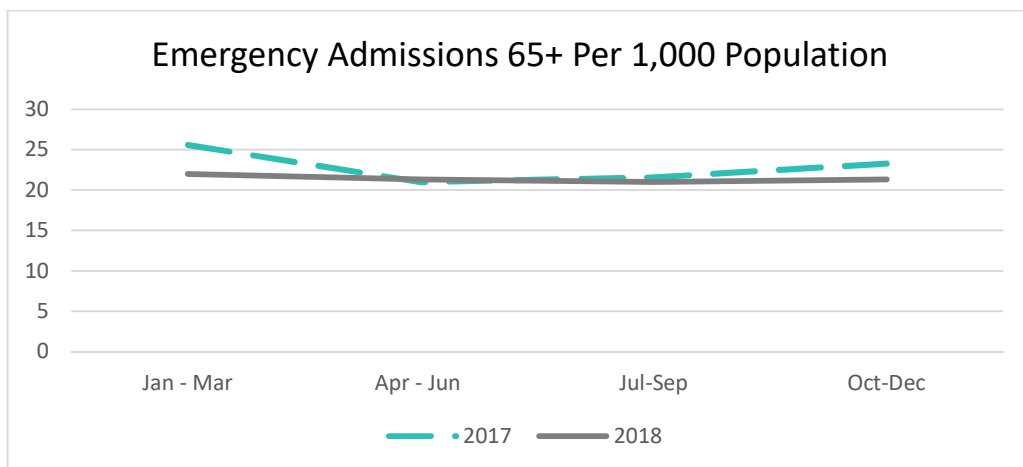
4. **Unscheduled Care Indicators for those aged 65+**

As an HSCP, we monitor closely unscheduled care activity for those aged over 65.

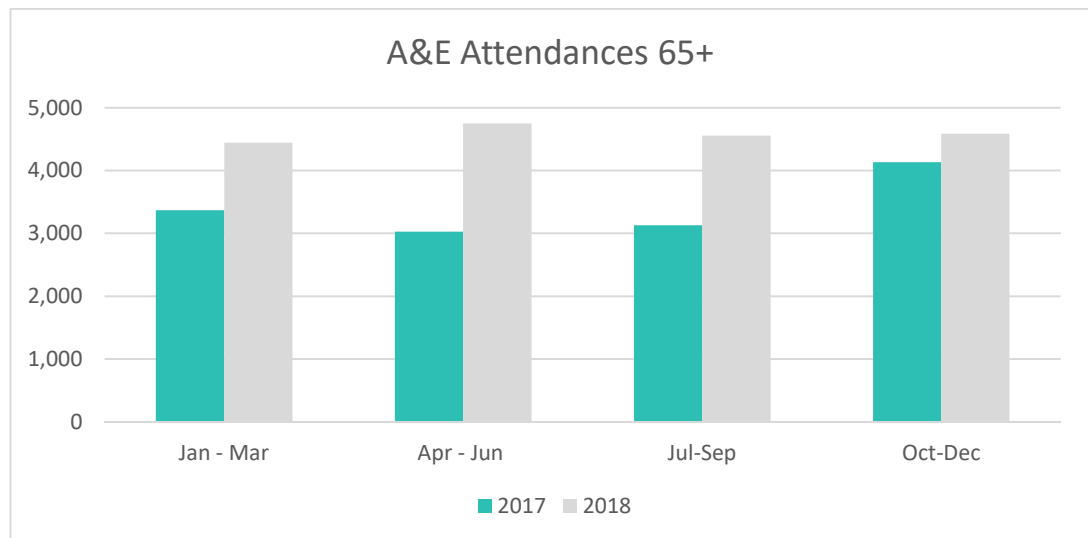
2018 has seen an increase in unplanned acute bed days for those aged 65+ per 1,000 population, however levels are now similar to 2017 at quarter 3 (Oct-Dec 2018).



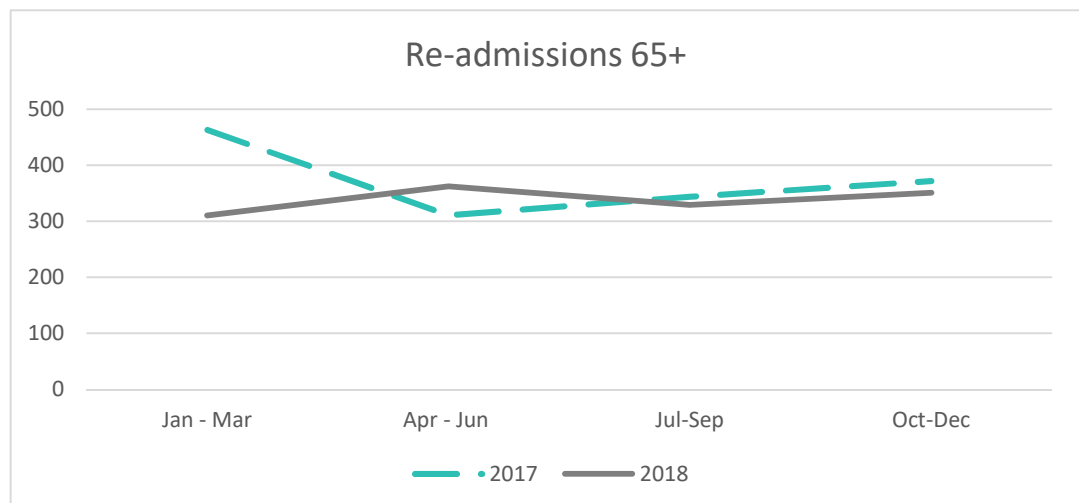
Emergency admissions for those aged 65+ per 1,000 population show a slight improvement in 2018 and have remained fairly static throughout the year.



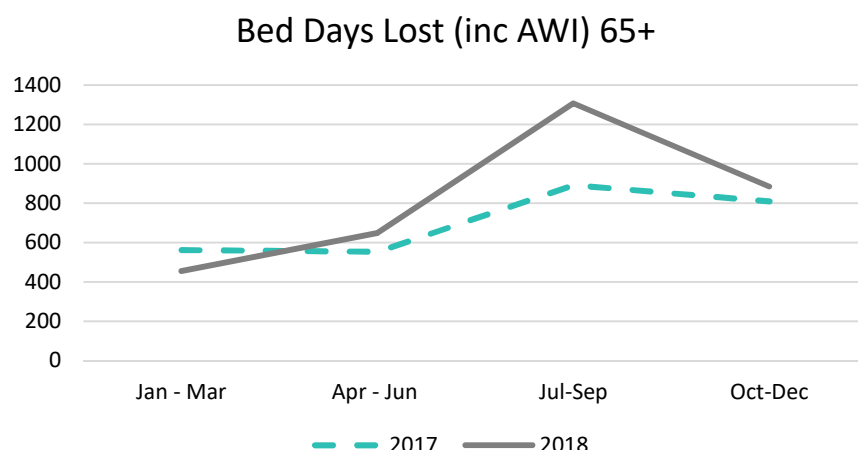
A&E attendances have seen an increase year on year, with levels reducing slightly between July and September 2018, and remaining stable in quarter 3 (October-December 2018).



2017 saw a dip in readmissions to hospital for those aged over 65 in Renfrewshire. The rate has remained similar throughout 2018 with a slight increase at quarter 3 (October-December).



Bed days lost due to delayed discharge (inc AWI), show an upward trend in quarter 2 (July-September) in both 2017 and 2018, with numbers reducing in quarter 3.



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** – 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.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement (Fiona.MacKay2@ggc.scot.nhs.uk/0141 618 7656)

MSG 2019/20 Objectives

Health and Social Care Partnership: Renfrewshire

Age Group for indicators 1 to 3: 18+

	1. Emergency admissions				2. Unplanned bed days				
Objective	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total
	2015/16	19,534	-10.4	17,502		2015/16	125,482	-1.2	123,976
					Geriatric Long Stay	Baseline year	Baseline total	% change	Expected 2019/20 total
						2015/16	6,932	-35.1	4,499
					Mental Health	Baseline year	Baseline total	% change	Expected 2019/20 total
						2015/16	49,296	-2.2	48,211
How will it be achieved	<div>* Bespoke GP section on HSCP website with referral information for Hot Clinics and other community support services</div> <div>* Advising Acute Consultants of services available in the community as alternatives to admission</div> <div>* Standardised Anticipatory Care Planning</div> <div>* In reach support for chronic conditions e.g. COPD</div> <div>* Respiratory Pathways Group is improving pathways and processes to reduce COPD admissions and unplanned bed days</div> <div>* Boardwide service re-design programme underway focusing on six areas with Renfrewshire leading on Heart Failure services</div> <div>* Implementation of red bag scheme to support quicker discharge and improved hospital experience for care home residents</div> <div>* Frailty identification and pathway management</div> <div>* Local falls group has worked closely with Scottish Ambulance Service to implement pathway. Shadowing and training ongoing.</div>								
Notes	Early data for 2018/19 shows a small reduction in admissions. Until validated, we have been realistic in our trajectory. Maintaining this level of performance will be challenging with continued budget reductions.								

	3. A&E attendances				4. Delayed discharge bed days (18+)				
Objective	Baseline year	Baseline total	% change	Expected 2019/20 total	All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total
	2015/16	45,123	0	45,123		2015/16	6,099	-26.2	4,501
					H&SC/patient and family related	Baseline year	Baseline total	% change	Expected 2019/20 total
									Code 9
How will it be achieved	* Use social media * Continue to publicise and promote Know Who To Turn To campaign * Boardwide advertising campaign to reduce inappropriate attendance at A&E * A&E Survey carried out and Action Plan is being prepared * Identify frequent attenders by GP practice to enable the primary care team to work proactively with these patients.				* Additional investment in Care at Home services to address increase in demand * Access issue to AWI beds has been resolved * Rehabilitation and Enablement Services Team * Care at Home Team				
Notes	Working with Acute colleagues, we aim to return to 2015/16 A&E attendance levels in 2019/20.				Early 2018/19 data shows an increase in delayed discharges. Our aim is to see a reduction in 2019/20 with a target of 4,500.				

	5. Percentage of last 6 months of life spent in				6. Proportion of 65+ population living at home			
Objective	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
	2015/16	87.4%	0	87.4%	2015/16	95.3%	0	95.3%
How will it be achieved	Palliative Care Action Plan				Market Position Statement in place for the care home sector to influence the commissioning of services and increase specialised provision.			
Notes								

To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Strategic Plan 2019-22

1. Summary

- 1.1 This report provides members of the Integration Joint Board with a final draft of the Strategic Plan 2019-22 for approval.
- 1.2 As the final IJB budget for 2019-20 has not yet been agreed, this plan remains in draft format.
-

2. Recommendation

It is recommended that the IJB:

- Approves the final draft Strategic Plan 2019-22, subject to final budget agreement; and
 - Notes the engagement process followed in the development of the Plan.
-

3. Background

- 3.1 Renfrewshire Health and Social Care Partnership (HSCP) has now completed the formal consultation on the three-year Strategic Plan for the period 2019-20. The plan will be available at www.renfrewshire.hscp.scot/StrategicPlan from Monday 18 March 2019.
-

4. Engagement and Development Process

- 4.1 The Strategic Plan sets out how the Health and Social Care Partnership will meet both local and nationally agreed outcomes. The development of the Strategic Plan has been an accessible and inclusive process, which has been enabled and supported by the Partnership's Strategic Planning Group (SPG).
- 4.2 The requirement for the Partnership to establish a Strategic Planning Group is set out in legislation and Renfrewshire Health and Social Care Partnership has put into place a representative structure which includes services users, staff, partners, providers and carers as well as health and social care professionals. The Group includes representation from social care and health services at both a community

and acute level and involves partners from housing organisations, the Carers Centre and community based organisations.

- 4.3 Workshops were established to develop individual sections of the Plan, involving a wide range of stakeholders. These sections were then brought together and tested with the SPG and other stakeholders.
- 4.4 The Strategic Plan and the planning process have been subject to an Equalities Impact Assessment (EQIA). The draft EQIA has been completed and has been submitted for quality assurance to the Quality Assurance Team at NHS Greater Glasgow and Clyde.
- 5. Consultation**
- 5.1 The draft was launched for formal consultation on 18 January 2019 at an event in Johnstone Town Hall, attended by over 100 people. During the formal consultation period, the Plan was presented to the HSCP Leadership Network and to the Council's Corporate Management Team. We have used social media to reach into the community for additional feedback. The deadline for responding to the consultation was Friday 1 March 2019.
- 5.2 Responses to the formal consultation raised a wide range of issues. These included requests to:
- Focus even more on prevention and early intervention.
 - Highlight the importance of availability of appropriate housing.
 - Ensure a balance of health and social care.
 - Dovetail the plan with service reviews.
 - Highlight the importance of the voluntary sector in delivering care in Renfrewshire.
 - Link closely with the work of Renfrewshire Council and Community Planning partners.
- 5.3 The responses have been incorporated in the final draft Strategic Plan. In addition, further work is planned with local Third Sector organisations to better represent the contribution made by them to improving health in Renfrewshire.

Implications of the Report

1. **Financial - None**
2. **HR & Organisational Development – None**
3. **Community Planning – None**
4. **Legal –** The Strategic Plan, that has been produced co-productively and has been formally consulted on, is a duty of the Public Bodies (Joint Working) (Scotland) Act 2014
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 Council's website.

8. Health & Safety – None

9. Procurement – None

10. Risk – None

11. Privacy Impact – None.

List of Background Papers - None.

Author: Fiona MacKay, Head of Strategic Planning and Health Improvement

Any enquiries regarding this paper should be directed to Fiona MacKay, Head of Strategic Planning and Health Improvement (Fiona.MacKay2@ggc.scot.nhs.uk /0141 618 7656)



To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Change and Improvement Programme Update

1. Summary

- 1.1. This report updates IJB members on the Renfrewshire Health and Social Care Partnership's (HSCP) evolving Change and Improvement Programme, including the ongoing Service Reviews.
- 1.2. This report also seeks approval for an additional Programme workstream: **Delivering Safe and Sustainable Services** to support the delivery of the IJB's Financial and Strategic Plans.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of the report;
 - Agree an additional workstream *Delivering Safe and Sustainable Services* and its supporting proposals, outlined in Section 7 of this report, are progressed; and
 - Approve the HSCP undertake research over 2019/20 to fully investigate where other HSCPs in Scotland are moving away from risk-based eligibility criteria to an approach based on outcomes and fairer access to resources.
-

3. Background

- 3.1. The Renfrewshire Health and Social Care Partnership's (HSCP) Change and Improvement Programme is focused on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach. This is supporting our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all.
- 3.2. This programme is currently being delivered through 3 workstreams:
1. Optimising Joint and Integrated Working and shifting the balance of care;
 2. Statutory Requirements, National Policy and Compliance; and

3. Service Reviews.

- 3.3. This report provides an update on these workstreams, and also seeks approval to introduce an additional workstream:

Workstream 4: Delivering Safe and Sustainable Services: to support the delivery of the IJB's Financial and Strategic Plans through:

- I. Assessment and Case Management;
- II. Unlocking the Benefits of Integration; and
- III. Cost Containment and Discretionary Spend Efficiencies.

4. **Workstream 1: Optimising Joint and Integrated Working**

- 4.1. This workstream seeks to establish a health and social care service managed and delivered through a single organisational model, unlocking the benefits which can be derived from streamlined, joined up and wherever possible, integrated working.

- 4.2. A number of service improvements/developments are ongoing:

- Work to build an effective and dynamic approach to 'locality' and 'cluster' based working, and to build collaboration and joint working between services to better support the needs of local patients and service users;
- The Care at Home Transformation Programme; and
- Implementation of a Joint Unscheduled Care action plan with colleagues in the RAH, which aims to demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.

5. **Workstream 2: Statutory Requirements, National Policy and Compliance**

- 5.1 The HSCP's Change and Improvement Team work closely with the SMT, Professional Leads and Service Managers to ensure the HSCP comply with new statutory duties, national policy and adhere to any external compliance requirements. Current work programme includes: the GP Contract; the introduction of the Carers Act; the requirement to upgrade telecare equipment from analogue to digital; embedding Self-Directed Support (SDS); delivery of the new Dementia Strategy; the planned introduction of Free Personal Care for Under 65s; and the replacement of the Council's Social Care Case Management system.

- 5.2 The IJB are asked to note a number of developments since the last reporting period in January 2019:

- 5.2.1 **GP Contract:** Renfrewshire HSCP's Primary Care Improvement Plan (PCIP): Each HSCP must update their PCIP annually to outline their expected planned developments and associated spend for the coming year. This is the subject of a separate IJB paper at this meeting.

5.2.2 Dementia Strategy: The Renfrewshire Dementia Strategy Group is developing an action plan to ensure it delivers on its commitments within the national strategy.

In parallel, the HSCP is also developing a local Dementia Strategy. An engagement process which targeting the public, service users, community organisations, 3rd Sector, Renfrewshire Council and staff to inform the local Dementia Strategy is ongoing. Two large public consultation events were held during December 2018, and a number of focus groups will run until mid-March 2019. A questionnaire to capture the views of those who cannot make the events/focus groups is also been undertaken. Information received from the questionnaires and the public consultation events will be analysed to inform the local Dementia Strategy.

The Group awaits an update on the Scottish Government's paper 'Transforming Specialist Dementia Hospital Care' which recommends reducing the number of specialist dementia hospital beds and using the funds released to improve community and care home services. This could have significant implications for Renfrewshire.

5.2.3 Replacement of Social Care Case Management System: OLM Systems has been awarded a contract to provide their Social Care Case Management System - Eclipse, to HSCP and Renfrewshire Council's Children's Services. This contract is due to commence on 1 April 2019, replacing the current Social Care Case Management System contract – SWIFT which will expire in March 2021. It is anticipated that Eclipse will bring a system which underpins the future operating models in adults and children's social care whilst supporting the delivery of services to the residents of Renfrewshire. The new system will also enable flexible working and opportunities to improve operational processes whilst maintaining data security.

The programme is estimated to take a minimum of two years to complete, with the initial focus being on data cleansing, migration, system configuration and process redesign. A phased approach to rollout will be developed in partnership with OLM systems and Children's Services. This will be shared in further updates to the IJB.

6. Workstream 3: Service Reviews

6.1 In June the IJB approved 4 Service reviews:

1. Learning Disabilities Services;
2. Older People Services;
3. Charging (on behalf of Renfrewshire Council); and
4. Addictions Services.

- 6.2 The service reviews all share a common aim which is:
- To ensure Services are modern; flexible; outcomes focused; financially efficient and 'fit for the future' and taking account of changing trends; demographics; demands; local and national policy drivers; changing needs; inequalities; good practice and service user and carer views.*
- 6.3 Updates on the Learning Disability Services and Addiction Reviews are the subject of separate papers at this meeting.
- Older People Review**
- 6.4 As detailed in our January 2019 IJB report, as part of this Review, the HSCP has been working with Journey Associates in a people focused and collaborative way (using *Design Thinking*) to gain insights from older people, carers, frontline staff, leaders, and key stakeholders.
- 6.5 This “*Design Thinking*” approach enables innovative, co-creative solutions to ‘wicked’ or complex problems in way that is:
- Participatory
 - Inclusive and nurtures empathy
 - Working to shared understanding of issues/opportunities
 - Motivating and empowering
 - Flexible
- 6.6 The Review is being managed in 4 phases: *Discover*, *Define*, *Design* and *Deliver*, and we are now concluding the *Discover* phase.
- 6.7 During the *Discover* phase we have worked with the Older People Working Group to agree the key drivers which must influence any redesign of older people services; to develop three pillars which will frame this Review going forward; and to validate the key priority areas based on what older people and other stakeholders have told us.
- 6.8 The agreed key drivers for this Review are:
- Under occupancy across our care home and day centre estate;
 - The national move to keep people in their home or homely setting for longer;
 - Increasing demand and financial pressures;
 - Social isolation and loneliness;
 - A focus on early intervention and preventive activities;
 - Continue towards a more local community-based service model;
 - Strengths and opportunities that working in an enhanced way with partners can bring; and
 - Supporting people to change their behaviours, to take more ownership for their health and wellbeing.

6.9 The Review has developed 3 Pillars which will frame the Review's findings and recommendations going forward:

1. **Repurpose:** *defining & designing the places people access services;*
2. **Reimagine:** *defining the future shape of services that meet people's needs; and*
3. **Redesign:** *designing the way future services are delivered through partnership*

6.10 Through a range of engagement events we have identified core themes based on what the older people and the wider stakeholder group told us are important to them. These themes have been validated by the Older People Working Group.

- **Place:** e.g. making best use of resources, managing the emerging housing demand; meeting the needs for those with dementia needs, ensuring fit for future buildings.
- **Health & Wellbeing:** e.g. promoting older active years, dementia specific services, strengths-based approach to supporting people to be responsible for own health, enhanced service pathways.
- **Early Intervention and Prevention:** e.g. early investment to avoid crisis, frailty intervention, falls prevention, addressing loneliness and social isolation, support at times of transition such as losing a partner or becoming a carer.
- **Partnership Working:** e.g. removing duplication and competition, strengthen role of partners, opportunities to share buildings, skills and experience, value the role of each partner.
- **Information & Communication:** e.g. making it easier to find service information, building on networks for sharing best practice, improve information sharing across partners and map services in Renfrewshire.
- **Range of Services & Supports:** e.g. further develop the spectrum of services available to cater for different need and interests, consider availability of service (evenings, weekends, 7 day a week activities), intergenerational and cross care opportunities, identify and address gaps such as mid-range of need.
- **People & Community:** e.g. connecting people and places, hub and spoke model of community services, supporting people locally, community transport, strengths-based approach to supporting people to access support and services, enabling greater self-determination and choice.
- **Enablers:** e.g. use of technology - telecare, telehealth, improve digital inclusion, explore emerging innovations.

6.1 As we enter the “Define” phase we will continue to work in the participatory and people focussed way to further define our key priority areas, opportunities and challenges and outline proposals for key changes to improve services for older people in line with the 3 Pillars: *Repurpose*; *Reimagine* and *Redesign*.

6.2 Progress updates will be provided via the regular Change and Improvement paper.

Charging

6.3 The IJB has been kept updated on the ongoing review of social care charging. Given the intrinsic importance of the Charging Policy to the financial resilience of the HSCP, the Charging Review has been led by the Chief Finance Officer, with external support from Rocket Science Consulting, on behalf of Renfrewshire Council.

6.4 The Review has focused on:

- What services are charged for and which are not;
- What level these charges are set at;
- How the Financial Assessment relates to chargeable services; and
- How to simplify the process, making it more transparent and easier for service users to understand charges.

6.5 A Planning Group has supported the Review, with representation from HSCP and Renfrewshire Council officers including legal, finance, procurement and policy experts. Key areas of focus have included:

- Providing an understanding of where our policy and model differs from peers;
- Identifying best practice and trends through benchmarking across NHS GGC and other Local Authority areas;
- Exploring potential changes and improvements to the current policy and model; and
- Considering the wider impact of any potential change for service users, staff, providers, the HSCP and Council.

6.6 In early 2019, Rocket Science concluded their Review setting out a range of opportunities, informed by a benchmarking exercise and local data analysis, which would significantly contribute to the IJB delivering on its challenging Financial Plan.

6.7 At a time of increasing demand and financial constraint, the implementation of Rocket Science’s recommendations in their entirety would provide a welcomed increase in Council revenue through income generation. However, the HSCP is committed to protecting our most financially challenged service users and, where possible, maintaining the current level of protection afforded to individuals via their Financial Assessment.

- 6.8 The Chief Officer, in consultation with Council officers and the Chair and Vice-Chair of the IJB, will conduct a review of the findings. Following this, the Chief Officer will submit a paper with draft recommendations for the IJB to consider for submission to the Council.

7. Workstream 4: Delivering Safe and Sustainable Services

- 7.1 The 3 Year Financial Plan approved by the IJB in September 2017 set out the HSCP's challenging financial position over the next 3 years. Within this plan and in line with the National Health and Social Care Delivery Plan's aim for Better Value, the IJB has committed to continually appraise current models of service delivery to ensure resources are most importantly focused on areas of greatest need delivering the best outcomes to service users. A number of delegated services we manage have already been subject to positive review and redesign using where available.

- 7.2 The Chief Finance Officer's Finance Update, which is the subject of a separate paper to this meeting, reinforces the need to identify financial resource on a recurring basis, and highlights the likely scale of the savings required to be delivered in 2019/20.

- 7.3 In light of this, since early summer 2018 the Chief Officer and Chief Finance Officer have jointly led a budget review in line with the HSCP's medium term financial strategy.

- 7.4 As a result of the above, the HSCP Heads of Service and their management teams have identified 3 further areas which will support the delivery of sustainable services, in line with our Strategic and Financial Plans, delivering a total saving of **£1.120m**:

- I. Assessment and Case Management;
- II. Unlocking the Benefits of Integration; and
- III. Cost Containment and Discretionary Spend Efficiencies.

- 7.5 In line with our financial planning processes, the Chief Officer has met with the Professional Advisory Group, in their capacity as Professional Leads, in order that they are fully sighted on this work and to assess the level of clinical care risk these could present. The Group agreed that the proposals within this report posed the least impact to the HSCP and could be taken forward subject to any identified mitigation being actioned.

- 7.6 We have also briefed the Staff Partnership Forum on this work and will continue to engage with them as work progresses. All proposals have been subject to an initial Equality Impact Assessment Screening by an Equality Officer, and confirmed that no full Equality Impact Assessments are required.

I. Assessment and Case Management

- 7.7 The HSCP will seek to implement a more robust Assessment & Case Management approach to ensure equity and equality across services by streamlining and identifying efficiencies in the system. This is forecast to

release **£828,000** over the next two years (£578k in 2019/20 and £250k in 2020/21) through:

7.8 The creation of a social work professionally led, centralised review team who will focus on ensuring:

- The partnership delivers not only on its statutory duty to annually review care packages but also on offering services which are sustainable over the longer term, targeting available resources to those with the greatest need;
- Review and monitoring activity is co-ordinated, comprehensive and fully informed; to support the timely and accurate recording of financial assessment data and rigorous application of the Charging Policy to better maximise income from charges to users; and
- Standardised commissioning practices to remove any variation in costs resulting from differing support planning methods across the workforce.

7.9 As part of a caseload and process review of services, in partnership with staff side and staff representatives, the HSCP has identified redesign opportunities to improve its capacity to manage caseloads within a reduced staffing resource, whilst continuing to deliver safe, effective and high-quality services.

7.10 The HSCP plan to undertake a two phased review of eligibility criteria over 2019/20:

- Firstly, Heads of Operational Services will work together over the coming months to implement a refresh approach to ensuring consistent application of the current eligibility criteria across all teams; and
- In parallel, IJB approval is sought to undertake research to fully investigate where other HSCPs in Scotland are moving away from risk-based eligibility criteria to an approach based on outcomes and fairer access to resources. This would be underpinned by benchmarking/option appraisal on approaches/thresholds across the country and analysing different resource allocation methodologies.

7.11 The Professional Advisory Group risk assessed the 'Assessment and Case Management' proposals as a GREEN rating, which means they are viewed of least risk to the IJB.

II. Cost Containment and Discretionary Spend Efficiencies

7.12 In recent months, the HSCP Senior Management Team has led a programme of cost containment and increased control around discretionary spend. This workplan has been underpinned by principles relating to best practice guidance and procurement links to objectives and outcomes identified in our strategic commissioning plans.

Through minimising non-pay costs across all budgets, and removing any identified recurring underspends, this work has successfully identified efficiencies which will release **£124k** through a range of measures, including:

- Proactive action being taken to reduce the HSCP's spend on venue hire and catering;
- Reduction of supplies expenditure by improving stock controls and practices; and
- Active contract management and commissioning to: end contracts where services are no longer required and reinvest any underspends; optimise the use of current contracts; effective contract management to ensure we maximise both the opportunities and the potential savings these bring.

7.13 The Professional Advisory Group risk assessed the 'Cost Containment and Discretionary Spend Efficiencies' proposals as a GREEN rating, which means they are viewed of least risk to the IJB.

III. Releasing further benefits from Integration

7.14 As part of the ongoing review of our integrated services, Operational Heads of Service have identified a number of areas where efficiencies and streamlining through leaner and more integrated ways of working could release **£169,000** from a range of budgets. This includes reducing duplication in management and administration costs, through vacancy management, strengthening our locality approach and altering our skill mix as people leave.

The key component parts of this work include:

- The potential for some small specialist teams to become more integrated within our localities – spread of skills, embedding knowledge and awareness across our service;
- Reviewing skill mix in teams as postholders leave to ensure consistency in approach and optimum use of resources, whilst maintaining agreed workforce models and grade appropriate workload;
- Reviewing vacancies in teams to reinvest within services in new, more innovative ways;
- Ensuring posts are appropriately graded to reflect duties and responsibilities; and
- A Review of Mental Health Administration.

7.15 The Professional Advisory Group risk assessed the 'Releasing further benefits from Integration' proposals as a GREEN rating, which means they are viewed of least risk to the IJB.

Delivering on our Financial Plan

7.16 Although each of the above proposals have been risk assessed by the Professional Advisory Group as green, the Chief Officer recognises that the year on year cumulative impact of savings will reduce the resilience within HSCP services going forward. To assist mitigate this, the Senior Management

Team will closely monitor the delivery, and impact, of the above savings throughout the year, and take corrective action as appropriate.

Implications of the Report

1. **Financial** – the Change and Improvement Programme supports the delivery of the 2019/20 Financial Plan.
2. **HR & Organisational Development** – There are implications for NHS and Council posts. HR and OD work in close liaison with the Change and Improvement Programme.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – the proposal contained in this report place due regard on equality requirements
8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – the report highlights a range of risks associated with the proposals and mitigation treatment where identified.
11. **Privacy Impact** – n/a.

List of Background Papers – None.

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To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Update on Review of Addiction Services in Renfrewshire

1. Summary

- 1.1 A review of the Addictions Services in Renfrewshire was commissioned in January 2018 by the Alcohol & Drug Partnership (ADP). The Review was led by John Goldie, independent reviewer. A copy of the full report can be made available upon request. John was supported by a Review Team which comprised of core staff from HSCP, third sector and service user/lived experience representation.
- 1.2 This paper sets out the key findings and recommendations and provides an update on the progress to date in relation to this review, its key findings, and recommendations.
-

2. Recommendation

It is recommended that the IJB note:

- That the first phase of this review has been completed and updates are provided routinely through Alcohol & Drug Partnership (ADP) Strategic and Operational Delivery Groups;
 - That work is ongoing to develop the new future model for Alcohol and Drug Treatment and Care Services in Renfrewshire; and
 - That a future progress update will be brought to the IJB in June.
-

3. Background & Purpose of the Review

- 3.1 Renfrewshire's Alcohol and Drug services have four core elements:
- Drug Service – a community drug treatment and care service;
 - Torley Unit – a specialist day service provision;
 - Integrated Alcohol Team – a community alcohol treatment and care service; and
 - Addiction Liaison Service – a nurse led service working into the Royal Alexandra Hospital.

- 3.2 Over the last five years there has been an increase in demand for alcohol and drugs services in Renfrewshire.
- 3.3 The purpose of this review was to consider all aspects of service and care delivery to ensure they are person-centred, recovery focused and have with clear pathways identified in and out of services.
- 3.4 This process incorporated:
- A review of the overall demand and capacity of each of the core services;
 - A review of the current staffing profile to ensure the appropriate skill mix;
 - A review of the current clinical and care models within each service.

4. Engagement & Key Findings

- 4.1 The Review Team engaged with a wide range of service users, staff, families/carers and key stakeholders. The services have successfully engaged and retained significant numbers of individuals in treatment. The numbers of individuals accessing care and treatment has increased substantially over the life of the present service model. The review found key positive outcomes in relation to:
- Increased access to multi-disciplinary assessment, care and treatment provision across the whole of Renfrewshire;
 - Direct access at the point of need through a pathway of assessment, care planning and review;
 - Access to Opiate Replacement Therapy (ORT) and related support packages;
 - Access to Alcohol treatment and detoxification via managed day service provision;
 - Established Co-morbidity Team to support adults with Addictions and Mental Health issues;
 - Increased support to adults with addiction issues and parenting responsibilities, with improved outcomes for children affected by parental substance misuse (CAPSM);
 - Increased support including diversionary work for vulnerable young people with drug and/or alcohol difficulties, in partnership with RADAR service;
 - Increased support for adults with additional needs (Adult Support & Protection).
- 4.2 Alongside these positive outcomes, the review identified a number of areas for improvement:
- Alcohol and Drug Services in Renfrewshire operate separately and lack of consistency of a standard approach across services;

- Managing significant volume, demand and casework can, at times, result in a lack of person-centred practice across the services;
- The Drug Service provides a substitute prescribing service but perception that it offers limited choice thereafter;
- Some gaps in assessment, care planning and review recording. Concerns about competing demands, volume and perceived risk adverse nature of staff;
- Issues relating to accommodation for services were identified;
- Governance issues in relation to GP Local Enhanced Care (Shared Care) have been identified; and
- Lack of recovery options which in turn reduces exit strategies from care, which impacts on through-put and capacity of team.

5. Key Recommendations

5.1 Based on the review key findings a number of recommendations have been developed and these are now being implemented. The ADP provides the oversight role to ensure delivery. The recommendations are to ensure:

1. Introduction of a clear and visible single service model for Renfrewshire. For example, Renfrewshire Addiction Service or Renfrewshire Alcohol and Drug Recovery Service.
2. Establishment of a single access or receiving team for all alcohol and drug referrals to eliminate duplication of assessment between the alcohol and drug services. This would deliver a barrier-free point of contact that will be easily navigated by individuals wishing to self-refer and those coming via professional referral.
3. Review the model of care within Renfrewshire Drug Service and consider the adoption of a Community based provision that would actively engage with clients/patients with community/home settings thus reducing the need for individuals to attend Back Sneddon Street as the main point of access. This could substantially reduce the attendance work load on this venue and offer the opportunity for the environment to become more therapeutic and more manageable.
4. Extend the model of care provided by the Integrated Alcohol Team to include actively offering Alcohol Home Detoxification. At present this is only offered within the Torley Unit. If a community option was offered (as within other HSCPs) the reduced work load on the Torley Unit would allow the development of an Integrated Community Rehabilitation facility.
5. Development of an Integrated Community Rehabilitation facility within the Torley Unit to enhance the model of provision presently on offer.
6. Review the Renfrewshire GP Local Enhanced Service with the aim of establishing a designed Renfrewshire Shared Care Model that

provides a clear pathway of care between specialist core services and shared care as part of a recovery and service discharge process.

7. Explore establishing a dedicated specialist Shared Care Team to manage the New Renfrewshire Shared Care provision. This would allow the practices to have a dedicated specialist workforce rather than the part-time provision experienced at present. This Team would also have responsibility for the shared caseload so resolve the present governance issue within the present model.
8. Explore the commissioning of Recovery/Aftercare Hub service. This is a clear and significant gap to allow individuals to leave core services or shared care to explore and manage their own recovery. This model has been successfully adopted elsewhere with significant benefits for individuals and core services.

6. Service Redesign Work Underway

6.1 Work is underway to implement all the recommendations from the review. The changes recommended require significant service re-design, staff and stakeholder engagement. It was noted in the review that the current workforce is committed to moving forward to a new recovery focused model of service delivery. All staff had an opportunity to attend a briefing on the review. We have also had a half-day session focused on what the future service model would look like based on the recommendations, with a further half day session planned for spring 2019. Trade union liaison has taken place to provide updates. A workforce plan is being developed and this will be discussed with staff side representatives.

6.2 The following provides a short update on each strand

6.2.1 Single Service

A clear and visible single service model for Renfrewshire is being progressed to join up our Drug and Alcohol Services into a single service. This will reflect that we will be delivering an integrated, recovery focused treatment and care service.

6.2.2 Development of an Access Team

A single access/receiving team for all alcohol and drug referrals will be established. Work has progressed in processing all Drug and Alcohol referrals together, reducing duplication and providing a standard approach.

6.2.3 Community based provision with an assertive outreach approach

By introducing this new model of care there will be greater emphasis on a community approach, actively engaging service users in wider HSCP and partner settings. Adopting an assertive outreach approach

will include having more home visits. This will reduce the demand on services such as those at Back Sneddon Street which at present is the main point of service entry.

6.2.4 Introduction of Alcohol Home Detoxification

We will extend the model of care provided by the Integrated Alcohol Team to include actively assessing and offering Home Alcohol Detoxification as an option. At present this is only offered via day attendance to the Torley Unit at Dykebar Hospital. Home Alcohol Detoxification is provided in partnership with GPs.

6.2.5 Integrated Community Rehabilitation

We will also extend the remit of the Torley Unit to offer a full range of rehabilitation and recovery options, with more of a balance between drugs and alcohol.

6.2.6 GP Local Enhanced provision

We plan to adopt the NHS GG&C Shared Care Model fully. This will address the governance issues identified in the review. An event for GPs, Community Pharmacists and Addiction Service staff is planned for late April 2019.

6.2.7 Dedicated Shared Care Team

Currently staff support GPs to deliver Enhanced Care Clinics in GP Practices, in addition to their own caseload. By establishing a dedicated Shared Care Team to manage the new Renfrewshire Shared Care provision this will provide practices with additional support.

6.2.8 Recovery Hub

The area that requires the biggest shift in practice and investment is recovery. The review identified a significant gap in recovery opportunities for people in Renfrewshire. Although the Sunshine Café provides excellent support, it is currently limited to one afternoon per week only.

The review recommended commissioning of an Alcohol & Drugs Recovery Hub Model which has been the approach in some neighbouring HSCPs. However, since this model has been adopted two key strategies have been developed in relation to Mental Health: - The Scottish Government's Ten-Year Mental Health Strategy (2017-2027) and NHS GG&C Five Year Forward View Mental Health Strategy. Action 15 monies have been made available to HSCPs to deliver additional support to people with mental health issues. NHS GG&C's Strategy has a focus on shifting the balance of care away from hospital-

based provision into the community, with a focus on developing a recovery orientated system of care.

Many of the adults accessing our alcohol and drug services and our Mental Health Services have both mental health and addiction issues. The needs of service users/patients with a mental health and/or addiction issue in relation to recovery have many similarities. Often, they seek the support of Treatment Services because they are in distress, have feelings of isolation within their community, feel lonely or need support in developing general life skills and increased resilience and self-management.

The HSCP is working with Renfrewshire Council Property Services to identify a suitable location for a Recovery Hub. This service will be a community resource for people who have addiction and/or mental health issues, together. Investment has been agreed from Action 15 monies and ADP. This avoids duplication of service provision and has an assets-based approach. The Hub will mean that recovery opportunities and activities can be delivered potentially seven days a week with evening sessions also available. This will be a valuable resource for people of Renfrewshire and should reduce demand on our Alcohol & Drug Recovery Services providing a much-needed 'exit strategy', alongside additional support to people with drug and/or alcohol issues. It is envisaged that this development, in time, will also reduce demand for on our mental health services.

Joining up addiction and mental health recovery opportunities is in its infancy but it is worth noting that people currently accessing the Sunshine Recovery Café have a range of support needs in relation to both addiction and/or mental health issues.

The single Alcohol and Drug Strategy 'Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy' was published in November 2018. Although the new strategy was published after the first phase of the review process was completed, the recommendations are in line with the new strategy.

7. Future Service Model

The review made recommendations for service change. Moving forward, our service models and pathways will be based on a number of guiding principles:

- Services will ensure recipients receive the right assessment and treatment, at the right time and is person centred;
- Services will focus on developing a recovery pathway in which the service user is fully involved and able to participate in the planning of their own sustainable medium to long term recovery;

- Services will ensure safe, effective evidence based and accountable practice focused on delivering quality outcomes;
- Services will be able to respond to the changing demands of alcohol and drug use patterns within Renfrewshire;
- Services will operate within the available financial envelope.

8. Next Steps

- 8.1 Work is progressing to develop a fully integrated model of care. Developing the access service, shared care and the development of a Recovery Hub are the priorities. Ongoing engagement with staff is core to how we progress.
- 8.2 Progress update will be provided via the regular Change & Improvement Programme updates, the next will be in June 2019.

Implications of the Report

1. **Financial** – tbc
2. **HR & Organisational Development** – tbc
3. **Community Planning** – tbc
4. **Legal** – tbc
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – tbc
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 Council's website.
8. **Health & Safety** – tbc
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – None.

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To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Review of Learning Disability Day and Respite Services

1. Introduction

- 1.1 As part of the Renfrewshire Health and Social Care Partnership (HSCP) Change and Improvement Programme, Paradigm were commissioned in August 2018 to support the Review of Learning Disability Day and Respite Services.
- 1.2 The purpose of the Review was to assess all aspects of Renfrewshire's Learning Disability Day and Respite Services to ensure they are modern, flexible, outcome focused; financially efficient and 'fit for the future'.
- 1.3 This paper highlights to members of the IJB the progress to date and the associated next steps for the Review of Learning Disability Day and Respite Services.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of the Paradigm Report;
 - Note the HSCP's commitment to further consultation and engagement; and
 - Note that a subsequent paper to be presented to the June IJB which will include the outcome of consultation and an outline of HSCP response and next steps.
-

3. Summary

- 3.1 In August 2018 Renfrewshire HSCP commissioned Paradigm to support the Review of Learning Disability Day and Respite Services.
- 3.2 The Review was met by concern from some carers. They believed that the aim of the Review was to close day centres and to make cuts to service provision.

- 3.3 Renfrewshire HSCP has provided consistent reassurances that this was never the intention and much work has been done to ensure all who wanted to contribute to the Review had the opportunity to do so.
- 3.4 Over the course of the Review, Paradigm have engaged with over 300 people and undertaken research to support recommendations across 4 broad themes. These include:
- Strategic Direction and Relationships
 - Day Opportunities
 - Respite and Short Breaks
 - People and Processes
- 3.5 Paradigm's full report is attached for members' information and comment.
- 3.6 It should be noted that Paradigm's work focused on services and supports for people with a learning disability, and those with a learning disability and autism. Outwith this Review, work is ongoing in the HSCP in relation to service provision for people with autism who do not have a learning disability.
- 3.7 Capability Scotland Services were not included within the scope of this Review. However, service users, families and carers associated with the services at West Lane Gardens and Whitehaugh were invited to participate in the Review. The IJB have been kept up to date on these two Capability Scotland Services.
-

4. Consultation

- 4.1 In response to Paradigm's report, the HSCP would like to highlight to members our commitment to meaningful engagement with key stakeholders on the Review findings and recommendations.
- 4.2 The initial consultation launch took place on Thursday 21 February 2019 at an extended Learning Disability Planning Group Meeting. Prior to the Review getting underway, the HSCP had agreed that Paradigm would present the Review findings and recommendations to the Learning Disability Planning Group before wider consultation. This initial consultation was attended by over 50 people including families and carers, people with learning disability, support staff and management, together with the IJB Chair and Vice Chair.
- 4.3 All attendees had contributed to the Review in some way, and they were invited to the 21 February session via their membership of two key groups:
- Learning Disability Planning Group
 - Review Reference Group

- 4.4 Paradigm noted that some tension remained between people who wish to maintain the status quo in relation to service provision and those who would like different opportunities explored further.
- 4.5 There remains suspicion amongst some carers that the Review will result in cuts to services or closures of Day Centres. Some carers at the consultation were looking for assurances that there would be no change at all in the care of their family member now or in the future.
- 4.8 Given this was the beginning of our consultation on Paradigm's report, it's findings and recommendations, it is too early to say whether the views expressed at this initial consultation session are fully representative of carers in Renfrewshire.
- 4.9 One of Paradigm's recommendations was for a Learning Disability Strategy to be developed for Renfrewshire. There were mixed views expressed about this as many felt that there were enough strategies and what they wanted was a Plan of Action rather than another strategy. At this point, it is the preferred way forward for the HSCP to establish an Action Plan.
- 4.10 Further events are ongoing throughout March and April 2019.
- 4.11 In addition to the events, Paradigm's report was made available on RHSCP website from Monday 25th February 2019, for a 6-week period to enable people to share their views and comments on the findings. This consultation period will be open until Monday 8th April 2019. www.renfrewshire.hscp.scot/LDReview
- 4.12 Hard copies of the report are available upon request. We have also provided hard copies at key locations, including the Renfrewshire Carers Centre. Work is also underway to create accessible documents and a video to communicate the Review findings and recommendations to people with learning disabilities.
- 4.13 A verbal update on responses and emerging themes will be provided at the IJB.

5. Next Steps

- 5.1 The key focus over the coming months will be the consultation on Paradigm's report as outlined above.
- 5.2 A priority will be to ensure we have the best network to provide opportunity for the diverse range of views to be captured.
- 5.3 Paradigm's report strongly advocates for '*Co-production*'. An early action will be to define what '*Co-production*' means for how we plan and deliver services. By doing this we will ensure people have a common understanding

of how we can work together to drive forward continuous improvement in services and in our work with service users, carers and family members. .

- 5.4 The outcome of the consultation, alongside identified priority areas will be shared with the IJB in June 2019.

Implications of the Report

1. **Financial** – None. There are no financial savings associated with the Review.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None
4. **Legal** – None
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – None. On conclusion of consultation, RHSCP will put forward proposals in response to Paradigms recommendations these proposals will be subject to EQIA screening.
8. **Health & Safety** – None.
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – N/A

List of Background Papers – None.

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To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Updated Primary Care Improvement Plan 2019/20

1. Purpose

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update on the delivery of the Renfrewshire HSCP Primary Care Improvement Plan (PCIP) and the implementation tracker for the period 2018/19.

The PCIP is being updated to include our achievements in 2018/19 and also the projected funding increase in 2019/20, to outline plans for the 2019/20 year ahead.

2. Summary

- 2.1 In September 2018 the IJB approved the initial PCIP for Renfrewshire, noting that the purpose of the plan was to deliver on commitments associated with the introduction of the 2018 General Medical Services (GMS) Contract in Scotland to reduce GP workload by putting in place additional services to divert appropriate workload away from GPs.

- 2.2 The GP Contract and associated Memorandum of Understanding (MOU) set out a planned transition over three years commencing in 2018/19. This requires an extensive programme of change to achieve the transition to support expanded teams of HSCP and NHS Board employed health professionals to create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist.

The six key MoU priorities to be implemented over a three year period (April 2018-March 2021) include:

- **Vaccination** Transformation Programme – all services to be Board run by 2021.
- **Pharmacotherapy** – a pharmacotherapy service to the patients of every practice by 2021.
- **Community Treatment and Care** Services – a service in every area, by 2021, starting with phlebotomy.
- **Urgent Care** – a sustainable advanced practitioner service for urgent unscheduled care as part of a practice or cluster based team by 2021.
- **Additional Professional Roles** – the addition of members of MDT such as physiotherapists and mental health workers for first point of contact care

- **Community Links Workers** – non clinical staff, to, supporting patients who need it, starting in deprived areas.

2.3 Locally, implementation of the PCIP has been positive with a number of the MOU priorities set out within Year 1 (2018/19) now delivered.

3. **Recommendations**

It is recommended that the IJB:

- Note the progress towards delivery to date;
- Note that ongoing communication and engagement will guide further iterations of the local Primary Care Improvement Plan (PCIP); and
- Agree that further changes to the PCIP and implementation tracker will be provided to the IJB. The implementation tracker will be presented twice yearly in advance of submission to the Scottish Government.

4. **Background**

4.1 The new Scottish General Medical Services Contract was agreed in January 2018 and new regulations were introduced to Parliament on 1 April 2018. The Contract focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The Contract is designed to integrate these wider teams into primary care from the years 2018-2021. As part of the Contract, a Memorandum of Understanding (MoU) was developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MoU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist.

5. **Progress Achieved in Year 1 - 2018/19**

5.1 The Implementation Tracker (Appendix 1) provides an overview of progress to date in delivering our local PCIP against MOU commitments for the period July 2018 to March 2019. It is required that the implementation tracker be updated and shared with the Scottish Government by 30th April 2019, for the period July 2018 to March 2019 and by 30th October 2019 for the period April to September 2019, to provide assurance that implementation is progressing as set out in the PCIP.

5.1.1 Key achievements in delivery to date include:

- Pre-school immunisation clinics are in place. Renfrewshire HSCP was an early adopter for a 'community clinic' model. Previously child immunisations were provided in GP practices and this work has been removed from GP workload. Nb. Renfrewshire is above GG&C average and Scotland for immunisations in the first year.
- School Based Immunisations are being provided by the NHSGG&C Immunisation School Health Team within Renfrewshire Schools.

- Advanced Nurse Practitioners (ANP) – 2.5wte resource has been aligned to 5 GP Practices. 1.0wte of this resource is above our Year 1 commitments.
- Advanced Physiotherapy Practitioners (APP) – 1.5wte resource has been aligned to 4 GP Practices - with test clinics now up and running.
- Flu vaccination programme for the housebound was delivered in a two month period. This amounted to a total of 1763 vaccinations delivered. Carers were also opportunistically offered this at home. This reduced GP and practice workload considerably and within the guidelines set by public health of achieving flu programme within 10 weeks.
- Link Worker resource has been aligned to every GP practice. This third sector partnership supports all aspects of people's health including advice, housing and physical activity.
- Additional pharmacists and pharmacy technicians resource is freeing up GP time by dealing with some routine and emergency prescriptions.
- 10 GP practices are benefiting from a new phlebotomy service.

5.1.2 In addition:

- Signposting training for practices is an integral part of the PCIPs success. GP practices have now received this training organised by the HSCP. This training aims to support practice staff to follow a signposting pathway so that patients/service users can be signposted to the most appropriate health or social care professional.
- A number of facilitated training sessions have been held around document workflow management for GP practice staff to relieve pressure on GPs and develop new ways of working. Representatives from every GP Practice have attended this training.
- Recruitment process is underway to employ a Care Home Liaison Nurse, Advance Nurse Practitioner.

5.1.3 Key challenges have been around:

- The supply of sufficient pharmacists and pharmacy technicians.
- Time required from GPs to train attached staff e.g. ANPs and non-medical prescribers.
- Accommodation space to deliver effective primary care services, both in GP practices and in HSCP premises.
- IT to establish new ways of working in extended primary care teams.

These challenges are continually being reviewed and discussed with aim to identify potential solutions both locally, Board wide and Nationally.

5.2 A designated HSCP team is fully in place consisting of project management support, leads for work-streams and financial support. This team support the ongoing development and implementation of the PCIP, in partnership with key stakeholders.

Renfrewshire Primary Care Transformation Group has also been in place from the onset to provide oversight/assurance regarding progress. This group review progress on Renfrewshire's PCIP and delivery of the agreed outcomes. Our local GP Sub Committee and Local Medical Committee (LMC) Representatives are members of this group, as the contract requires them to participate and monitor implementation of PCIP implementation.

6. Changes to the PCIP Year 2 – 2019/20

- 6.1 The PCIP is being updated to include our achievements in 2018/19 and also on the projected funding increase in 2019/20, to outline plans for the 2019/20 year ahead. Funding is expected to increase by approximately 20% to **£1,861,561** (still to be confirmed) for 2019/20.

Priorities include:

- Ongoing recruitment of pharmacists and pharmacy technicians.
- Expansion of phlebotomy service and scoping for Community Treatment and Care Services.
- Further recruitment of Advanced Nurse Practitioners and Advanced Physiotherapists Practitioners.
- Expansion of Link Worker resource.
- Vaccination Transformation expansion e.g. pilot or full migration of pregnant women vaccinations (Pertussis and Flu) to Midwifery Services. We will also learn from pilots in selected HSCP venues/treatment centres for Pre-5s flu, 'At Risk' Under 65 and 65 and Over Flu and Pneumococcal Vaccination Services via HSCP clinics and Community Pharmacy.

- 6.2 As funding and available workforce increases in years 2 and 3, every GP practice will benefit as the MOU commitments are reached. A grid of practices and local implementation is in place to ensure equity.

7. Next Steps

- 7.1 Further work will be required on development of models for the areas which are less well developed e.g. recruitment of new, qualified pharmacists, of which there are limited numbers within the health board and work to develop Community Treatment & Care Services.
- 7.2 An NHSGGC-wide evaluation process will be undertaken led by Public Health for Evaluation of the 6 HSCP Primary Care Improvement Plans. This will aim to evaluate key areas such as; are new ways of working improving satisfaction and sustainability in primary care, patient satisfaction outcomes and safety, equity across primary care and impacts of the GP contract on the wider health and care system.
- 7.3 On-going communication and engagement with GP Sub Committee, General Practice, service providers and the population of Renfrewshire will continue to guide further iterations of our Primary Care Improvement Plan to ensure the delivery of safe, effective and high quality services that meet the key priority areas by the end of the implementation period.

Implications of the Report

1. **Financial** - Primary Care Improvement Fund allocation in 2018/19 for Renfrewshire was **£1,553,435** to facilitate service redesign through the Primary Care Improvement Plan, of which **£1,292,253** is new allocation. **£1,464,759** of this resource has been received based on Scottish Government return in September 2018. Funding is expected to increase by approximately 20% to **£1,861,561** (still to be confirmed) for 2019/20. The scale and pace of change is explicitly linked to available finance and workforce.
2. **HR & Organisational Development** - The new Contract supports the development of new roles and multi-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical

Generalist. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across GGC.

3. **Community Planning** - The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Ongoing engagement with community groups and service users will help to outline any issues with new ways of working in primary care.
4. **Legal** - There are no legal issues with this report.
5. **Property/Assets** - Property remains in the ownership of the parent bodies. As a function of the PCIP, an HSCP wide accommodation and premises survey was undertaken to facilitate sharing of space and colocation of working within primary care.
6. **Information Technology** - Managing information and making information available will require ICT input. Collocation of staff members within general practice requires updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
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 during 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.
8. **Health & Safety** - Nil
9. **Procurement** - Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** - The implementation of the new contract is only possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. The new contract seeks to address GP primary care sustainability. Workforce availability across all Allied Health Professionals/extended roles have been recognised as a challenge nationally.
11. **Privacy Impact** - N/A

List of Background Papers:

- GP Contract and Primary Care Improvement Plan (14 September 2018)

Author(s): Chris Johnstone, Acting Clinical Director
Angela Riddell, Change & Improvement Officer

Any enquiries regarding this paper should be directed to Chris Johnstone, Clinical Director (christopher.johnstone@nhs.net / 0141 618 7661)

Primary Care Improvement Plans: Implementation Tracker

Health Board Area: NHS Greater Glasgow & Clyde (NHSGG&C)

Health & Social Care Partnership: Renfrewshire Health & Social Care Partnership

Number of practices: 29

Completed by: Chris Johnstone, Acting Clinical Director & Angela Riddell Change & Improvement Officer (PCIP Project Renfrewshire HSCP/GG&C)

HSCP/Board

GP Sub Committee Dr Gordon Forrest, GP Sub Representative

Date: 2019

Implementation period - Year 1 (2018/19)

From: July 2018

To : March 2019

fully in place / on target partially in place / some concerns not in place / not on target

Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	R	A	G
Comment / supporting information	Renfrewshire Primary Care Transformation Group has been established to provide oversight/assurance regarding progress. This group review progress on Renfrewshire's PCIP and delivery of the agreed outcomes and will continue to develop plans in partnership. Our local GP Sub Committee and Local Medical Committee (LMC) Representatives are members of this group. Local LMC Rep is also a member of the NHSGG&C Primary Care Programme Board.		
PCIP Agreed with GP Subcommittee	R	A	G
Comment / supporting information (date of latest agreement)	Renfrewshire's PCIP was approved by the GP Subcommittee on 31 July 2018.		
Transparency of PCIF commitments, spend and associated funding	R	A	G
Comment / supporting information	Transparency of PCIF commitments will be subject to standing agenda item at Renfrewshire's Primary Care Transformation Group meetings with initial update provided at meeting on 6th December 2018. Monthly transaction reports are also shared with local GP Sub Committee/LMC representative. Regular progress updates of PCIP commitments and spend is also subject to CQL and GP Forum meetings. A grid of practices and local implementation is in place to ensure equity of resources.		

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported	R	A	G
comment / supporting information	Applications	No.	
	Loans approved	No.	
	narrative:		
GP Leased Premises: Register and process in place	R	A	G
comment / supporting information	Applications	No.	
	Leases transferred	No.	
	narrative:		
Stability agreement adhered to	R	A	G
comment / supporting information			
GP Subcommittee input funded	R	A	G
comment / supporting information	GP Subcommittee input is in place and funded.		
Data Sharing Agreement in Place	R	A	G
comment / supporting information	National sharing agreement not yet finalised.		

HSCP			
Programme and project management support in place	R	A	G
comment / supporting info	A designated HSCP team is fully in place consisting of project management support, leads for work-streams & financial support. This team will support the development and implementation of the PCIP in partnership with key stakeholders.		
Support to practices for MDT development and leadership	R	A	G
comment / supporting info	Identified leadership for APPs in place (Board wide)		
GPs established as leaders of extended MDT	R	A	G
comment / supporting info	GPs are supporting development of new roles within practices.		
Workforce Plan reflects PCIPs	R	A	G

comment / supporting info	Renfrewshire's workforce plan is in the process of being updated. This will identify the key actions the HSCP will take to improve current recruitment and retention challenges in our workforce. Community Treatment and Care Service: A workforce model is being developed across NHSGG&C to establish the appropriate level and capacity required to support this service and future developments.		
Accommodation identified for new MDT	R	A	G
comment / supporting info	As detailed within risk section *1 space is at a premium in existing premises and many practices may be unable to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services. On a positive note, all new initial roles e.g. APPs, ANPs, Community Connectors have been accommodated within practices to date. Initial scoping of HSCP and practices accommodation has also been undertaken.		
GP Clusters supported in Quality Improvement role	R	A	G
comment / supporting info	6 CQLs have been appointed and fully engaged and meetings with PQLs. Cluster Quality Improvement plans/activity on-going. A few CQLs have undertaken Leadership Programmes.		
Ehealth and system support for new MDT working	R	A	G
comment / supporting info	Guidance awaited from Board wide approach to e-health in relation to MDT implementation.		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	R	A	G
Pharmacotherapy implementation on track vs PCIP commitment	R	A	R
Practices with PSP service in place	29		
WTE/1,000 patients	10.98wte all team - this includes 6.6wte of existing PSP team -		
Pharmacist Independent Prescribers (as % of total)	54%		
	Level 1	Level 2	Level 3
Level of Service	14	5	0
comment / narrative	Level 1 - there are a number of practices in the 14 that have some of the cover although not fully - around 5 have almost full cover in level 1. Level 2 - there are aspects of level 2 carried out in 5 of the GP practices. Level 3 - there are some aspects of this carried out throughout the HSCP but are not just with one individual practice. Recruitment of PSPs/PSTs is part of NHSGG&C recruitment process, early indication is showing there are not enough PSPs & PSTs to fill the posts without destabilising the rest of the NHS.		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment		A	G
Development of CTS on schedule vs PCIP	R	A	G
Practices with access to phlebotomy service	10 (2 Clusters)		
Practices with access to CTS service	This is a wicked problem. Renfrewshire has no history of treatment rooms. The Telephone system and IT issues are complicated and potentially very expensive.		
Range of services in CTS	narrative		
comment / narrative	Initial shift of work within year 1 has been around phlebotomy. Initial appointed Health Care Assistants are currently based within individual practices in the first instance whilst IT/Telephony and accommodation solution is finalised.		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	R	A	G
VTP on schedule vs PCIP	R	A	G
Pre-school: model agreed	R	A	G
practices covered by service	29		
School age: model agreed	R	A	G
practices covered by service	29		
out of schedule: model agreed			
practices covered by service			
Adult immis: model agreed			
practices covered by service			
Adult Flu : model agreed	G		G
practices covered by service	29 (Housebound Flu only). Successful programme has been delivered with evaluation underway. Amounted to a total of 1763 vaccinations delivered in a two month period in 2018.		
Pregnancy: model agreed			
practices covered by service			
Travel: model agreed			
practices covered by service			

comment / narrative		Pre 5 Immunisation clinics run daily. Renfrewshire is above GG&C and Scotland average for immunisations in the first year. Local EQIA has been ratified. PDSA offering prompting by text to parents in our most deprived areas which has been successful in improving uptake.		
Urgent Care Services				
Development of Urgent Care Services on schedule vs PCIP		R	A	G
practices supported with Urgent Care Service		5 practices will be supported in year 1 with practice based ANP (2.5wte). 1.0wte of this resource is in addition to 1.5wte year 1 PCIP commitment.		
comment / narrative		In addition to Year 1 PCIP commitments Renfrewshire will also seek to employ 1.0wte Care Home Liaison Nurse ANP (in the first instance) initially within West Renfrewshire Locality. Essentially allowing practices to triage in the first instance and if they decide a housecall is required they would then inform the ANP who will be accepting requests across the locality. This proposal was approved by GP Sub Committee and LMC rep on 6th December 2018. Recruitment process to commence.		
Additional Services (complete where relevant)				
APS – Physiotherapy / MSK				
Development of APP roles on track vs PCIP		R	A	G
Practices accessing APP		4		
WTE/1,000 patients		1.5wte / 25,181		
comment / narrative		Renfrewshire commitment to APP was 1.5wte in year 1 has been achieved.		
Mental health workers				
On track vs PCIP		R	A	G
Practices accessing MH workers / support				
WTE/1,000 patients				
comment / narrative		Links need to be further established with Mental Health.		
APS – Community Links Workers				
On track vs PCIP		R	A	G
Practices accessing Linkworkers		29		
WTE/1,000 patients		Offering 1 day resource to every GP practice (where feasible)		
comment / narrative		Initial Link Worker Resource has been aligned to every Renfrewshire GP Practices.		
Other locally agreed services (insert details)				
Service		R	A	G
On track vs PCIP		R	A	G
practices accessing service		30		
comment / narrative		A number of facilitated training sessions have been held around document workflow management for GP practice staff to relieve pressure on GPs and develop new ways of working. Representatives from every Renfrewshire GP Practices have attended training.		

Overall assessment of progress against PCIP	R	A	G
Specific Risks			
1) Accommodation - *1 Fit for purpose accommodation is essential to deliver effective primary care services and to establish new ways of working in extended primary care teams. Space is at a premium in existing premises and many practices may be unable to accommodate the potential increase in staff employed by the HSCP, specifically in developing Community Treatment and Care Services.			
2) Time - required from GPs to train attached staff e.g. ANPs and non medical prescribers			
3) IT - specifically in relation to fully integrating teams			
4) Staff Recruitment -Staffing requires recruitment of new, qualified pharmacists, of which there are limited numbers within the health board.			
5) The increase in superann contributions may impact on the overall wte to support implementation of the PCIP if the Primary Care Improvement Fund allocation does not include provisions to meet the additional costs associated with this.			
Barriers to Progress			
E-health, Recruitment and Accommodation.			
Issues FAO National Oversight Group			
National sharing agreement - not yet finalised, Mentoring of staff, Accommodation, National approach to ensure individuals are able to access the right service.			

To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: NHS Greater Glasgow and Clyde Review of Health and Social Care Out of Hours (OOHs) Services – Urgent Care Resource Hub Proposal

1. Summary

- 1.1. The purpose of this report is to brief Renfrewshire IJB on the progress to date of the Review of the Health and Social Care OOHs Services and to seek IJB approval on the proposals outlined.
-

2. Recommendation

It is recommended that the IJB:

- Note progress to date; and
 - Approve the agreed outcome and phased actions identified by the Review of Health and Social Care Programme Board, Chief Officers and Health Board Corporate Management Team.
-

3. Background

- 3.1 A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by Professor Sir Lewis Ritchie in January 2015, in light of the challenges being faced in delivering services during the out of hours period.
- 3.2 Professor Sir Lewis Ritchie's Report advised that a whole system approach to enable a safe, sustainable, patient-centred service model to be developed was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.
- 3.3 The review recommended a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team where patients will be seen by the most appropriate professional

to meet their individual needs – that might not always be a GP but could be a nurse, or a physiotherapist or social services worker.

3.4 The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.

3.5 Following the publication of that report a local review of Health and Social Care Out of Hours provision was been commissioned across the 6 GG&C Health and Social Care Partnerships, led by Glasgow HSCP. A project governance structure was agreed to oversee this work and a Project Manager was appointed in September 2017 to manage and co-ordinate all aspects of the review.

3.6 The OOHs services within that programme scope are:

- GP
- District Nursing
- Community Rehabilitation
- Children's Social Work Residential Services
- Emergency Social Work Services
- Emergency Dental Services
- Homelessness
- Home Care
- Mental Health
- Community Pharmacy
- Optometry

4. Current Issues to Resolve in delivering Health and Social Care OOHs Services

4.1 The present situation for the ongoing provision of Health and Social Care OOHs Services across Greater Glasgow and Clyde is that the current configuration lacks resilience and is probably not sustainable. The reasons for this are multi-factorial and include:

- Lack of work force capacity across parts of the health and social care system as it is challenging to attract and retain staff to work in the OOHs period;
- Aging workforce; resulting in the loss of experienced and skilled staff;
- Growing numbers of people living with multiple and complex conditions; resulting in an increasing demand on services in an age of austerity which requires us to achieve more through better use of resources;

- Expectations of the population in terms of increasing demands for care when convenient rather than a focus on need;
- Services needing to work more effectively together in the out of hours period - the current fragmented nature of the health and social care service provision makes communication, day-to-day management and co-ordination of services extremely challenging and resource intensive. The current configuration of provision can result in a number of services working in isolation to provide support to one patient / service user during the OOHs period.

4.2 Within Professor Sir Lewis Ritchie's review, 28 recommendations had been made which have provided us with a clear framework in which to review our current situation and for the provision of consistent urgent OOHs care that is sustainable over time throughout Greater Glasgow and Clyde.

5. Process Undertaken to develop an Integrated Health and Social Care OOHs Service Model

5.1 Four half day events were held across May to September 2018 to enable a broad range of staff the opportunity to work through and agree actions and next steps for the proposed new system wide OOHs service model. These events involved members of the Health and Social Care Out of Hours Programme Board, and a range of clinical and managerial colleagues and staff side representatives.

5.2 The central aim of the first three sessions was to develop a finalised position on changes and improvements to the Health and Social Care OOHs models, including changes to the GP OOH model and wider improvements to how other services work together.

5.3 A key output of the sessions was that an Urgent Care Resource Hub (UCRH) approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social OOHs services across the GG&C area.

5.4 During these sessions 6 principle elements emerged (for each of the services within the project scope) which required clarity and agreement. These were:

- Service Purpose – defining what the service should do in the OOHs period and defining what patients/carers should expect and what staff can provide;
- Service Access – describing how the service is accessed by a user / patient or other professional service;

- Service Location – confirming the location of service delivery and the numbers of services, sites and staff required;
- Workforce Mix – agreeing the right mix of workers supported with the right training and development to meet the OOH need;
- Service Interfaces – describing and agreeing how services engage and co-ordinate across the health and social care system in hours and out of hours;
- Technology – developing and using technology to enable interfaces and to support care delivery and information sharing across the OOHs Health and Social Care System.

5.5 The fourth session provided the opportunity to robustly test the high level concept of an Urgent Care Resource Hub (UCRH) and the potential to enhance integration, co-ordination and access to Health and Social Care OOHs services by applying patient, service user and professional focused scenarios.

5.6 This paper describes the high level service model with the detail of the service specifications and description of the operational arrangements that now will be subject to further refinement and clarification.

6. Outcomes and Enablers of the Urgent Care Resource Hub

6.1 As the work has progressed, it is clear that we already have a number of services working through the out of hours period that are delivering planned care to a number of patients and services users.

6.2 These services include the OOH DN service who work to provide care to a known and defined list of named patients, often patients who are at or near end of life requiring palliative care. Services also delivering planned care include Care at Home services which will provide care and support throughout the OOH period to a number of known service users within a defined assessed care package.

6.3 The creation of an UCRH would primarily have its focus to deliver care coordination and a fast response where care needs change in the OOH period for known patients/service users and provide a response where a patient/service users contacts NHS24 but does not require to see a GP and where their needs can be met through, say a DN intervention and/or by a care at home service or some other intervention from a OOH service delivered through HSCPs. The Hub would also have a role to improve and coordinate the connection of patients/service users back into day to time services.

6.4 The UCRH would therefore enable a whole system approach to the provision of scheduled (where planned care needs change and require something beyond what the service can provide) and unscheduled (where a patient/service user contacts NHS24) Health and Social Care

OOHs Care provides a vehicle to enhance and develop integration and co-ordination across a wide range of services.

- 6.5 This is core to the change required as it has emerged through the review process that the co-ordination of a crisis response, or complex or multi-sectoral urgent planned or unplanned OOHs care for new or known patients from an UCRH is considered to be core to the development of well-led, appropriately supported multidisciplinary health and social care team working.
- 6.6 The delivery of sustainable OOHs care must also involve close working with Third and Voluntary Sector Providers to continue to meet the populations' needs.
- 6.7 It is essential that the UCRH role would not therefore be to duplicate NHS 24's role and remit; the key outcome for services coordinated within or via the Urgent Care Resource Hub(s) for GG&C would be to provide patients, carers, service users and professionals with a:
- Single point of access for community settings to co-ordinated support from multiple services, based on need;
 - Triage / Signposting / Referrals to statutory / non-statutory services, based on need;
 - Provision of focus on continuity of care and co-ordination of care for individuals with multiple conditions;
 - Co-ordinated care at crisis / transition points and for those most at risk/with most complex care needs;
 - Access to specialist advice by phone or in community settings if face to face assessments are required;
 - Rapid escalation of support / clinical care.
- 6.8 The development of an UCRH model would also support the development of additional value adding functionality of how services work and add to what is already provided by NHS24 and by existing services working in the OOH period and these should include:
- Electronic Records and ACPs – secure, appropriate and confidential access to electronic records, including Anticipatory Care Plans to support Health and Social Care professionals in their decision making during the OOHs period;
 - Asset Optimisation – managing demand and capacity across OOHs services by having up to date information about activity and available resources;
 - Civil Contingencies – supporting coordination of resources during major incidents;
 - Training and Development – providing a supportive and safe environment to provide training opportunities through rotational

posts and Advanced or Extended roles, which will help to develop a flexible and skilled workforce across in-hours and OOHs services.

6.9 People with Specific Needs

It is essential that people with specific / complex needs should receive appropriate care and support that supports access to resources which will aid in the prevention of escalation in their health problems. There are programmes of work underway across the NHS Board area which are developing and enhancing condition specific local care pathways and care provision. The implementation of an OOHs UCRH can support the co-ordination of resources and care, across statutory and non-statutory services, for specific areas of need which could include:

- Palliative Care – people with palliative care or end of life needs their carers should be able to access care and assistance efficiently and without organisational or system delays. The UCRH could manage and co-ordinate a local palliative helpline which would free up clinical time by reducing calls;
- Mental Health – prioritising psychiatric urgent care is important. We need to increase the availability of community based places of safety to support our population with episodes of acute distress, under the influence of drink / drugs. This needs collaboration between partner agencies, statutory services, third and independent sectors;
- Frail and Older People - OOH services should be configured and responsive to the growing numbers of frail and older people in the GG&C area many with complex needs which includes older people with a mental health condition. The UCRH could support Care Homes to access a wider set of community supports to reduce hospital admissions. The response to and care of frail and older people who fall and are uninjured is variable and through the implementation of a robust system-wide agreement, a UCRH could support the co-ordination of an appropriate integrated response;
- Children – children are a high volume group that access OOHs services. The UCRH could help to ensure that though local urgent care pathways, in accordance with the principles of *Get it Right for Every Child* (GIRFEC), are efficiently actioned. For example, if a child is attending a PCEC and the GP / ANP determines Child Protection concerns, the UCRH could co-ordinate the Emergency Social Work response to ensure the child is safe and protected.

6.10 Location and configuration of UCRH(s)

The UCRH will be aligned and connected with the NHS24 service and will operate with a detailed knowledge of the locality service operating in the OOH period within each HSCP area and to ensure a detailed understanding of who is working each day in the GP OOH service.

6.11 Further work however is required to finalise the detail for the and capacity of the service but based on the modelling work undertaken to date, the service would be staffed by call handlers, supported by a Team Leader who have the knowledge and contact details of all services that are operating – both locality by locality and GG&C wide – to ensure the coordination of care is prioritised and managed effectively.

7. An Integrated, Coordinated, Patient Centred, Sustainable Health and Social Care OOHs Model for Greater Glasgow and Clyde: The Model

7.1 We used patient, service users, carer and professionals scenarios, to develop the operating principles of the Urgent Care Resource Hub for Greater Glasgow and Clyde. The use of the scenarios enabled us to explore the impact of an URCH on other parts of the system and services, for example NHS 24 and daytime services.

7.2 The value adding function of the UCRH would be to mobilise and co-ordinate the most appropriate OOHs Health and Social Care response during times of crisis or escalation. The UCRH would support the increase of the number of multi-agency and multi-disciplinary responses which would match patient, service user and carer's needs, through a wide range of health and social care community based resources.

7.3 In addition the UCRH would provide OOHs practitioners which the facility for professional to professional advice to support management decisions for patients and service users with increasing complexities, thereby reducing the current experiences of communication, day-to-day management and co-ordination of services across the system which are currently extremely challenging and resource intensive.

7.4 Various formats and configurations of the UCRH model were examined and tested prior to the development of preferred model. This model has been endorsed by the Programme Board, Chief Officers and LMC.

7.5 Proposed Model

The preferred model shows a clear patient, service user and carer pathways which would be actioned as required by NHS 24, District Nursing Services and Mental Health Services.

In this option the service / UCRH interface has been developed to support onward referral for co-ordination of multiple services and complex needs of cases.

For this model to work effectively a number of critical service enablers for the UCRH have been agreed which include:

- Access to daytime contacts and services to support appropriate information sharing;
- Access to ACPs;
- Facility to directly transfer to other services.

The use of the following patient and carer scenario assists in illustrating how this model would work.

Health and Social Care Services and UCRH Interface: a possible scenario

A 75 year old male and lives with his 76 year old wife. His wife was diagnosed with Dementia 2 years ago and she is frail, confused and requires her husband's assistance with all aspects of her personal care. He is his wife's only carer and although it is tiring he feels that they are both coping well and don't need any assistance at this time. Their children live abroad and they are not in contact with other members of the extended family. He has been feeling increasingly breathless, cold, clammy and generally unwell over the past 5 days. He attended his daytime GP 3 days ago and was commenced on a 7 day course of antibiotics and advised to take Paracetamol / Brufen as recommended for his temperature and any pain. It now 22:00 and he has been taking his medication as prescribed but is feeling terrible and decides to contact NHS 24 for further help and advice.

The Nurse Advisor requests a Home Visit for further assessment. The GP attends, along with a trainee ANP approximately 3 hours later. The GP is concerned about his worsening condition and advises that he needs to go to hospital for further investigation. The patient explains to the GP and ANP that he knows that he isn't well and needs to go to hospital but doesn't want to leave his wife and would need to know that she would be looked after well before he could consider going to hospital.

The GP contacts the co-coordinator at the UCRH who records all the relevant information and confirms that this will be passed to Emergency Social Work colleagues who will undertake an urgent assessment and liaise directly with Home Care services to implement a Crisis Care package to keep his wife safe and at home whilst he receives hospital care. The co-coordinator also confirms that the UCRH will provide update on progress to the patient and also to the GP when this has been completed. The GP and ANP are able to leave the patient, with advice should his symptoms worsen, and proceed to their next visit.

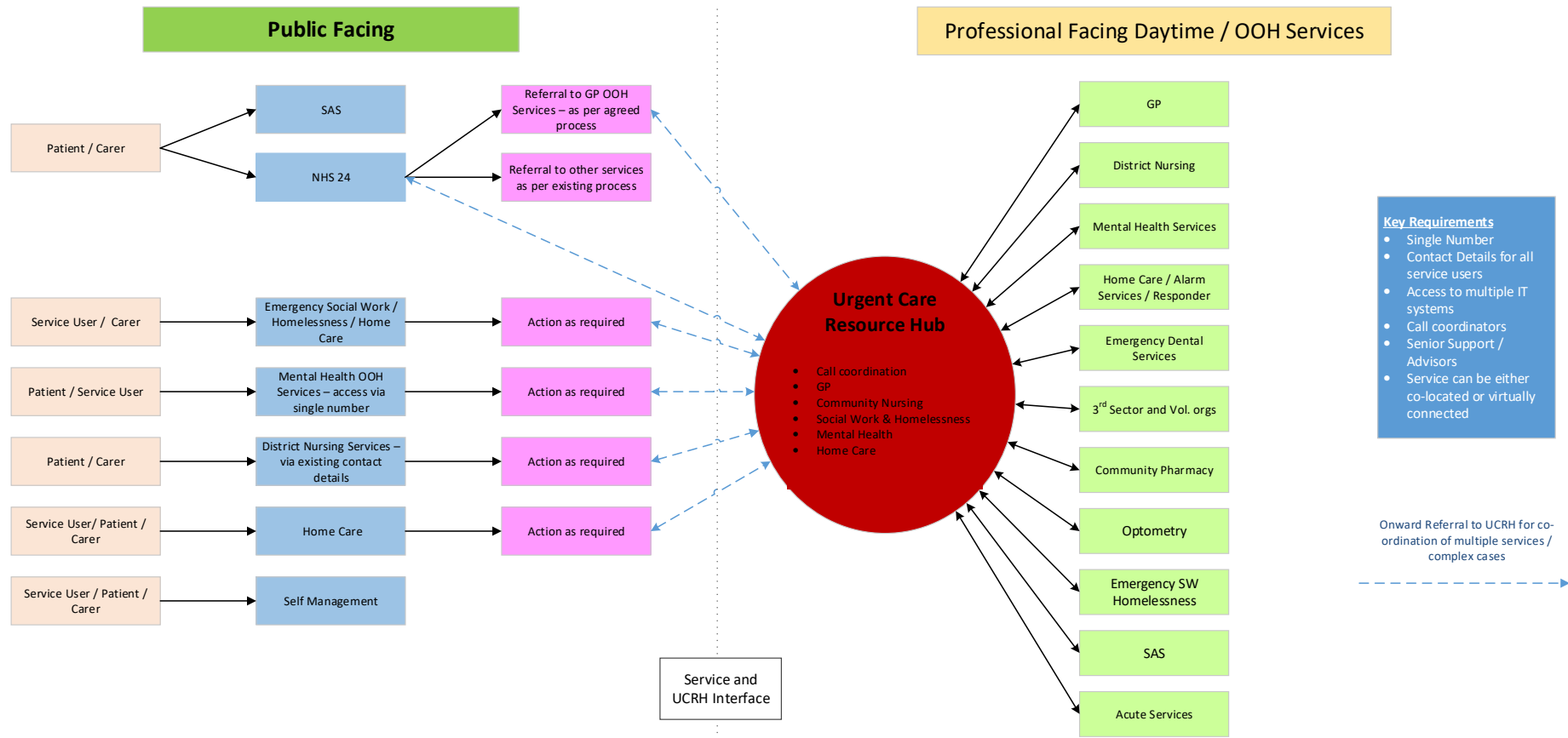
The outcome and enabler of the UCRH in this scenario is:

- The patient will receive the care that is needed, when care package is in

place, which will prevent further deterioration of his condition;

- Increased effectiveness of our workforce resource;
- An unnecessary social care admission for the patient's wife is prevented, even if the husband ends up having to be admitted to hospital;
- The complexities of existing cross system access routes and arrangements is eradicated through the coordination of services via the UCRH.

The Proposed Model – Health and Social Care Services and Urgent Care Resource Hub Interface



Proposed Model - Outcomes of Implementation and Enablers to support implementation

Outcomes	Enablers to support implementation
<ul style="list-style-type: none"> • Supports Direct Access for professionals to other parts of the system as required, bypassing NHS 24 • Maintains existing contact arrangements and process for known patients, service users and carers • Describes NHS 24's relationship with the UCRH and wider Health and Social Care OOHs Services • Clarifies the added value benefits of the UCRH • Highlights the self management aspect of Health and Social Care OOHs Services • Supports integrated and cross system working during the OOHs period and co-ordination between in- hours and OOHs. 	<ul style="list-style-type: none"> • Operational processes, systems and procedures not yet confirmed – this includes determining if services should be virtually or co-located • An UCRH options appraisal requires to be undertaken to determine the number and location(s) of the UCRH(s)

8. Confirming the Next Steps to finalise Greater Glasgow and Clyde's Review of Health and Social Care OOHs

8.1 The proposed key changes which will support the implementation of an Urgent Care Resource Hub across Greater Glasgow and Clyde have been agreed by members of the Review of Health and Social Care OOHs Programme Board who oversee this work on behalf of the 6 HSCP Chief Officers. It is acknowledged that further work is required prior to implementation which is described in 4 key phases.

8.2 The phased actions have been identified as:

Phase 1 – Immediate Actions (November 2018 – December 2018) – Now complete

- Chief Officers endorsed Model C and approved next steps to support finalising the review phase of Health and Social Care OOHs;
- The programme governance structures for the OOHs review have been updated and revised to support the planning and implementation phases. This has taken account of other relevant programmes of work e.g. Development work being undertaken by NHS 24 colleagues, Moving

Forward Together, Primary Care Implementation Plans and considered areas of work that could be progressed collaboratively e.g. Workforce planning and E-Health /Technology requirements.

Phase 2 – Current Actions (January – March 2019)

- Undertake UCRH Options Appraisal across the Health and Social Care OOHs System. This will develop options which will consider the: number of UCRH(s) required and where they will be located; confirm service and agency access and pathways to the UCRH; determine if services should be co-located within the UCRH or virtual links established and how hosted services will be configured within the model. Further understanding to quantifying the volume of complex cases / people with specific needs will be required to inform the modelling. This will be linked into the work plans being progressed by the workstreams underpinning the Review of Health and Social Care OOHs programme of work;
- Revise and update the Communication and Engagement Strategy which supports the recommendations of the UCRH Options Appraisal. It is important that this links with all other relevant programmes of work across the NHS Board, for example, Moving Forward Together, Primary Care Improvement Plans, Mental Health Re-design, UCC to ensure consistent key messages are being delivered regarding access and use of services. It is essential that we also consider how we engage and communicate with our more vulnerable and diverse communities as part of this work;
- Present all proposed models to the Expert Reference Group. Members of the Review of Health and Social Care OOHs Expert Reference Group have had an opportunity to review and comment on Options A and B presented. Option B was the unanimous preference by all members present, with acknowledgement that further amendments were needed, hence leading to the development of Option C. Sharing the proposals with a more appropriate representative of the population is needed, e.g. younger adults and this is a crucial aspect of our public engagement work;
- Develop a risk management framework, which considers all possible consequences of the configuration of an UCRH and work in partnerships with services across the system to describe and establish appropriate mitigation actions;
- Recognising the potential impact of the proposed change of the change for members of the Board's population undertake a strategic EQIA to ensure that consequences and risks of the proposals are identified and control measures identified;
- Develop a Frontline Staff Engagement Plan, supported by members of our staff partnership members, which will develop an understanding of the operational detail of the systems, processes and procedures required for an UCRH;
- Scope and map the pathway requirements of People with Specific Needs work for the UCRH and determine other work underway across the Board area and how it relates to this.

Phase 3 – Next Steps to June 2019

The impact of this work will result in a revision of configuration of Health and Social Care OOHs Services and therefore further development work is needed to:

- Develop an Integrated Workforce Plan. By maximising the contribution of our Health and Social Care workforce and challenging the existing boundaries is essential to develop and transform roles to meet the current and future needs of GG&C's health and social care OOHs system. Recognising the intrinsic links between daytime and OOHs a workforce plan which supports the system will help to create and secure a sustainable MDT workforce to meet the immediate and future needs. The workforce planning, recruitment and retention is a high priority to ensure safety and sustainability. We should consider an approach that will help us to develop an enhanced understanding of the specific roles or tasks across the professions or sectors or services to determine where there is an opportunity or a need to do things differently. It will be essential that the future provision of OOHs services is not stilted by existing professional and service boundaries. Developing an integrated workforce planning approach will allow us to better meet and respond to the needs of local areas and communities;
- Revise and update the Communication Strategy which supports the recommendations of the UCRH Options Appraisal.

Phase 4 – Developing the Implementation Plan (July - September 2019)

- Members of the Review of Health and Social Care OOHs Programme Board agree the Implementation Plan which outlines the required steps for UCRH implementation;
- Develop a proposal for evaluating impact of the UCRH across the Health and Social Care system.

Implications of the Report

1. **Financial** – The financial implications of the proposed model will need to be assessed, including the resources required to support the draft model
2. **HR & Organisational Development** – to be determined
3. **Community Planning** – None
4. **Legal** – None
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – to be determined
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 Council's website.

- 8. **Health & Safety** – None
- 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
- 10. **Risk** – None.
- 11. **Privacy Impact** – None

List of Background Papers – Pulling together: transforming urgent care for the people of Scotland. The Report of the Independent Review of Primary Care Out of Hours Services. (Scottish Government, November 2015)

Author: Kirsty Orr, Project Manager – Greater Glasgow and Clyde Health and Social Care OOHs Review

Any enquiries regarding this paper should be directed to David Leese, Chief Officer (David.Leese@ggc.scot.nhs.uk / 0141 618 7648)
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To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Head of Administration

Heading: Local Code and Sources of Assurance for Governance Arrangements

1. Summary

- 1.1. The purpose of this report is to seek approval from the Integration Joint Board on the updated Local Code and Sources of Assurance for Governance Arrangements.
 - 1.2. This report was considered by the IJB Audit Committee at its meeting on 25 January 2019 and agreed it would be referred to the IJB for approval.
 - 1.3. Renfrewshire IJB operates through a governance framework based on legislative requirement, governance principles and management processes. The IJB has worked to ensure that its governance arrangements are robust and based on good practice.
 - 1.4. It should be noted that some evidence of assurances contained in Appendix 1 are the responsibility of NHS Greater Glasgow & Clyde and/or Renfrewshire Council e.g. the Capital Programme. This will be noted with ongoing monitoring arrangements.
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2. Recommendations

It is recommended that the IJB:

- Review and approve the updated Local Code and Sources of Assurance attached in Appendix 1.
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3. Background

- 3.1. The IJB's approved Annual Governance Statement for 2015/16 confirmed that it had adopted governance arrangements that were consistent with the principles of CIPFA's and the Society of Local Authority Chief Executives' (SOLACE) framework 'Delivering Good Governance in Local Government: Framework' and the Statement

explained how the IJB complied with the Framework and also met the Code of Practice on Local Authority Accounting in the UK.

- 3.2. While the Framework is written in a Local Authority context, most of the principles are applicable to the IJB, particularly as legislation recognises IJBs as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the Local Authority Accounting Code of Practice.

4. Sources of Assurance

- 4.1. The Local Code includes identified sources of assurance which enable the IJB to review and assess its governance arrangements, against which it will measure itself in Annual Governance Statements from 2018/19 onwards.

5. Compliance with Local Code

- 5.1. The Local Code of Governance Arrangements is a statement of the policies and procedures through which we direct and control our functions and how we interact with service users, the local community and other stakeholders. It enables the IJB to demonstrate that its governance structures comply with the core and sub principles contained in the Framework, and test their governance structures and partnerships against the Framework's principles.
- 5.2. The Local Code of Corporate Governance is subject to ongoing review by the Chief Finance Officer to ensure that internal controls, risk management and other governance arrangements are improved through the implementation of the framework.

6. Future Governance Arrangements

- 6.1. It is recommended that the review of the Local Code of Governance Arrangements, and scrutiny of the outcome of that review in the 2018/19 Annual Governance Statement, is carried out by the IJB Audit Committee in advance of being presented for IJB approval.

Implications of the Report

- 1. **Financial** – None
- 2. **HR & Organisational Development** – None
- 3. **Community Planning** – None
- 4. **Legal** – The Local Code and Sources of Assurance ensures that the Integration Joint Board is compliant with the Integrated Resource Advisory Group guidance in relation to audit provision and the Local Authority Accounts (Scotland) Regulations 2014.
- 5. **Property/Assets** – None
- 6. **Information Technology** – managing information and making information available may require ICT input.

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 Council's website.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – Without a Local Code and Sources of Assurance, there is a risk that the Integration Joint Board does not have an effective framework for the assessment of its governance arrangements.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the General Data Protection Regulations 2018 and Data Protection Act 2018.

List of Background Papers – None

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)
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A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**Good Governance Code**

Public Sector organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
A1.1	Behaving with Integrity	<p>Ensuring IJB members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation.</p> <p>Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>	<ul style="list-style-type: none"> Standards and Codes of conduct / updates by Standards Officer Individual sign off with regard to compliance with code Induction for IJB members and staff on standard of behaviour expected Performance appraisals for staff Decision making systems Declarations of interests made and recorded at all Board and Committee meetings Conduct at meetings Development sessions to support decision making on specific issues Anti-fraud policies are working effectively Up-to-date register of interests Up-to-date register of gifts and hospitality Complaints policy and examples of responding to complaints about behaviour Changes/improvements as a result of complaints received and acted upon
A2.1	Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation's ethical standards and performance.	<ul style="list-style-type: none"> Scrutiny of decision making Championing ethical compliance at governing body level

		<p>Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation.</p> <p>Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values.</p>	<ul style="list-style-type: none"> • Provision of ethical awareness training • Appraisal processes take account of values and ethical behaviour • Staff appointments policy • Procurement policy
A3.1	Respecting the rule of law	<p>Ensuring IJB members and officers demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations.</p> <p>Creating the conditions to ensure that the statutory officers and IJB members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements. Striving to optimise the use of the full powers available for the benefit of communities and other stakeholders. Dealing with breaches of legal and regulatory provisions effectively.</p> <p>Ensuring corruption and misuse of power are dealt with effectively.</p>	<ul style="list-style-type: none"> • Statutory provisions and guidance is followed • Job description/specifications • Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016) • Terms of reference • Committee support • Legal advice provided by officers • Monitoring provisions • Record of legal advice provided by officers • Statutory provisions

B. Ensuring openness and comprehensive stakeholder engagement

To ensure the HSCP is run for the public good, the organisation should ensure openness in its activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
B1.1	Openness	<p>Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to Openness</p> <p>Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used.</p> <p>Ensuring that the impact and consequences of those decisions are clear.</p>	<ul style="list-style-type: none">• Annual report• Freedom of Information Act• Publication scheme online• Organisational values• IJB papers published in advance of meetings• Record of decision making and supporting materials• Meeting reports show details of advice given• Discussion among all IJB members and officers on the information needs of members to support decision making e.g. developing Performance Framework• Agreement on the information that will be provided and timescales• Calendar of dates for submitting, publishing and distributing timely reports is adhered to.
B2.1	Engaging comprehensively with stakeholders	<p>Effectively engaging with stakeholders to ensure that the purpose, objectives and intended outcomes are clear so that outcomes are achieved successfully and sustainably.</p> <p>Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively based on:</p> <ul style="list-style-type: none">• Trust• a shared commitment to change	<ul style="list-style-type: none">• Communication strategy• Database of stakeholders with whom the IJB engages• Partnership protocols• SPG meet regularly and interlinks with IJB

		<ul style="list-style-type: none"> • a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit. 	
B3.1	Engaging stakeholders effectively	<p>Establishing a clear policy on the type of issues that the organisation will meaningfully consult with to ensure that service (or other) provision is contributing towards the achievement of intended outcomes. Ensuring communication methods are effective and that members and officers are clear about their roles with regard to community engagement.</p> <p>Encouraging, collecting and evaluating the views and experiences of communities, service users and organisations of different backgrounds and implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account.</p>	<ul style="list-style-type: none"> • Record of public consultations • Partnership framework • Communications strategy • Joint strategic needs assessment • Processes for dealing with competing demands within the community, for example a consultation.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long term nature and impact of many of the organisation's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
C1.1	Defining Outcomes	<p>Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions.</p> <p>Specifying the intended impact on, or changes for, stakeholders and delivering defined outcomes on a sustainable basis within the resources that will be available.</p> <p>Identifying and managing risks to the achievement of outcomes.</p> <p>Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available.</p>	<ul style="list-style-type: none">• Vision used as a basis for corporate and service planning• Community engagement and involvement• Corporate and service plans• Regular reports on progress• Performance trends are established and reported upon• Risk management protocols• An agreed set of quality standard measures for each service element are included in service plans• Processes for dealing with competing demands within the community
C2.1	Sustainable economic, social and environmental benefits	Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision. Taking a longer term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints.	<p>Placing reliance on Partners Capital investment protocol to ensure these are structured to achieve appropriate life spans and adaptability for future use so that resources are spent on optimising social, economic and environmental wellbeing:</p> <ul style="list-style-type: none">o Capital programmeo Capital investment strategy

		<p>Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs.</p> <p>Ensuring fair access to services</p>	<p>Reliance on Partners Climate Change Planning</p> <ul style="list-style-type: none"> • Discussion between members and officers on the information needs of members to support decision making • Record of decision making • Protocols for consultation • Protocols ensure fair access and statutory guidance is followed
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D. Determining the interventions necessary to optimise the achievement of the intended outcomes

The organisation will achieve its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
D1.1	Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options.	<ul style="list-style-type: none">• Discussion between members and officers on the information needs of members to support decision making• Decision making protocols• Option appraisals• Agreement of information that will be provided and timescales
D1.2	Determining interventions	Considering feedback from the public and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts.	<ul style="list-style-type: none">• Consultations• Strategic Plan• Financial Strategy linked to Strategic Plan
D2.1	Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets.	<ul style="list-style-type: none">• Calendar of dates for developing and submitting plans and reports that are adhered to
D2.2	Planning interventions	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered.	<ul style="list-style-type: none">• Communication strategy
D2.3	Planning interventions	Considering and monitoring risks facing each partner when working collaboratively including	<ul style="list-style-type: none">• Risk Management protocol

		shared risks.	
D2.4	Planning interventions	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured.	<ul style="list-style-type: none"> • KPIs have been established and approved for each service element and included in the service plan and are reported upon regularly
D2.5	Planning interventions	Ensuring capacity exists to generate the information required to review service quality regularly.	<ul style="list-style-type: none"> • Reports include detailed performance results and highlight areas where corrective action is necessary
D3.1	Optimising achievement of intended outcomes	Ensuring the Medium Term Financial plan integrates and balances service priorities, affordability and other resource constraints and sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage.	<ul style="list-style-type: none"> • Feedback surveys and exit/ decommissioning strategies • Changes as a result • Medium Term Financial plan

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The organisation needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
E1.1	Developing the entity's capacity	Reviewing services, performance and use of assets on a regular basis to ensure their continuing effectiveness.	<ul style="list-style-type: none">• Regular reviews of activities, outputs and planned outcomes
E1.2	Developing the entity's capacity	Recognising the benefits of partnership and collaborative working where added value can be achieved.	<ul style="list-style-type: none">• Effective operation of partnerships which deliver agreed outcomes
E1.3	Developing the entity's capacity	Developing and maintain an effective workforce plan.	
E2.1	Developing the capability of the entity's leadership and other individuals	Developing protocols to ensure that IJB members and officers interact with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained and ensuring the IJB Chair and the Chief Officer have clearly defined and distinctive leadership roles within a structure, whereby the Chief Officer leads the organisation in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority.	<ul style="list-style-type: none">• Job descriptions• Regular review of communication arrangements• Clear statement of respective roles and responsibilities of the Chief Officer and IJB Chair and how they will be put into practice• Access to courses/ information briefings on new legislation• Induction programme• Personal development plans
E2.2	Developing the capability of the entity's leadership and other individuals	Ensuring that there are structures in place to encourage public participation.	<ul style="list-style-type: none">• Stakeholder forums• Strategic partnership frameworks

E2.3	Developing the capability of the entity's leadership and other individuals	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback and peer review and inspections.	<ul style="list-style-type: none"> • Reviewing individual member performance on a regular basis taking account of their attendance and considering any training for development needs
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F. Managing risks and performance through robust internal control and strong public financial management

The organisation needs to ensure that its and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability. It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
F1.1	Managing Risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision-making. Implementing robust and integrated risk management arrangements and ensuring that they are working effectively. Ensuring that responsibilities for managing individual risks are clearly allocated.	<ul style="list-style-type: none">• Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis.
F2.1	Managing Performance	Monitoring service delivery effectively.	<ul style="list-style-type: none">• Performance map showing all key activities have performance measures• Benchmarking information, where appropriate• Calendar of dates for submitting, publishing and distributing timely reports
F2.2	Managing Performance	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook.	<ul style="list-style-type: none">• Discussion between members and officers on the information needs of members to support decision making• Publication of agendas and minutes of meetings

			<ul style="list-style-type: none"> • Agreement on the information that will be needed and timescales
F3.1	Robust internal control	<p>Aligning the risk management strategy and policies on internal control with achieving objectives.</p> <p>Ensuring effective counter fraud and anti-corruption arrangements are in place.</p> <p>Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.</p>	<ul style="list-style-type: none"> • Risk management strategy • Audit plan • Audit reports • Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) • Annual governance statement • Effective internal audit service is resourced and maintained
F3.2	Robust internal control	<p>Ensuring an Audit Committee or equivalent group or function which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> • provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment • that its recommendations are listened and acted upon. 	<ul style="list-style-type: none"> • Audit Committee complies with best practice – see Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013) • Terms of reference • Membership Training
F4.1	Managing data	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data.	<ul style="list-style-type: none"> • Data management framework and procedures • Data protection officers in place via NHS and Local Authority • Data protection policies and procedures • Data sharing agreement • Data sharing register • Data processing agreements
F4.2	Managing data	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring.	<ul style="list-style-type: none"> • Data quality procedures and reports • Data validation procedures

F5.1	Strong public financial management	Ensuring well developed financial management is integrated at all levels of planning and control, including management of financial risks and controls and that it supports both long-term achievement of outcomes and short-term financial and operational performance.	<ul style="list-style-type: none"> • Budget monitoring reports • Financial management supports the delivery of services and transformational change as well as securing good stewardship
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G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
G1.1	Implementing good practices in transparency	<p>Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate.</p> <p>Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand.</p>	<ul style="list-style-type: none">• Standard IJB report format• Published IJB agendas, reports and minutes in clear standard formats• Website• Annual report (online and paper copies)
G2.1	Implementing good practices in reporting	<p>Reporting at least annually on Performance.</p> <p>Ensuring members and officers own the results.</p>	<ul style="list-style-type: none">• Performance reported at each IJB meeting• Formal annual report• Annual financial statements• Appropriate approvals• Annual governance statement
G2.2	Implementing good practices in reporting	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations.	<ul style="list-style-type: none">• Format follows best practice
G3.1	Assurance and effective accountability	Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements	<ul style="list-style-type: none">• Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010)• Compliance with Public Sector Internal Audit

		<p>and recommendations are acted upon and that recommendations for corrective action made by audit are acted upon.</p> <p>Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations.</p>	<p>Standards</p> <ul style="list-style-type: none"> • Audit recommendations have informed positive improvement
G3.2	Assurance and effective accountability	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement.	<ul style="list-style-type: none"> • Annual Governance statement
G3.3	Assurance and effective accountability	Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met.	<ul style="list-style-type: none"> • Integration Scheme



To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Ministerial Strategic Group for Health and Social Care - Review of Progress with Integration of Health and Social Care

1. Summary

- 1.1. In May 2018, the then Cabinet Secretary for Health and Sport made a commitment to Parliament to undertake, with COSLA, a 'Review of Progress Under Integration Authorities'. Through the Ministerial Strategic Group for Health and Social Care, a small leadership group was commissioned to undertake this Review of Progress which has now concluded its deliberations and on 4 February 2019 produced a set of twenty-six proposals for driving forward health and social care integration.
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2. Recommendation

It is recommended that the IJB:

- As detailed in section 4.2, note the work with partner organisations to evaluate our current position in relation to each of the proposals; and
 - From this, develop a jointly agreed action plan consistent with the timelines indicated in the Review Report.
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3. Background

- 3.1 At its meeting on 20 June 2018, the Ministerial Strategic Group for Health and Social Care agreed that a review of the progress with integration with health and social care review would be taken forward via a small leadership group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a "reference" group to the leadership group. Membership of this group is as follows:
- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHS Scotland)
 - Sally Loudon (co-chair) (Chief Executive of COSLA)

- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Board Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers' network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

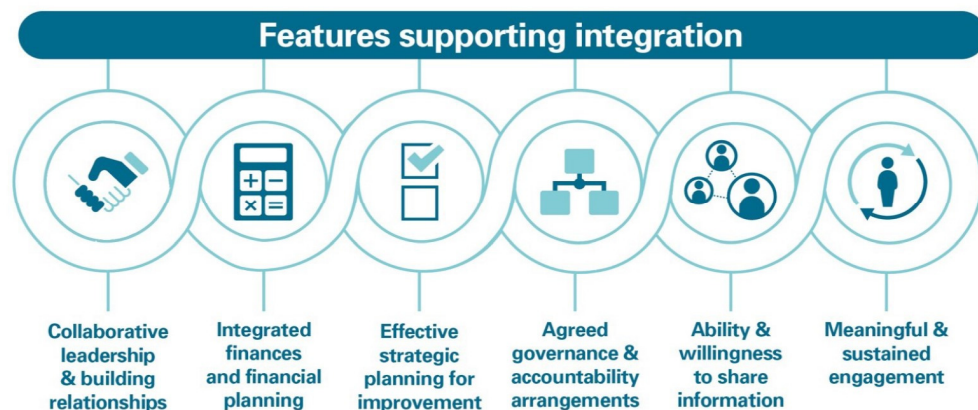
3.2 The group recognised that the Audit Scotland report¹ published in November 2018 provided important evidence for changes that are needed to deliver integration well and agreed that the recommendations of this report are acted upon.

The key messages for the Audit Scotland Report include:

- Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.
- Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.
- Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.
- Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

¹ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf

In addition, the group noted specifically that the Audit Scotland report provided a helpful framework and therefore set out its proposals under each of the six features below:



3.3 The proposals from the review are detailed below and focus on a joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland:

1. Collaborative leadership and building relationships

- i. All leadership development will be focused on shared and collaborative practice;
- ii. Relationships and collaborative working between partners must improve; and
- iii. Relationships with the third and independent sectors must improve

2. Integrated finances and financial planning

- i. Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration;
- ii. Delegated budgets for IJBs must be agreed timeously;
- iii. Delegated hospital budgets and set aside requirements must be fully implemented;
- iv. Each IJB must develop a transparent and prudent reserves policy;
- v. Statutory partners must ensure appropriate support is provided to IJB S95 Officers; and
- vi. IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

3. Effective strategic planning for improvement

- i. Improved strategic inspection of health and social care is developed to better reflect integration;
- ii. Improved strategic planning and commissioning arrangements must be put in place;

- iii. Improved capacity for strategic commissioning of delegated hospital services must be in place; and
- iv. Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

4. Governance and accountability arrangements

- i. The understanding of accountabilities and responsibilities between statutory partners must improve;
- ii. Accountability processes across statutory partners will be streamlined;
- iii. IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis;
- iv. Clear directions must be provided by IJBs to Health Boards and Local Authorities; and
- v. Effective, coherent and joined up clinical and care governance arrangements must be in place.

5. Ability and willingness to share information

- i. IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data;
- ii. Identifying and implementing good practice will be systematically undertaken by all partnerships; and
- iii. A framework for community based health and social care integrated services will be developed.

6. Meaningful and sustained engagement

- i. Effective approaches for community engagement and participation must be put in place for integration;
- ii. Improved understanding of effective working relationships with carers, people using services and local communities is required; and
- iii. We will support carers and representatives of people using services better to enable their full involvement in integration.

4. Next Steps

4.1 In support of these proposals the Ministerial Strategic Group will:

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration; and
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

4.2 In response the Ministerial Strategic Group expect:

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer;
- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place; and
- Partnerships to be innovative in progressing integration.

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – n/a
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
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 Council’s website.
8. **Health & Safety** – tbc
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – [Ministerial Strategic Group for Health and Social Care - Review of Progress with Integration of Health and Social Care](#)

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To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Clerk

Heading: Proposed Dates of Meetings of the Integration Joint Board 2019/20

1. Summary

- 1.1 At the meeting of the Joint Board held on 23 March 2019 the IJB approved its timetable of future meetings to June 2019. It is proposed that the IJB consider its timetable of meeting dates in 2019/20.
- 1.2 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-
- 5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.
- 1.3 The next meeting of the IJB is scheduled to be held at 10.00 am on 28 June 2019 in the Abercorn Conference Centre.
- 1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:
- 13 September 2019
22 November 2019
31 January 2020
20 March 2020
26 June 2020.
- 1.5 It is proposed that meetings of the IJB are held in the Abercorn Conference Centre, Renfrew Road, Paisley, unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.
- 1.6 A further report will be presented to the IJB in due course to agree meetings post June 2020.
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2. Recommendations

- 2.1 That it be noted that the next meeting of the IJB will be held at 10.00 am on 28 June 2019 in the Abercorn Conference Centre.
- 2.2 That the IJB approve the dates and times of meetings for 2019/20 as detailed in section 1.4 of the report; and
- 2.3 That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley, unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.

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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