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A meeting of the **Health & Social Care Integration Joint Board** will be held on **Monday, 25th February, 2019** at **2.00 pm** in Council Chamber, Scottish Borders Council

AGENDA

Time	No	Lead	Paper
	1	ANNOUNCEMENTS & APOLOGIES	
	2	DECLARATIONS OF INTEREST Members should declare any financial and non financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.	
	3	MINUTES OF PREVIOUS MEETING	(Pages 3 - 8)
	4	MATTERS ARISING Action Tracker	(Pages 9 - 14)
	5	CHIEF OFFICER'S REPORT	(Pages 15 - 18)
	6	FOR DECISION	
	6.1	Chairs Action - Integrated Care Fund Update	(Pages 19 - 26)
	6.2	Chairs Action - Strategic Risk Register	(Pages 27 - 32)
	6.3	Chairs Action - Eildon Medical Practice	(Pages 33 - 58)

- 6.4 Set up of Shared Lives Scheme (Pages 59 - 96)
- 6.5 Ministerial Strategic Group Review of Progress with Integration of Health & Social Care (Pages 97 - 120)

7 FOR NOTING

- 7.1 Monitoring and Forecast of the Health and Social Care Partnership Budget 2018/19 at 31 December 2018. (Pages 121 - 128)
- 7.2 Draft Scottish Government Financial Settlement for 2019/20 (Pages 129 - 166)

8 ANY OTHER BUSINESS

- 8.1 Health and Social Care Integration Joint Board Development Session - 4 March 2019

9 DATE AND TIME OF NEXT MEETING

Monday 25 March 2019 at 2.00pm
in Council Chamber, Scottish Borders Council.



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 28 January 2019 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr S Haslam	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr D Davidson
(v) Cllr T Weatherston	Mrs N Berry
(v) Cllr E Thornton-Nicol	Mr J McLaren
Mrs J Smith	Mr R McCulloch-Graham
Mr D Bell	Dr A McVean
Ms D Rutherford	Mr M Porteous

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs J Stacey	Mrs C Gillie
Mrs K Shakespeare	Mrs S Bell
Mr G McMurdo	

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Mr John Raine, Mrs Karen Hamilton, Mr Tris Taylor, Dr Cliff Sharp, Mrs Tracey Logan, Ms L Gallacher and Mr S Easingwood.

The Chair confirmed that the meeting was not quorate. It could therefore continue to discuss matters of business but was prohibited from making any decisions.

The Chair welcomed Mrs Debbie Rutherford to the meeting who was deputising for Ms Lynn Gallacher.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

Cllr Elaine Thornton-Nicoll wished to declare that at item 6.2 on the agenda she was a patient of the Eildon Medical Practice.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the declaration.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 17 December 2018 were approved.

4. Matters Arising

4.1 Action 34: Mr Robert McCulloch-Graham advised that the report had been prepared, however it was commercially sensitive and would therefore require discussion in private. Given the meeting was not quorate it would be deferred to a future meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted several elements including: Queen's House capacity; Hawick Care Company; St Phillips care homes and a move in status from care home to enhanced care; appointment of Group Manager within Adult Social Care; regional work; winter pressures; and the five yearly review of the Scheme of Integration.

Mr John McLaren suggested it might be helpful for the Integration Joint Board members to understand the Cheviot model and its proposed roll out.

Further discussion focused on the content of the development day session scheduled for 4 March and difficulties with recruitment.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

6. Integrated Care Fund Update

Mr Robert McCulloch-Graham gave an overview of the spend to date, as well as the finer details and recommendations regarding a number of projects including the Transitional care facility, Crawwood (Garden View) and the Matching unit.

Mr Mike Porteous emphasised that the request was for a 2 year period of funding to ensure continuity of recruitment and build on the resources in the community.

Further discussion ensued and the board requested the following:

- The need for future work to identify how to mainstream ICF projects;
- That future work should include admission avoidance as well as patient flow;
- It should include primary care, district nursing and social services;
- The ICF should support the shifting in the balance of care from acute to community, whilst considering the totality of primary care services.

There is a desire that a clear process for the evaluation of projects is in place for future deliberation of proposals and evaluation of schemes. This should also include publication of equalities impact assessments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current position of the Integrated Care Fund (ICF).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the projects which had either ended or were expected to run to the end of their funded duration and did not require further decision at that stage.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the use of Chairs action to approve the recommendation to extend and fund 3 live projects to establish a Discharge Programme of work for future evaluation, with the Chairs action being ratified at the next meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the use of Chairs action to approve the funding of the Community Outreach Team, with the Chairs action being ratified at the next meeting.

7. Eildon Medical Practice

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted that it was an update on the current position with information on the financial costs of each option awaited.

The Chair suggested a further paper be submitted to the IJB to cover the next stage in the process and provide a report on all of the options considered and the final decision route to be taken.

Mr Malcolm Dickson enquired about the mention of a care village at Tweedbank in the report. Mr McCulloch-Graham commented that Council colleagues were looking into it and he could ask Mr Murray Leys to provide an update at a future meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work undertaken to date.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the requirement for IJB strategic direction to inform further development the top 3 ranked of the financial appraisal to determine a final preferred option for submission to the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the use of Chairs action to seek a report on the next stage in the process, a report on all of the options considered and the final decision route to be taken, with the Chairs action being ratified at the next meeting.

8. Strategic Risk Register

Mrs Jill Stacey gave an overview of the content of the report. Mr Mike Porteous suggested the report be brought to the Board twice a year for scrutiny.

Cllr Tom Weatherston commented that as the Chair of the Integration Joint Board (IJB) Audit Committee he was content to support that as a way forward.

Mr Malcolm Dickson, as a member of the IJB Audit Committee also agreed with Cllr Weatherston that a 6 monthly review of the Strategic Risk Register should be undertaken by the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** scrutinized the IJB Strategic Risk Register to ensure it covered the key risks and mitigation actions of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the use of Chairs action to agree to receive a review of the IJB Strategic Risk Register on a six monthly basis, with the Chairs action being ratified at the next meeting.

9. Quarterly Performance Report

Mr Robert McCulloch-Graham introduced the report and Mr Graeme McMurdo gave an overview of the content and explained the RAG status.

Discussion focused on: the merits of a blue status; reference to and showing the Scottish average as a comparison; use of upper and lower limits; restrict to 4 quarters and per 1000 as a comparable figure; see the direction of travel towards improvement; move to the 3 RAG status and change the narrative for amber; and screen for typographical errors.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the proposed changes to the performance report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key challenges highlighted.

10. Monitoring and Forecast of the Health & Social Care Partnership Budget 2018/19 at 30 November 2018

Mr Mike Porteous presented the financial report and highlighted the forecast position for the year to 31 March 2019. He advised that the position was based on information to 30 November 2018 and any over spend would be required to be funded from additional contributions from the partnership.

Discussion focused on: requests for the financial plan information to be brought to set meetings of the IJB in relation to the budget process; financial recovery plan for the IJB and potential delivery of savings over 3-5 years; NHS confident of £10.1m brokerage to reach breakeven for 2018/19; NHS pursuing a plan to move back to balance over 2-3 years and happy to report progress in July; IJB has a role and responsibility in how savings can be delivered in the delegated functions as it commissions services; and potential to make hospital to home permanent to release savings.

Cllr Tom Weatherston enquired given the amount of spending on agency staff if staff were offered extra shifts on their days off. Mrs Nicky Berry commented that the NHS ran a process whereby all staff were offered extra shifts before the nurse bank or agencies were contacted.

Mr John McLaren commented that there would inevitably be times when agency spend was unavoidable where there was a clinical skills shortage.

Cllr Shona Haslam left the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast overspend of £7.55m for the partnership for the year to 31 March 2018/19 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any expenditure in excess of the delegated budgets in 2018/19 would require to be funded by additional contributions from the partners in line with the approved scheme of integration.

11. Strategic Planning Group Report

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

Cllr John Greenhall left the meeting.

12. Any Other Business

Joint Staff Forum: Mr John McLaren raised the issue of non quoracy at Joint Staff Forum meetings. He advised that it was difficult to get managers from both organisations at the meetings.

Mr Rob McCulloch-Graham suggested that management colleagues from both organisations look into the matter for their respective organisations and that Mr David Bell raise the matter at the next Health & Social Care Leadership Team meeting. He further requested a copy of the full year plan of Joint Staff meetings

13. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 25 February 2019 at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 4.00pm.

Signature:
Chair

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Health & Social Care Integration Joint Board Action Point Tracker

Meeting held 12 February 2018

Agenda Item: Inspection Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
24	6	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the update and agreed to receive a presentation on the Public Protection Service at a Development session later in the year.	Murray Leys Stuart Easingwood	December 2018 May 2019	In Progress: Item scheduled for 19 November 2018. Update: Session cancelled. Item scheduled to 27 May 2019 Development session.	

Meeting held 23 April 2018

Agenda Item: Scottish Borders Health and Social Care Partnership 2017/18 Winter Period Evaluation Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
29	9	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD welcomed the opportunity to receive a report at a future meeting on Quality and Governance from Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services and Dr Angus McVean, GP Clinical Lead.	Claire Pearce, Nicky Berry, Angus McVean	December 2018 April 2019	In Progress: Item scheduled for 17 December 2018. Update: Item rescheduled to April 2019 meeting	

Meeting held 28 May 2018

Agenda Item: Chief Officer's Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
30	6	Mr Murray Leys to provide a presentation to a future Development session on Demographics	Murray Leys Stuart Easingwood	2018 2019	In Progress: Item scheduled for 19 November 2018. Update: Session cancelled. Item rescheduled to 25 November 2019 Development session.	

Meeting held 22 October 2018

Agenda Item: Alcohol and Drug Partnership Investment Plan 2018 – 2021

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
34	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD approved the plan in principle and sought an update report in January 2019 with more detail and evidence of funding levels being adequate to fund a redesign of services.	Tim Patterson	January 2019	In Progress: Item scheduled to 28 January 2019 meeting Update 28.01.19: Mr Robert McCulloch-Graham advised that the report had been prepared, however it was commercially sensitive and would therefore require discussion in private. Given the meeting was not quorate it would be deferred to a future meeting on 25.02.19.	

Agenda Item: Quarterly Performance Review

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
35	10	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted and approved the move to a Red, Yellow and Green RAG status for the Performance Report.	Sarah Watters	January 2019	Complete: Item discussed at 28 January 2019 meeting	

Meeting held 28 January 2019

Agenda Item: Integrated Care Fund Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
1	6	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted and supported the use of Chairs action to approve the recommendation to extend and fund 3 live projects to establish a Discharge Programme of work for future evaluation, with the Chairs action being ratified at the next meeting.	Iris Bishop	February 2019	Complete: Item scheduled to 25 February 2019 meeting	

Agenda Item: Integrated Care Fund Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2	6	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted and supported the use of Chairs action to approve the funding of the Community Outreach Team, with the Chairs action being ratified at the next	Iris Bishop	February 2019	Complete: Item scheduled to 25 February 2019 meeting	

		meeting.				
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Agenda Item: Eildon Medical Practice

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
3	7	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD supported the use of Chairs action to seek a report on the next stage in the process, a report on all of the options considered and the final decision route to be taken, with the Chairs action being ratified at the next meeting.	Rob McCulloch-Graham	April 2019	In Progress: Chairs Action to be ratified at 25 February 2019 meeting. Report scheduled to 29 April 2019 meeting.	

Agenda Item: Strategic Risk Register

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
4	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted and supported the use of Chairs action to agree to receive a review of the IJB Strategic Risk Register on a six monthly basis, with the Chairs action being ratified at the next meeting.	Iris Bishop	February 2019	Complete: Item scheduled to 25 February 2019 meeting	

KEY:	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale
Blue	Complete – Items removed from action tracker once noted as complete at each H&SC Integration Joint Board meeting

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Scottish Borders Health & Social Care
Integration Joint Board



Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting Date: 25 February 2019

Report By	Robert McCulloch-Graham, Chief Officer Health & Social Care
Contact	Robert McCulloch-Graham, Chief Officer Health & Social Care
Telephone:	01896 825528

CHIEF OFFICER'S REPORT

Purpose of Report:	To inform the Health & Social Care Integration Joint Board (IJB) of the activity undertaken by the Chief Officer since the last meeting.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Note the report.
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Personnel:	Not Applicable
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Carers:	Not Applicable
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Equalities:	Not Applicable
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Financial:	Not Applicable
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Legal:	Not Applicable
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Risk Implications:	Not Applicable
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Chief Officer Report

System Pressures

Whilst my last report indicated a much improved January this year compared with last, I did say I was touching wood, or words to that effect. Well over the last couple of weeks, we have experienced significant system pressures resulting in across our hospitals. This was at a time when we have opened our elective surgery programme which required the loss of 15 surge beds.

Health and social care colleagues have really pulled out all the stops to get us back in line with our Winter Plan, holding daily teleconferences to monitor and agree immediate actions to maintain patient flow.

At the time of writing this report, we have pulled through without the need to postpone any procedures. Our internal hospital processes from admission through to discharge have worked extremely hard, as have our Home Care and Care Home providers, and a huge thank you to SBCares for their continued flexibility and responsiveness. Our new initiatives from the START team, the matching unit, Waverley Intermediate Care, Garden View step down facility, and our Hospital to Home service have all come to the fore, and are working at or near capacity. In fact at one stage H2H had 11 patients above their estimated capacity of 60.

So whilst we are not yet out of the woods yet, the plan is working, and congratulations are due to the whole team

Locality Working Groups

A summit with Locality Working group representatives was held on 29 January 2019, which was well attended by around 30 local representatives. The broad themes which emerged from the meeting included governance, resource/support, and involvement, planning and participation. Feedback will be provided to Strategic Planning Group members at the March meeting.

We did agree the work of the groups should continue and that they should have administrative support to update current plans and offer wider support for both the Community Plan as well as the IJB Strategic plan.

The Strategic Planning Group will be requested to agree priorities and agendas for the 19/10 work plans for the groups.

Meridian Clinical Productivity

A project to review the whole Community Pathway across SBCares, and NHS Borders Treatment Rooms and Community Nursing, initially started in January looking at SBCares. This is an opportunity to review our processes and pathways whereby we can ensure we have the right resources in the right place at the right time, delivering the best service possible to our patients.

Early discussions have been underway with Nurse Managers to now bring in the Treatment Rooms element of the project, and a Clinical Reference Group met for the first time last week to start the project for Treatment Rooms.

The project will run for 35 weeks until end August 2019, with the Community Nursing element of the project starting at the beginning of May.

Over the coming weeks and months, members of the Meridian Team will be working with teams as part of the project to ensure everything is designed with the needs of the services in mind. As above, this will firstly be with Treatment Room staff, followed by Community Nursing staff from May.

The early work with SBCares has been warmly accepted by the staff and management teams and some early lessons have been gained and will be used in supporting better transitions of patients to home care from acute services.

Primary Care

The Primary Care Improvement Plan continues and at the last Primary Care Strategy Group meeting we received updates from the work streams. Four of the streams are up and running with two just beginning. There is an evident need to provide more project support to each of the streams and the overall strategy. We are looking at how we can provide this and further reports will be brought to a later IJB.

IJB Development Session – March

A “Look Back, Look Forward” development session has been arranged for 4 March 2019, at Dryburgh Abbey Hotel in Melrose. The intention of the event is to ensure the partnership has a clear understanding of its responsibility, accountability and ability to affect change.

The session will aim to detail the areas of influence that the IJB has and will set and indication of the priorities for the next 5 to 15 years. This meeting will be important for the Board as it will set the antecedents for forthcoming “Directions” as we continue to implement the IJB’s Strategic Plan.

Rob McCulloch-Graham
February 2019

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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 28 January 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Mike Porteous, Chief Finance Officer
Telephone:	01835 826685

INTEGRATED CARE FUND UPDATE

Purpose of Report:	<p>The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the position of the Integrated Care Fund (ICF). Specifically:</p> <ul style="list-style-type: none"> • A summary of the projects that are due to finish within the coming 12 months and will run to their conclusion • A recommendation to extend a number of existing projects and the related funding implications • A recommendation to fund a Community Outreach Team within the Mental Health service from available funds
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> Note the current position of the Integrated Care Fund (ICF) – Table 1 Note the projects which have either ended or are expected to run to the end of their funded duration and do not require further decision at this stage Approve the recommendation to extend and fund 3 live projects to establish a Discharge Programme of work for future evaluation. Approve the funding of the Community Outreach Team
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Personnel:	There are no resourcing issues other than those presented within the report.
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Carers:	Consideration has been given to the implications for carers in the paper.
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Equalities:	An EQIA is underway.
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Financial:	No resource implications beyond the financial resource identified within the report.
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and
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	any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	The key risks outlined in the report form part of the draft financial risk register for the partnership.

1 Integrated Care Fund – Allocation and Spend to Date

- 1.1 The ICF fund was established by the Scottish Government and allocated £2.13m pa to the H&SCP for the 3 years 2015/16 to 2017/18. The funding was baselined in 2018/19 and NHS Borders agreed to make it a recurring allocation to the IJB from this year onward.
- 1.2 The allocation has been utilised to support a range of projects and service changes over the years. To date of the total £8.520m allocated the sum of £7.636m has been committed to fund projects to their end date, leaving **£0.884m** uncommitted at the time of this update. Any funding either uncommitted or unspent at 31 March 2019 will be carried forward for use in 2019/20.
- 1.3 Table 1 summarises the direction of the funding to 31 December 2018. It presents the known spend to date and also shows the committed spend to the end of the projects agreed life. This forecast is based on the assumption that the allocated funding will be required and will be fully utilised. Projects are categorised as:
- Due to Finish – these projects have funding and have ended or are expected to run to the end of their funded duration and do not require any further decisions at this time.
 - Recommended for Extension – it is recommended that a small number of live projects are extended beyond their end date. Section 3 provides the details of these projects.

Table 1 – Summary of ICF Projects Approved to Date with Resources Directed / Spent

IJB Approved Projects	Project End Date (£)	Project Allocation (£)	Total Actual Spend to 31.12.18 (£)	Forecast spend to end of project (£)	Projection for Life of Project (£)
<u>Projects Due to Finish</u>					
Hospital to Home	30/09/19	1,145,028	283,889	861,139	1,145,028
Transitions	30/09/19	57,200	41,422	15,778	57,200
COPD	30/09/19	99,000	0	99,000	99,000
Community Capacity Building	31/07/19	562,660	463,504	99,156	562,660
Domestic Abuse Service	30/06/20	120,000	37,785	82,215	120,000
Strata	Jan/Feb 2019	75,000	22,500	52,500	75,000
Pharmacy	31/03/19	94,470	68,532	25,938	94,470
Transport Hub	31/03/19	204,900	101,028	103,872	204,900
Community Led Support	31/03/19	133,648	113,610	20,038	133,648
Project Management Team	31/12/18	740,699	740,699		740,699
<u>Projects to Extend</u>					
Transitional Care Facility	31/03/19	926,600	789,296	137,304	926,600
Craw Wood Specialist Dementia Facility	31/03/19	1,371,402	642,003	729,399	1,371,402
Matching Unit	31/03/19	286,077	224,197	61,880	286,077
Closed Projects		1,819,369	1,811,363	8,007	1,819,370
	Total	7,636,053	5,279,742	2,356,312	7,636,054
	Total Funding	8,520,000			
	Total Unallocated Funding	883,947			

2 Projects Due to Finish

2.1 A number of projects have ended or are due to finish within the coming 12 months. The finances relating to these projects are presented in Table 1 and an update is summarised below.

Project	Description	End date	Notes
Hospital to Home	Provision of reablement and care at home to reduce delayed discharges and packages of care.	30/09/19	Project will be evaluated as part of the Discharge programme.
Transitions	Improve the transition process from children's to adult services for people with a learning disability.	30/09/19	Project was due to end December 2018. An extension has been requested to 30/09/2019. Project lead has confirmed that no further funding is required.
COPD	Development of a pulmonary rehabilitation intervention model.	30/09/19	Start date has slipped however agreed funding is expected to be spent in full. The project is expected to run beyond September 2019.
Community Capacity Building (CCB)	Use a capacity building approach to increase activities for older people in communities, to support health and wellbeing.	31/07/19	Project Lead has confirmed that mainstream funding of CCB will be achieved through savings delivered through 'Reimagining of Day Services'.
Domestic Abuse Service	Coordinated approach to addressing domestic abuse in the Scottish Borders.	30/06/20	Expectation that domestic abuse services will be incorporated into the wider remit of the Public Protection Unit.
Pharmacy	Pharmacy input and support to Health and Social Care services to reduce medication errors, reduce the need for carer visits and reduce inappropriate use of compliance aids.	31/03/19	The Pharmacy project aims include risk reduction for medication errors, a reduction in medicine-related carer visits and medicine-related harm. Since inception over 400 patients have been assessed by the project team prior to discharge from BGH.
Transport Hub	Transport facilities to support people primarily to attend hospital and local health appointments.	31/03/19	There is potential slippage in the use of funding and an alternative source of funding will be sought prior to the project ending.
Community Led Support (What Matters Hubs)	Provide advice and support to local communities with a focus on effective conversations.	31/03/19	The project has led to a change in work practice and this will be embedded on ongoing workplans.
Strata	Cloud based product that enables improved, automated processes for matching patient needs to available resources.	28/02/19	Pilot focused on discharge management processes. Training has been delivered and the roll out of the project began in December 2018. Expect a further bid for full roll out beyond February.

Project	Description	End date	Notes
Project Management Team	An ICF PM Team was formed to establish and implement robust processes and procedures for ICF and to ensure effective project governance.	31/12/18	Support now provided through SBC Transformation team and NHS Better Borders Team.

3 Projects Recommended for Extension

3.1 A number of projects are providing a range of services targeted at reducing the number of delayed discharges in the acute system and supporting care in the home or a more homely setting:

Transitional Care Facility

- Utilises 16 units at Waverley care home
- Focuses on up to 6 weeks rehabilitation / reablement to allow individuals to return home and be as independent as possible subsequent to a hospital stay.
- It is a AHP led model supported by SB Cares staff

Garden View (Craw wood)

- Provides 15 bedded capacity outwith BGH to assess patients prior to them moving home or to supported accommodation.
- Target length of stay of 2 weeks
- Assessment carried out on site prior to discharge

Matching Unit

- Established initially to source and secure required home care hours for clients
- Expanded to cover end of life and is also linked to Strata with regard to care home placement.
- The unit has contributed to the reduction in waiting lists and reduced the time individuals wait for care.
- It has also significantly reduced the workload of social workers - the estimated average time social workers spend sourcing care. This has allowed the teams to do more assessments and reviews of care needs.

3.2 Given the linkages within and across these projects with the Hospital to Home (H2H) project it is proposed that they are all project managed and evaluated under a single "Discharge" programme of work. To facilitate this it is recommended that their end date is extended to coincide with the H2H project and that funding is provided to meet the costs of extension for each project to the 30 September 2019. These projects are intended to be mainstream funded in the future as savings are released.

The table below summarises the financial implications of these recommendations.

Financial Implications of Extending Current Projects			
Project	Current End Date	Extended End Date	Estimated Financial Implication £'000
Transitional Care Facility	31/03/2019	30/09/2019	99
Garden View	31/03/2019	30/09/2019	397
Matching Unit	31/03/2019	30/09/2019	85
Total estimated costs			581

4 Community Outreach Team (New Funding Request)

4.1 It is proposed to create a Mental Health Community Outreach Team (COT) to meet the needs of older adults with mental illness and dementia, working within care homes and community hospitals across the Scottish Borders. The key outcomes of the proposed service are summarised below:

- Improved detection, assessment and treatment of common mental health conditions
 - In particular to increase dementia diagnosis rates within the care home population with the aim of finally reaching the Scottish Government's national Local Delivery Plan (LDP) standard for dementia diagnosis in The Borders
- Reduction in the need to antipsychotic prescriptions
- Reducing hospital admissions, facilitating earlier discharge (reduction in delayed discharge days) and reducing the need for care home moves
- Raise awareness of mental health in care homes and community hospitals
- Increased confidence and skills in caring for older people with mental health difficulties and dementia in care home and community hospital staff

4.2 In order to aid recruitment and establish the service it is recommended that funding be provided for 2 years. It is anticipated that this becomes a permanent service and that costs saved by the reduction in occupied bed days (compared to the current base line) will fund the costs of the service within that 2 year period.

4.3 The proposed team will combine several existing posts and a number of new posts in a new service. The cost of the new service is estimated to be £243,379 in the first year and £230,000 recurringly. More detail is provided in the full bid presented in Appendix 1.

4.4 The following table gives a brief summary of costs and savings.

<u>Community Outreach Team Funding</u>		
	Yr 1	Yr 2
	£'000	£'000
<u>Additional Costs</u>		
Pays	205	205
Non Pay	37	24
Total Additional Costs	242	229
<u>Indicative Savings Scenario 1</u>		
Admission avoidance 10%	200	200
Reduction in Inpatient bed days @ 10%	201	201
Total anticipated Savings	401	401
Estimated Saving	159	172
<u>Indicative Savings Scenario 2</u>		
Admission avoidance 10%	200	200
Reduction in Inpatient bed days @ 20%	399	399
Total anticipated Savings	599	599
Estimated Saving	357	370

5 Summary

5.1 The overall financial implications of the recommendations to extend 3 existing projects, continue the Strata project for a further 12 months, and create a new Community Outreach Team within the Mental Health services is shown below.

<u>Summary ICF Funding and Commitments</u>	
	£'000
Uncommitted funds to date	884
<u>New Commitments</u>	
Extend 3 discharge projects for 6 months	581
Create Community Outreach Team	243
Revised Uncommitted Balance	60

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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 28 January 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Jill Stacey, IJB Chief Internal Auditor
Telephone	01835 825036

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
STRATEGIC RISK REGISTER**

Purpose of Report:	The purpose of this report is to provide Members of the Board with the IJB Strategic Risk Register for approval on recommendation by the IJB Audit Committee.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> (a) Scrutinise the IJB Strategic Risk Register to ensure it covers the key risks and mitigation actions of the IJB; and (b) Agree to receive a review of the IJB Strategic Risk Register on at least an annual basis.
Personnel:	Consultation has taken place on the IJB Strategic Risk Register with the Leadership Group of the Scottish Borders Health and Social Care Partnership, prior to its scrutiny by the IJB Audit Committee.
Carers:	N/A
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.
Legal:	Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.
Risk Implications:	Risk Management arrangements will assist the IJB making informed business decisions and provide options to deal with potential problems in line with its agreed Risk Management Strategy.

Background

- 2.1 It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. Furthermore the ability to manage risk will help the Board act more confidently on future business decisions. Knowledge of the risks they face will give them various options on how to deal with potential problems.
- 2.2 A Risk Management Strategy was approved by the IJB on 7 March 2016 which includes the: reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance.
- 2.3 The Internal Audit Annual Assurance Reports for the Scottish Borders Health and Social Care Integration Joint Board 2016/17 and 2017/18 stated that a strategic financial risk register was prepared in 2016 but never finalised; however a new strategic risk register is currently a work in progress. The reports concluded that Risk Management is not yet fully embedded into the culture of the IJB and documentary evidence of risk deliberations in decision making requires improvement (whilst committee reports follow a standard reporting template in which discussions of risks associated with options is required, there are no real Board deliberations or properly documented evidence of risk discussion). Internal Audit made the following recommendation: "The IJB strategic risk register should be finalised. Ensure IJB strategic risks are considered and reviewed regularly at IJB meetings. Risk management deliberations associated with IJB decision making should be clearly documented."
- 2.4 The IJB Audit Committee scrutinised the IJB Strategic Risk Register at its meeting on 17 December 2018, and recommended that it be presented to the full Board of the IJB for approval and requested that the IJB full Board review the IJB Strategic Risk Register on a six monthly basis. The IJB Audit Committee also agreed that it would receive a review of the IJB Strategic Risk Register on at least an annual basis as part of its role to oversee the IJB's governance, internal control and risk management arrangements.

Summary

- 3.1 The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders and Scottish Borders Council for delivery of the services in line with the Strategic Plan. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB's Local Code of Corporate Governance.
- 3.2 The Scottish Borders Health and Social Care Integration Joint Board Strategic Risk Register, which sets out the key risks and mitigations associated with the achievement of objectives and priorities within the IJB's Strategic Plan, is shown as the Appendix to this report. The Risk Register will be reviewed alongside the development of the Strategic Plan for the forthcoming 3 years. This will assist to address the Internal Audit recommendation.

Risk Register IJB draft to be approved

Risk Register IJB draft to be approved						Original risk			Controls		Current risk			Risk Approach	Mitigation Actions			Target risk			
No	Risk	Causes/ Risk factors	Consequences/ Potential effect	Proximity	Risk owner	Impact	Likelihood	Score	Current internal controls	Control assessment/ Score	Impact	Likelihood	Score	Tolerate Treat Transfer	Action description	Due date	Action owner	Impact	Likelihood	Score	Due date
1	If the required change in culture is not achieved then the delivery of the Partnership's strategic objectives may be delayed or may not be fully met	Structures; Resistance to change; Communication; Finance; Leadership; Conflict/disputes over resource allocation and financial contributions; Conflicting agendas and priorities.	Progress is not made; Delay in decision making; Poor outcomes; SG scrutiny;	ongoing	Robert McCulloch-Graham	3	4	12	Improved financial transparency from Partner orgs; Joint Plans for Workforce Development, Finance and Performance Reporting and Communication; Refreshed Strategic Plan; Appointment of temporary IJB Director of Finance; Permanent Chief Officer;	Partially effective Effective	3	4	12	Treat	Appointment of senior management team;	Oct-18	rm-g	3	3	9	
Risk Notes:																					
2	If we do not ensure that resource directed by the IJB is used efficiently and effectively then we may not achieve best value	Lack of transparency; Limited information sharing; Separate IT and sources of information/data; Existing structures; Lack of contract monitoring; Lack of quality reporting;	Not achieving best value; Poor outcomes;	ongoing	Robert McCulloch-Graham	3	4	12	Regular financial reporting to IJB; SLA; Monthly highlight reporting; Strategic Plan; Appointment of temporary IJB Director of Finance; Performance and Finance Group.	Partially effective	3	4	12	Treat				3	3	9	
Risk Notes:																					
3	If the future market for care is insufficient to meet increasing demand then there may be gaps in service provision and poor outcomes/choices	Demographics - reduction in people of working age versus aging population; Higher wages and alternative career options; Less attractive T&C's; Lack of community capacity support;	Gaps in service provision; Delayed discharge; Reduction in choice; Poor outcomes; Services may not be able to meet need; Unable to deliver our statutory duty.	ongoing	Robert McCulloch-Graham	4	4	16	Market Facilitation Plan; Work ongoing re commissioning of home care hours; Projection modelling on future demand v demographic pressures; Developing the Bath Tub model.	Ineffective	4	4	16	Treat	Market Facilitation Plan; Formation of Older People's Capital Board; Queen's House Development		rm-g	4	3	12	2020
Risk Notes:																					
4	If we do not ensure that we have a partnership approach when communicating and engaging with stakeholders then we may fail to get them to play their part in delivering the partnership's strategic objectives	Lack of joint Comms Strategy and Planning; Lack of Partnership Engagement Strategy; Vision, Mission and Values of Partnership not sufficiently well embedded. Poor Communication with Partners and Partner Organisations; Inadequate communication within the Management Structure; Decisions made by IJB are not effectively communicated.	Conflicting and confusing messages; Duplication; Inefficient use of resource; Stakeholders are not engaged in the transformation of service planning and delivery with negative implications for integration and for business efficiency.	ongoing	Robert McCulloch-Graham	3	3	9	Integrated Communications Strategy; Local Area Partnership Forums with focus on health and wellbeing; Strategic Planning Group;	Partially effective Effective	3	3	9	Treat				3	2	6	
Risk Notes:																					

Risk Register IJB draft to be approved

Risk Register IJB draft to be approved						Original risk			Controls		Current risk			Risk Approach	Mitigation Actions			Target risk			
No	Risk	Causes/ Risk factors	Consequences/ Potential effect	Proximity	Risk owner	Impact	Likelihood	Score	Current internal controls	Control assessment/ Score	Impact	Likelihood	Score	Tolerate Treat Transfer	Action description	Due date	Action owner	Impact	Likelihood	Score	Due date
5	If both Partners do not sufficiently and rigorously plan and manage their Efficiency and Savings Programmes then the delegated budget may continue to overspend leading to inability to commission sufficient services to deliver the strategic objectives	Insufficient rigorous and robust Planning and Management over each partner's efficiency and savings programme; Lack of transparency;	Overspend position, unless subsequent direction made to reduce spend across delegated functions or partners identify alternative temporary or permanent savings proposals; Responsibility of the authority who originally delegated the budget to cover the shortfall; Inability to commission sufficient services to deliver the strategic objectives; Delayed discharge; Poor outcomes.	Ongoing	Robert McCulloch-Graham	4	5	20	Transformation / Efficiency programme governance within NHSB and SBC; It will be the responsibility of the authority who originally delegated the budget to cover the shortfall; IJB challenge. Temporary Director of Finance appointed; Formation of the Performance and Finance group	Partially effective	4	5	20	Treat	Ongoing conversations with Scottish Govt re NHS funding;		rm-g	4	4	16	
Risk Notes:																					
6	If we do not have a workforce fit for purpose now and in the future then the Partnership may fail to deliver on the strategic objectives leading to poor outcomes	Shortage of staff from all disciplines across the Partnership; Demographics - decreasing working age population; Unappealing sector to work in;	Insufficient workforce to meet demand; Unable to deliver services; Poor outcomes	ongoing	Robert McCulloch-Graham	4	4	16	Workforce Plan with focus on key areas; New GMS contract; Recent pay increase from Scottish Government (June 2018); Workforce Development Plan;	Partially effective	4	4	16	Treat	Work underway with Borders College for training for Care and Health support staff;		rm-g	4	3	12	
Risk Notes:																					
7	If a significant supplier was unexpectedly unable to fulfil their contract then there may be a serious gap in service provision leading to risk of harm and reputational damage	Insufficient contract management; Major incident, e.g. severe weather; Financial issues; Poor Business Continuity arrangements in place;	Services not delivered; Pressure on existing staff to deliver services; Quality of care/standards may decrease; Complaints; Reputational damage	ongoing	Robert McCulloch-Graham	4	3	12	Contract Management Framework working Group established; Business Continuity Plans; Experienced Emergency Planning and multi-agency response teams; Dedicated control room; Commissioning Plan	Partially effective Effective	4	3	12	Treat				4	2	8	
Risk Notes:																					
8	If someone under the care of the IJB comes to harm because of a failure attributed to the Partners then this may result in significant reputational damage	Staff not following policies and procedures; Failure in partnership working; Failure in communications; Lack of resources and capacity; Individual's decisions; Lack of senior management oversight; Complex nature of partnership working.	Harm to individuals and families; Reputational damage; Emergency measures; People may lose job; Loss of public confidence.	ongoing	Robert McCulloch-Graham	4	3	12	Robust adult and child protection arrangements and partnerships; Clarity of process roles, triggers and communications; Mandatory public protection training for staff; Internal audit; External audit/inspections; MAPPA; Clinical Governance; Performance Reporting;		4	3	12	Treat	Review of Public Protection procedures;		rm-g	4	2	8	

Risk Notes:

Risk Register IJB draft to be approved

Risk Register IJB draft to be approved		Original risk			Controls		Current risk			Risk Approach	Mitigation Actions			Target risk							
No	Risk	Causes/ Risk factors	Consequences/ Potential effect	Proximity	Risk owner	Impact	Likelihood	Score	Current internal controls	Control assessment/ Score	Impact	Likelihood	Score	Tolerate Treat Transfer	Action description	Due date	Action owner	Impact	Likelihood	Score	Due date
9	If we fail to manage and appropriately resource major programmes/projects undertaken simultaneously then we may be unable to achieve objectives	Inadequate programme management; Short timescales; Multiple programmes/projects at the same time requiring resource from support services; Lack of resource available from support services; Lack of appropriate skills and knowledge; Not prioritising; Over-reliance on key staff to deliver change programmes	Objectives not achieved; Timescales not achieved; Pressure on support services to deliver BAU and programmes/projects; Failure to deliver core business; Mistakes; Increased stress on key individuals; Reputational damage.	ongoing	Robert McCulloch-Graham	3	3	9	Structured Transformation Programme in place with resource requirements identified and appropriate resources allocated;	Partially effective	3	3	9	Treat	Will renegotiate project management support from NHS Borders and SBC;		rm-g	3	2	6	
Risk Notes:																					
10	If the Partnership lose sensitive data or use data inappropriately then we may be in breach of data protection legislation resulting in fines and reputational damage	Mislaidd paperwork; Insecure storage of information; Theft; Not securing permission to use personal details for the purpose other than what it was intended; Lack of data sharing protocols; Human error.	Distress caused to individuals; Fines; Reputational damage; Loss of confidence from public and service users .	ongoing	Robert McCulloch-Graham	4	2	8	Mandatory Data Protection training; IT Data Security Policy; Secure data; Confidential waste shredding; Records Management procedures; Data Management & Sharing Policy	Effective	4	2	8	Tolerate				0	0	0	
Risk Notes:																					

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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 28 January 2019

Report By	<i>Rob McCulloch-Graham</i>
Contact	<i>Karen Shakespeare, Planning and Performance Manager</i>
Telephone:	<i>01896 828295</i>

EILDON MEDICAL PRACTICE

Purpose of Report:	<p>To provide the Integrated Joint Board (IJB) with an update on the option appraisal process for the future of Eildon Medical Practice sites.</p> <p>Background</p> <p>In November 2017 the Partners of Eildon Medical Practice informed NHS Borders of their intention to sell their Newtown St Boswells practice building by October 2019. Eildon Medical Practice currently operates from two surgery buildings; Melrose Health Centre (NHS Borders premises) and Newtown St Boswells (building owned by the Partners).</p> <p>NHS Borders Option Appraisal Process has been followed to date as outlined in Appendix 1.</p> <p>The process has been carried out with full engagement with patients and the wider community and we have worked in partnership with the Scottish Health Council to ensure due process is followed.</p> <p>The non financial Option Appraisal Event was held on 29th August 2018 and a high level financial appraisal was subsequently completed on each shortlisted option considered for the provision of primary care services by the Eildon Medical Practice.</p> <p>However, this financial appraisal has been heavily caveated due to the level of information available at this time for each option. Without more detailed information it is entirely feasible that there could be a significant movement in costs which would subsequently change the outcome of the appraisal and the ranking of the options.</p> <p>To establish a preferred option in line with the Option Appraisal process, the non financial scoring exercise and the financial appraisal are combined to enable a ranking of the options to be</p>
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calculated with the identification of the preferred option.

The three ranked options following the initial option appraisal exercise are:

- 1st** - Sell existing Newtown St Boswells Site and rebuild Health Centre in alternative site in Newtown St Boswells whilst also retaining existing Melrose site (option 4)
- 2nd** - The practice sell Newtown St Boswells site and consolidate practice on refurbished existing Melrose Site (option 3)
- 3rd** - Sell both Newtown St Boswells and Melrose sites and Build one New Health Centre on a site which serves both populations and consolidate all practice patients and partnership working at the new build site (option 5)

The required development work will require significant input from key stakeholders to inform a strategic direction from the IJB to establish the required accommodation and future service requirements for the Eildon Medical Practice and wider health service teams. Identification of these requirements will enable robust costs to be finalised for each option. This detailed work is needed before a final preferred option can be proposed.

The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessment has also been completed at a workshop on 26th November 2018. Due to the requirement for continued development and more detail specification around the first three ranked options, the workshop participants undertook the assessments for the first three ranked options (Appendix 2)

Cliff Sharp, NHS Borders Medical Director, was presented with a petition from the Patients of Eildon Medical Practice after the IJB meeting on the 22nd October 2018. The petition has been recorded on the petitions register and is currently being held by NHS Borders Board Secretary until a recommendation is presented to the NHSB Board and IJB for approval to proceed.

Key Issues

IJB Strategic Direction

IJB strategic direction and consideration of the GP Contract is required to inform further development of the top 3 ranked options.

There may also be further variations to consider in relation to the 3rd ranked option (option 5) such as the proposed Care Village at

Tweedbank.

It is therefore proposed that NHS Borders Capital Planning Team work with the Eildon Health and Social Care Partnership locality working groups to inform any future service development and IJB strategic direction to identify and recommend the final preferred option.

The plan and timeline will be updated in relation to the financial appraisal on an ongoing basis as further certainty to costs are established as part of the development work (dates to be confirmed by NHSB Finance).

Capital funding will be required for all first 3 ranked options and we will be required to follow the Scottish Capital Investment Manual (SCIM) process.

Once a preferred option is identified NHS Borders Capital Planning Team will update the Eildon Medical Practice Steering Group and present the recommendation to the NHSB Clinical Strategy Group seeking approval to present the recommendation to the IJB for approval, once approved NHSB Board will be updated.

Contingency

Interim contingency plans as to how Eildon Medical Practice Services will be delivered until a preferred option is identified and implemented are still in development.

NHS Borders Head of Capital Planning and the Primary Care Contracting Manager are working with Eildon Medical Practice to establish what this contingency plan will be.

Communications

Eildon Medical Practice steering group suggested that an update be issued to the public by the end of January 2019. The update should include reference to Option Appraisal process we have gone through to date, next steps and what the contingency plans are to provide services going forward until a preferred option is identified and implemented. This may exceed the January 2019 deadline as dependent upon the preparation and agreement of the contingency plan.

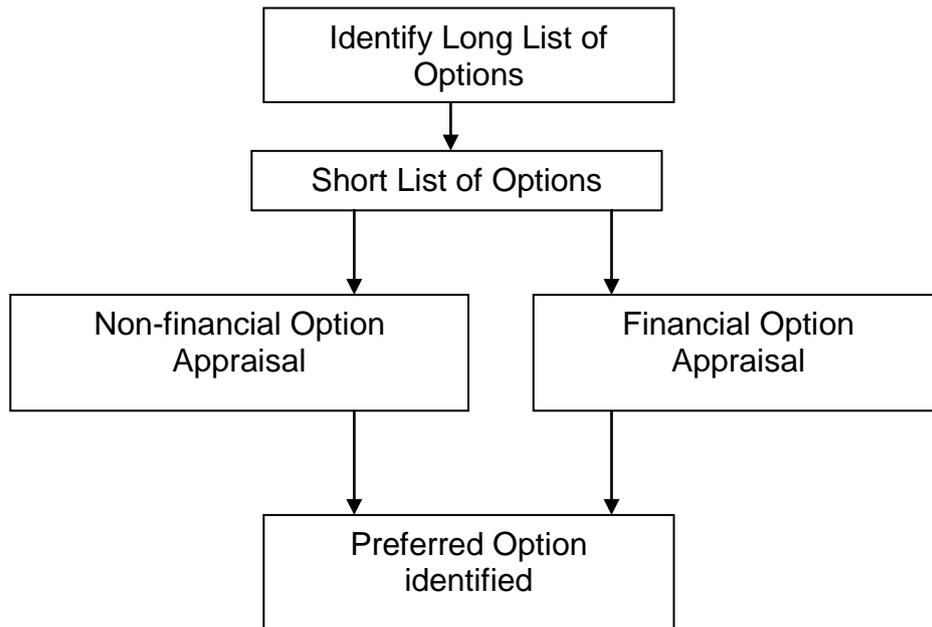
NHS Borders Communications Team will continue to be the lead for Communications in relation to Eildon Medical Practice at this stage.

	<p>Summary</p> <p>It is proposed that NHS Borders Capital Planning Team work with the Eildon Health and Social Care Partnership locality working groups to inform any future service development and IJB strategic direction to identify and recommend the final preferred option.</p> <p>Interim contingency plans as to how Eildon Medical Practice Services will be delivered until a preferred option is identified and implemented is to be developed in line with IJB Strategic Direction.</p> <p>An update is to be issued to the public by the end of January 2019.</p> <p>NHS Borders Communications Team will continue to be the lead for Communications in relation to Eildon Medical Practice at this stage.</p>
<p>Recommendations:</p>	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Note the work undertaken to date and; b) Note the requirement for IJB Strategic direction to inform further development the top 3 ranked of the financial appraisal to determine a final preferred option for submission to the IJB; c) Confirm the approval route for the recommended preferred option requires agreement of the IJB
<p>Personnel:</p>	<p>Eildon Medical Practice Steering Group Health and Social Care Partnership Locality Working Group(s) IJB Eildon Medical Practice Staff</p>
<p>Carers:</p>	<p>As identified in the Health Inequalities Impact Assessment and identification of preferred option</p>
<p>Equalities:</p>	<p>The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessments were completed on 26th November. They are usually undertaken for the preferred option but due to the requirement for continued development of the first three ranked options by Finance, the Eildon Medical Practice Steering Group has undertaken these assessments for the first three ranked options.</p>
<p>Financial:</p>	<p>The level of detail of the information available on the options at this stage means it is entirely feasible that there could be a significant move in costs, which would change the outcome of the appraisal and the ranking of the options. At present it is therefore considered prudent to continue to develop the first 3 ranked</p>

	<p>options. The plan and recommendation will be updated in relation to the financial appraisal on an ongoing basis as further certainty to costs are established as part of the development work (dates to be confirmed by NHSB Finance).</p> <p>Capital funding will be required for all first 3 ranked options.</p>
Legal:	Nothing noted at this stage
Risk Implications:	<p>Risk Assessment will be undertaken once preferred option identified.</p> <p>The level of detail of the information available on the options at this stage means it is entirely feasible that there would be a significant move in costs, which would change the outcome of the appraisal and the ranking of the options and at present it is considered prudent to continue to develop the first 3 ranked options.</p> <p>The Partners of Eildon Medical Practice intend to sell their Newtown St Boswells practice building by October 2019.</p>

Appendix 1 Option Appraisal Process

An option appraisal is a standard tool utilised in the decision making process for setting objectives, creating and reviewing options and analysing their relative costs and benefits. Following an option appraisal process gives stakeholders' assurance that the strengths, weaknesses, risks and issues of a range of different options have been fully considered to identify a "preferred option". The option identification and appraisal process is as described below and the diagram.



Appendix 2 The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessment



HIIA Workshop
Report Eildon MP 261



Appendix 1 Public
Bodies (Joint Working)

HIIA Workshop Report on the Future of the Eildon Medical Practices

Policy/service title: Planning for the future of Eildon Medical Practice sites

Date of workshop: 26th Nov 2018

Location: Borders General Hospital

Policy lead: Cliff Sharp

Public Health lead: Allyson McCollam

Version: Final V1.0

Date: 18th December 2018

Approved : Eildon Medical Practice Steering Group, 18th December 2018.

1. Introduction

This is a report of the findings from a workshop held to identify the potential health inequalities consequences of proposed changes to the Eildon Medical Practice sites, including differential impacts on identified population groups. The workshop was undertaken as part of a redesign process so the identified options under consideration could be assessed systematically and recommendations made to avoid or reduce any possible negative consequences for health inequalities.

Findings are based on the knowledge and experience of those present at the workshop and on information sources accessed by the redesign working group.

The workshop participants were made up of the members of the Eildon Medical Practice Steering group, with additional public representation for the Melrose patients, and guidance was provided by the Scottish Health Council. The discussion was facilitated by a Public Health lead for health inequalities.

The workshop used the HIIA tools promoted by Health Scotland, supplemented by the integration planning principles in relation to the Public Bodies (Joint Working) (Scotland) Act 2014 (**Appendix 1**).

Eildon Medical practice intends to sell the GP owned premises in Newtown St Boswells. NHS Borders has agreed to undertake an options appraisal exercise for the provision of primary care services for the practice. A Steering group has been working through

NHS Borders agreed Option Appraisal Process to identify the preferred option, ranking both financial and non financial costs and benefits.

After considerable engagement and consultation, and extensive information gathering, a short list of options was identified. At the time the HIIA workshop was conducted, the shortlisted options were being subject to financial appraisal and further work was identified as being required for the top 3 ranked options. The top 3 ranked options on the table for consideration at the HIIA workshop were:

- To sell the current site in Newtown St Boswells and rebuild a new Health Centre in Newtown St Boswells, whilst retaining the Melrose site
- To sell the current site at Newtown St Boswells and consolidate on the existing, refurbished site in Melrose
- To sell both the Newtown St Boswells and Melrose sites and build one new Health Centre on a single site (location not specified) to serve both populations

The workshop was undertaken therefore at a point when it was not known whether there would continue to be a primary care service located in Newtown or whether this community would be served by a health centre located elsewhere. For that reason the recommendations are provisional.

2. HIIA results

Who will be affected by this policy?

- The staff at both site locations
- Patients and population served by the practice (all ages and groups)
- Local businesses within each locality where practice sites are currently located (Newtown St Boswells and Melrose) and any potential future locality should the preferred option to be to close both existing sites and open a new site
- Families and carers of patients
- Transport providers
- Partner services who deliver support for populations i.e. Home care, Social Services, Pharmacies including pharmacies in Newtown St Boswells, Melrose and Galashiels

What potential impacts (positive or negative) will this development policy have on people with any of the nine protected characteristics and from vulnerable groups?

Page 41

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
<p>Age: older people; middle years; early years; children and young people.</p>	<p>Early Years/Young Families</p> <ul style="list-style-type: none"> • affected by accessibility of services and travel, including public transport • Depends of range of services at which sites. • Travel costs if need to travel to alternative location <p>Working age</p> <ul style="list-style-type: none"> • accessing services out with working hours, extended hours only in Melrose at the moment <p>Older People</p> <ul style="list-style-type: none"> • accessibility particularly if they don't drive. • If site not easily accessible patients may contact emergency services and end up in hospital 	<ul style="list-style-type: none"> • GP Contract will influence which services are offered at practices • Scope to future proof practices to be able to deliver services and enhanced services. • Increasing range of services have been moved to Melrose already due to restrictions on Newtown St Boswells site. • If pregnancy services offered at Newtown St Boswells would enhance service so positive impact. • Extended hours across all site(s) depending upon preferred option • Consider accessibility as part of defining preferred option, consider location and other facilities patients may use when visiting GP site

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
		<ul style="list-style-type: none"> Consider continuity to facilitate access to right person, right time whatever the location chosen
<p>Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.</p>	<ul style="list-style-type: none"> Transport – may need to travel further for appointments if sites change Disabled Access at sites Mental Health patients – need easier access to services to encourage attendance for appointments 	<ul style="list-style-type: none"> Concentrating services in one location would be beneficial for people with learning disabilities (or have same services at 2 sites) All new builds are designed with disabled access, all options can be designed to accommodate disabled access but Melrose reconfiguration may have some limitations as based around an existing building All options whether new buildings / reconfiguration of existing Melrose site will enable Mental Health Teams and other services to visit, providing increased access to services
<p>Gender Reassignment: people undergoing gender reassignment</p>	<ul style="list-style-type: none"> No impact identified 	

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	<ul style="list-style-type: none"> No impact identified 	
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	<ul style="list-style-type: none"> Covered under age section, longer term plan in Scotland is to encourage more people to give birth at home 	
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.	<ul style="list-style-type: none"> No issues identified but if any were identified existing support services cover and potential issues so no impact SBC has work ongoing in relation to Gypsies / Travellers. Most members of these communities who spend time in Scottish Borders are registered with practices outwith the area. 	<ul style="list-style-type: none"> Existing support services cover and potential issues so no impact
Religion and belief: people with different religions or beliefs, or none.	<ul style="list-style-type: none"> Access to same sex GPs may be important for a range of reasons 	<ul style="list-style-type: none"> Access to male and female GPs offered at both sites but only 1 female GP to cover both sites. There is availability of female ANP's. This has helped assure gender access to both male and female clinicians.

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Sex: men; women; experience of gender-based violence.	<ul style="list-style-type: none"> • See above 	
Sexual orientation: lesbian; gay; bisexual; heterosexual.	<ul style="list-style-type: none"> • No impact identified 	
Looked after (incl. accommodated) children and young people	<ul style="list-style-type: none"> • Foster Families – no direct impact with any site change • Aberlour in St Boswells - Respite care for children so no impact as the children are registered at their own GP Practices 	
Carers: paid/unpaid, family members.	<ul style="list-style-type: none"> • Transport limitations • Carers may have to miss their own appointments due to carer responsibilities • Paid carers – time paid for will have impact on care packages if need additional travel time to attend an alternative site for appointments 	<ul style="list-style-type: none"> • Practice would be proactive and review appointment types and times • Care packages would need to be reviewed as required to ensure enough time to attend appointments
Homelessness: people on the street; staying temporarily with friends/family; in	<ul style="list-style-type: none"> • Practice does not provide a service to any homeless accommodation. Population may include those in insecure housing, sofa surfing etc. Those on very limited income could be impacted by any additional travel costs. 	

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
hostels, B&Bs.		
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.	<ul style="list-style-type: none"> No direct impact 	
Addictions and substance misuse	<ul style="list-style-type: none"> If a new location combines both sites, this may have more services which could be more accessible. This could enable people to attend appointments anonymously as not going to a designated specialist unit. 	<ul style="list-style-type: none"> Practice to review access pathways for specialist support Accommodation limitations will be addressed as part of the new / revised site(s)
Staff: full/part time; voluntary; delivering/accessing services.	<ul style="list-style-type: none"> Staff currently move between sites so no issues as part of their contracts Higher staffing costs if maintain 2 sites as duplication on staff Able to make appropriate voluntary sector links from both sites/ one site From a staffing point of view one site better, but from patient point of view two sites better 	<ul style="list-style-type: none"> Continue current work to align the two GP Practice across sites services. All incoming phones are moving to Melrose site in early 2019 and will be staffed accordingly Staff on one site would improve communication, and team working (more integrated teams) but access for patients would be decreased as only at one site Practices will need to work with whichever model is agreed to

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
		mitigate impacts and to maintain links including with the voluntary sector
Low income	<ul style="list-style-type: none"> • Transport costs - Newtown St Boswells population includes relatively high proportion of families on low incomes, compared with other parts of Borders incldg Melrose. These families stand to be more adversely affected if primary care services moved from the village due to additional transportation costs • Low income tends to be associated with higher rates of ill health and greater utilisation of health services • Significant proportion of patients with long term health conditions and with mental health problems are likely to be on low incomes so could be adversely affected. 	<ul style="list-style-type: none"> • Consider current and likely future availability of public transport • Ensure that service delivered from the site selected is geared to meet the relatively higher health needs of the Newtown population. • Ideally, this would be from a Newtown site
Low literacy / Health Literacy: includes poor understanding of health and health services as well as poor written language skills.	<ul style="list-style-type: none"> • No impact identified 	
Living in deprived areas	<ul style="list-style-type: none"> • Covered under low income 	

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Living in remote, rural and island locations	<ul style="list-style-type: none"> • Accessibility / Transport as above 	
Discrimination/stigma	<ul style="list-style-type: none"> • Cultural differences between the Newtown and Melrose communities could have an adverse impact if reduce to one site. <p>If relocate to Melrose site, Newtown St Boswells site patients have limited options but to travel. This may be viewed negatively and may feel discriminatory, as there is no other practice close by which could be an alternative.</p> <p>If the practice was to relocate to a single site in Newtown St Boswells, Melrose patients would have the option to move to Galashiels if they did not want to attend Newtown St Boswells site.</p>	<ul style="list-style-type: none"> • If the decision is to discontinue provision from a Newtown location and to service the population from Melrose, consideration should be given to how to ensure the Newtown community is fairly served
Refugees and asylum seekers	<ul style="list-style-type: none"> • Previously covered 	
Any other groups and risk factors relevant to this policy	<ul style="list-style-type: none"> • Pharmacists – Newtown Pharmacy would struggle to cover both practice sites – accessing repeat prescriptions needs to be considered. • Risk factor – if you remove service from a village/town can impact on other services within the village /town. • Risk Factor – if keep 2 sites may not be sustainable longer term 	<ul style="list-style-type: none"> • Pharmacy provision needs to be a key consideration in the development of the service, whichever site is chosen • Consider knock on effects on neighbouring businesses • Future proofing to maximise sustainability

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
	<ul style="list-style-type: none"> • Patients - If practice relocated would practice boundary change ? 	<ul style="list-style-type: none"> • Review implications of potential new site(s) on practice boundaries

Impact on the causes of health inequalities

The workshop identified the following potential impacts.

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
Income, employment and work	<ul style="list-style-type: none"> • Proportionately more affordable housing in Newtown St Boswells than in Melrose and more low income families – transport costs would be an issue • People on lower incomes tend to have more ill health • 1 in 4 families on low income in the Scottish Borders • Scottish Borders lowest paid region in Scotland • Community of higher need in Newtown St Boswells and this is demonstrated in the Social Housing Plans for the village 	<ul style="list-style-type: none"> • As above
The physical environment and local opportunities	<ul style="list-style-type: none"> • Patients may use other amenities when going to the GP Practice. If any potential new site is not next to other amenities there could be a potential detrimental impact on / loss of those amenities. 	<ul style="list-style-type: none"> • Consider location of other amenities when selecting any potential new site

	<ul style="list-style-type: none"> • Safety implications of any additional travel which may be required in severe weather, although this is not unique to these practice populations 	<ul style="list-style-type: none"> • People tend not to travel in severe weather • Make full use of other means of accessing health care information and advice as part of redesign
Education and learning	<ul style="list-style-type: none"> • N/A 	
Access to services	<ul style="list-style-type: none"> • Already covered 	
Social, cultural and interpersonal	<ul style="list-style-type: none"> • Fostering good relations – could be tensions between 2 locations which need to be managed • Democratic engagement and representation – good open engagement through selection process, all stakeholders engaged with and all points raised have been considered. Views have been gathered as part of the process and can be evidenced. • Resilience and coping mechanisms - Better integration of services, Business continuity planning reviews following “Beast from the East” in early 2018 in regards to immobilising staff during bad weather between NHSB and SBC i.e. “Services to Patients” • Boundary - if practice boundary changes some patients may have further to travel 	<ul style="list-style-type: none"> • Maintain effective communications plan • Targeted information for patients on accessing health care info and advice using range of routes

Impact on people's human rights

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life	<ul style="list-style-type: none"> • Mental Health patients may need urgent access to services • Staff Safety 	<ul style="list-style-type: none"> • Continue to improve patient pathways as part of wider developments in health and social care locally • This includes hospital to home initiatives to enhance transitions – will also benefit end of life care • New sites will be developed to improve this but will be some constraints with a refurbished existing Melrose site.
The right not to be tortured or treated in an inhuman or degrading way	<ul style="list-style-type: none"> • Access to services in a crisis 	<ul style="list-style-type: none"> • as above re care pathways
The right to liberty	<ul style="list-style-type: none"> • N/A 	
The right to a fair trial	<ul style="list-style-type: none"> • N/A 	
The right to respect for private and family life, home and correspondence	<ul style="list-style-type: none"> • No impact 	<ul style="list-style-type: none"> • Systems already in place to support i.e. GDPR

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to freedom of thought, belief and religion	<ul style="list-style-type: none"> • N/A 	
The right to freedom of expression	<ul style="list-style-type: none"> • N/A 	
The right not to be discriminated against	<ul style="list-style-type: none"> • Dependent upon final preferred option. Some patient groups may feel discriminated against i.e. Mental Health groups for reasons already highlighted. 	<ul style="list-style-type: none"> • Further consultation with these groups would need to be undertaken as part of Business Case development
Any other relevant rights to this policy	<ul style="list-style-type: none"> • Physical disability – access • Access to male/female GPS (previously outlined) • Consultation with Children – no direct communication / engagement 	<ul style="list-style-type: none"> • All new builds would be accessible – may be some constraints with existing Melrose site • Access to male and female GPS offered at both sites but only 1 female GP to cover both sites and female ANP's. This has helped access to both male and female clinicians. • Public involvement team were at Earlston High School and engaged with pupils who are part of "Earlston Youth Catchment Group". The group held a workshop to consider the Eildon Medical Practice options and pupils who attended and are patients of Eildon Medical Practice were asked their views on the options and no issues were identified.

Possible cumulative impacts as a result of the implementation of this policy in combination with others

Depends upon the preferred option, the business case development would need to consider any barriers raised through this process.

Newtown St Boswells patients will be affected whichever option is taken forward.

ehealth developments are just starting so people who are used to using technology now will be aging population in 2041.

If the practice boundary changes may need to consider other groups

Evidence that informed this impact assessment

Evidence Type	Evidence available	Gaps in evidence
<p>Population Data</p> <p>e.g. demographic profile, service uptake.</p>	<ul style="list-style-type: none"> • Scottish Borders Population Projection and demographic profile • Housing Development Information for localities • Population list / practice list • Services provided by practice 	
<p>Consultation and Involvement findings</p> <p>e.g. any engagement with service users, local community, particular groups.</p>	<ul style="list-style-type: none"> • Eildon Medical Practice Steering Group representing all stakeholders • Patients • Scottish Health Council • Public • Community Councils • Public Partnership Forum (PPF) • Clinical Executive Strategy Group (NHSB) • Board (NHSB) 	<ul style="list-style-type: none"> • Once preferred option is known further engagement may be required

	<ul style="list-style-type: none"> • Integrated Joint Board (Health and Social Care Partnership NHSB / SBC) • Earlston Youth Catchment Group (Earlston High School) • Media Statements • Social Media • Stakeholders 	
<p>Research e.g good practice guidelines, service evaluations, literature reviews.</p>	<ul style="list-style-type: none"> • Scottish Health Council guidance and policies • Public Bodies (Joint Working) (Scotland) Act 2014 • Scottish Capital Investment Manual (SCIM) • Health Inequalities Impact Assessment and supporting resources • NHSB Option Appraisal Process and guidelines • Health inequalities research papers: variety of sources 	

<p>Participant knowledge</p> <p>e.g. experiences of working with different population groups, experiences of different policies.</p>	<ul style="list-style-type: none"> • Eildon Medical Practice Steering Group representing all stakeholders • Public 	<p>Engagement with transportation suppliers and care providers required once preferred option is known</p>
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Summary of discussion

The workshop explored the impact of each of the top 3 ranked options and these were identified as :

Newtown St Boswells patients are most likely to be affected whichever option is chosen and any outlying areas if the practice boundary changes.

There will be social impact if the location of a site changes and consideration will need to be taken in relation to the impact of this on amenities located near the site(s). Mitigating actions have been suggested for the chosen option.

The process summarised information gathered as part of the Option Appraisal consultation and engagement and research evidence. The information has been used to inform discussions.

Population projections are for Scottish Borders as information is no longer available for lower level locality population projections

Transport / accessibility to site(s) is one of the main area of impact which has been identified and discussions with other partner agencies i.e. transport providers should be considered

Accessibility and range of services provided at each site(s) should also be considered to ensure they meet patients needs.

The discussions and recommendations from this HIIA workshop will form part of the evidence to inform the development of the Business Case put forward.

Appendix 1 - Completed Public Bodies (Joint Working) (Scotland) Act 2014 planning principles check list



Appendix 1 Public
Bodies (Joint Working

Extract From Public Bodies (Joint Working) (Scotland) Act 2014

For consideration regarding engagement / planning for future of Eildon Medical Practice Sites as part of HIIA Workshop 26th November 2018 FINAL V1.0

Explanatory notes extract

Section 4 – Integration planning principles

- 16. Section 4 establishes the integration planning principles that must be taken into account when preparing an integration scheme.
- 17. The effect of subsection (1)(a) is to ensure that decisions about integration of functions take account of the principle that services, for the purposes of carrying out functions that must or may be delegated, are to improve the wellbeing of users of that service.
- 18. Subsection (1)(b) supplements this by setting out principles for delivery which must also be taken into account in taking decisions about how functions will be integrated. The effect is to ensure a focus on integrated delivery, including consideration of the needs of different service users and different areas, the particular characteristics and circumstances of different service users, the rights of service users, the dignity of service users, the participation by service users in the community in which they live, protecting and improving the safety of service users, improving the quality of services, local planning and leadership, the anticipation of needs and prevention of needs arising, and the effective use of resources.

Act Extract

Integration planning principles

(1) The integration planning principles are—

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible (in table below)

Principle	Yes / No	Comments
(i) is integrated from the point of view of service-users,	Yes	Services integrated for patient
(ii) takes account of the particular needs of different service-users,	Yes	Covered by HIIA
(iii) takes account of the particular	Yes	Covered by HIIA

needs of service-users in different parts of the area in which the service is being provided,		
(iv) takes account of the particular characteristics and circumstances of different service-users,	Yes	Covered by HIIA
(v) respects the rights of service-users, (vi) takes account of the dignity of service-users,	Yes	Covered by HIIA
(vii) takes account of the participation by service-users in the community in which service-users live,	Yes	Covered by HIIA
(viii) protects and improves the safety of service-users,	Yes	Covered by HIIA
(ix) improves the quality of the service,	Yes	Covered by HIIA
(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)	Yes	Steering Group Public / Patient Engagement HIIA
(xi) best anticipates needs and prevents them arising,	Partly	Further consideration required once preferred option is known
(xii) makes the best use of the available facilities, people and other resources.	Yes	Covered by HIIA

(2) In subsection (1), “service-users” means persons to whom or in relation to whom the services are provided.

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 25 February 2019

Report By	Simon Burt, General Manager Mental Health & Learning Disabilities
Contact	Susan Henderson, Planning & Development Officer
Telephone:	01896 840200

SET UP OF SHARED LIVES SCHEME

Purpose of Report:	To seek approval for ICF funding for the start up costs of a new Shared Lives Scheme
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <p>a) Approve ICF funding of £117,835.20 start up costs split over 2 financial years: 2019/20 and 2020/21. Ongoing funding will be met within the existing commissioning budget</p>
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Personnel:	The Project will be managed by the Learning Disability Service Planning and Development Officer.
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Carers:	<p>The benefits for family carers:</p> <ul style="list-style-type: none"> • Reduced stress related to carer role • Reduced likelihood of carer breakdown • Build a supportive relationship with Shared Lives carer family <p>The benefits for Shared Lives carers:</p> <ul style="list-style-type: none"> • Mutual relationship – sharing and learning from each other • Valued role as a carer in my community • Make a real difference in someone's life • Trying new things I wouldn't have done otherwise, having great experiences that I wouldn't have done on my own • Learning new things about myself – communication, patience, skills that change my approach to life • Quality of life – slowing down and taking time to do the things that are important <p>Initial consultation has taken place with 6 families who currently support young adults in a foster care arrangement. They are supportive of the development of this new scheme.</p>
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Equalities:	A full EQIA will be carried out at the outset of the project.
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Financial:	<p>The Learning Disability Service seeks funding for the 1st full year of a 3 year project.</p> <p>Indicative budget</p> <table border="1"> <thead> <tr> <th>Shared Lives Infrastructure costs</th> <th>Y1</th> <th></th> </tr> </thead> <tbody> <tr> <td>Salaries</td> <td>£55,500.00</td> <td>Based on Scotland Shared Lives salaries</td> </tr> <tr> <td>Oncosts @ 20%</td> <td>£11,100.00</td> <td></td> </tr> <tr> <td>Training @ 2%</td> <td>£1,100.00</td> <td></td> </tr> <tr> <td>Staffing total</td> <td>£67,710.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Other costs</td> <td></td> <td></td> </tr> <tr> <td>Office running costs</td> <td>£32,500.00</td> <td>Based on costs from other schemes in UK</td> </tr> <tr> <td>Carer related costs</td> <td>£5,000.00</td> <td></td> </tr> <tr> <td>Total other costs</td> <td>£37,500.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Overhead costs</td> <td>£12,625.20</td> <td></td> </tr> <tr> <td>Total Costs</td> <td>£117,835.20</td> <td></td> </tr> <tr> <td>Monthly costs</td> <td>£9,819.60</td> <td></td> </tr> <tr> <td>Weekly costs</td> <td>£2,266.06</td> <td></td> </tr> </tbody> </table> <p>Setting up and running a Shared Lives scheme is a cost avoidance financial model.</p> <p>The alternative models of support which are supported living models and care home support are more expensive. The table below demonstrates the comparison of spend between current models of support and a Shared Lives Scheme.</p> <p>Long-term live in arrangements offer the greatest potential cost benefits to the local authority. Day opportunities and short breaks provision can provide step up and step down routes into and out of longer term placements for both the individuals receiving support and Shared Lives carers. Offering all three types of support would allow more people with more complex needs to be supported to receive a full package of support via Shared Lives.</p> <p>In England an average of 54% of arrangements are long-term live-in. This is above the Scottish figures which averages at 35% in long-term live-in arrangements and 19% and 46% supported via short breaks and day opportunities respectively. As the whole market place is still quite small in Scotland, so these figures can be easily influenced by large providers such as the Moray scheme who focus primarily on day opportunities.</p> <p>The initial establishment of the project does not allow for any cost</p>	Shared Lives Infrastructure costs	Y1		Salaries	£55,500.00	Based on Scotland Shared Lives salaries	Oncosts @ 20%	£11,100.00		Training @ 2%	£1,100.00		Staffing total	£67,710.00					Other costs			Office running costs	£32,500.00	Based on costs from other schemes in UK	Carer related costs	£5,000.00		Total other costs	£37,500.00					Overhead costs	£12,625.20		Total Costs	£117,835.20		Monthly costs	£9,819.60		Weekly costs	£2,266.06	
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avoidance with existing support arrangements still needing to be funded.

Residential Care	Weekly cost	Annual Cost	Annual savings via Shared Lives	Notes
Existing Residential provision in SB	£988.00	£51,376.00	£17,212.00	Figures provided by the Scottish Borders
Shared Lives	£657.00	£34,164.00	-	Figures provided in Social Finance Report 2013
Supported Living				
Supported Living	Weekly cost	Annual Cost	Annual Shared Lives saving	Notes
Existing Supported Living provision in SB	£1,525.00	£79,300.00	£45,136.00	Figures provided by the Scottish Borders
Shared Lives	£657.00	£34,164.00	-	Figures provided in Social Finance Report 2013
Short Breaks				
Short Breaks	Nightly cost	Annual Cost (28 days per annum)	Annual Shared Lives saving	Notes
Existing Short Breaks contract	£353.41	£9,895.48	£7,515.48	Figures provided by the Scottish Borders
Shared Lives	£85.00	£2,380.00	-	Figures provided by PPL Report (2017)
Day Opportunities				
Day Opportunities	Hourly rate	Annual Cost	Annual Shared Lives saving	Notes
Day opportunities - Internal	£14.00	£23,520.00	£8,400.00	Calculated at 9am - 4pm, 5 days per week, 48 weeks per year
Day opportunities - External	£9.00	£15,120.00	£0.00	Figures provided by the Scottish Borders
Average of existing day opportunities provision	£11.50	£19,320.00	£4,200.00	Figures provided by the Scottish Borders
Shared Lives	£9.00	£15,120.00	-	Figures provided by PPL Report (2017)

Legal:

There are currently 8 young adults still being supported within Foster Care arrangements in Scottish Borders. This is outwith any registration framework. SBC legal and Care Inspectorate are aware of this and are awaiting SBC making appropriate arrangements to rectify this.

Risk Implications:

Legal risk: As risk above in legal section.
Financial: Alternatives models are more expensive. This is a more cost effective model and appropriate for some people.

See Appendix 1 for ICF Project Brief

Appendix 1 ICF Project brief for development of a Shared Lives Scheme

Project Name	Development of a Shared Lives Scheme in Scottish Borders		
Project Owner	Simon Burt	Application Main Contact	Susan Henderson
Main contact email	Susan.henderson@scotborders.gov.uk	Main Contact Telephone	01896 840200
Guidance on Project Brief			
<p>The purpose of this form is to give an outline on the key aspects of the proposal to the Integrated Care Fund 2015-18</p> <p>Please refer to the accompanying guidance notes for more information on the Integrated Care Fund (ICF) when completing this document.</p>			
1	Outline project description		
	<i>Please summarise the project in no more than 250 words</i>		
<p>The Learning Disability Service (LDS) intends to develop a local Shared Lives scheme as part of their commitment to offering a variety of accommodation and support arrangements to the people they support as per the LDS Strategic Commissioning Plan (2016-19).</p> <p>In addition to this strategic direction, there are currently 8 young adults still being supported within Foster Care arrangements in Scottish Borders. This is outwith any registration framework. SBC legal and Care Inspectorate are aware of this and are awaiting SBC making appropriate arrangements to rectify this.</p> <p>Shared Lives is a regulated form of social care which has historically been used primarily for people with learning disabilities.</p> <p>In Shared Lives, an adult who needs support or accommodation is matched with an approved Shared Lives carer, who supports and includes the individual in their family and community life.</p> <p>Shared Lives can provide long term live in, short breaks and day support options for the local population.</p> <p>While Shared Lives has historically primarily supported people with learning disabilities in long term arrangements it has diversified across the UK to support other groups including: older people, people living with dementia, people with mental ill health, young people in transition, women fleeing domestic abuse, parents with learning disabilities and as a home from hospital alternative.</p> <p>In the short term, we will focus the development of the new service for people with a learning disability identified as their primary support need.</p>			
2	Project's strategic fit (see guidance notes section 2)		
	<i>Which local strategic objectives and Scottish Government ICF principles will it meet?</i>		
Borders IJB Strategic Plan objectives			
<ol style="list-style-type: none"> 1. Improve the health of the population and reduce the number of hospital admission 2. Improve the capacity for people to better manage their own conditions and support those who care for them 			
<p>Shared Lives is a partnership model and grounded in participatory and asset-based principles. There is clear alignment to the Scottish Borders' strategic aim to support people to maximise their community</p>			

participation and form meaningful friendships and relationships in their local communities.

Scottish Government ICF principles

1. Co-production
2. Sustainability
3. Locality
4. Involvement
5. Outcomes

A priority within 'The keys to life', Scotland's Learning Disability Strategy, is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives. Contributing to this The Scottish Government wants to support Health and Social Care Partnerships to find alternatives to out-of-area placements, and to eradicate any delayed discharge for people with learning disabilities.

3

Project Aims/ Achievements

Please give a high level description of what will success look like?

Shared Lives supports people to live or spend time in a family home embedded in a local community. This approach generates significant outcomes to people who use shared lives, their family carers and Shared Lives carers. Over the years Shared Lives Plus has commissioned a number of independent reviews and collected internal surveys and feedback from the people using Share Lives and our members, listed below are some of the benefits observed.

The benefits for people who use Shared Lives:

- Living a good life in a place of my choice
- Relationships with people who are not paid to be in my life
- Developing links & networks in my community
- Learning new skills, having new experiences
- Extended network of family, friends and community
- Can go out in the community on my own
- Going on holiday
- People know me and look out for me
- Doing things that are not just for disabled or older people

The benefits for family carers:

- Reduced stress related to carer role
- Reduced likelihood of carer breakdown
- Build a supportive relationship with Shared Lives carer family

The benefits for Shared Lives carers:

- Mutual relationship – sharing and learning from each other
- Valued role as a carer in my community
- Make a real difference in someone's life
- Trying new things I wouldn't have done otherwise, having great experiences that I wouldn't have done on my own
- Learning new things about myself – communication, patience, skills that change my approach to life
- Quality of life – slowing down and taking time to do the things that are important

4	What areas of the Borders will the project cover <i>Will the project affect the whole of the Borders or a specific locality, if so please state?</i>	
This is a Borders-wide project.		
5	Which care groups will the project affect? (see guidance notes section 4)	
<p>Shared Lives has historically primarily supported people with learning disabilities in long term arrangements but is diversifying across the UK to support other groups including: older people, people living with dementia, people with mental ill health, young people in transition, women fleeing domestic abuse, parents with learning disabilities and as a home from hospital alternative.</p> <p>At the outset we will focus on the development of the new service for people with a learning disability identified as their primary support need.</p> <p>However, in future there will be the flexibility to expand the model to other client groups.</p>		
6	Estimated duration of project <i>Please provide high level milestones and including planning and evaluation time</i>	
3 years includes set up and mainstreaming.		
March 2019	Information session for family carers and other stakeholders	
April 2019	Market testing	
April – Oct 2019	Tender process via Scotland Excel portal	
Oct/Nov 2019	Award tender	
Nov 2019 – April 2020	Set up scheme, including infrastructure, advertising, recruitment of service manager, co-ordinator and admin person.	
April 2020 – Sept 2020	Initial recruitment of and training for 1 st cohort of Shared Lives Carers (8) to the 8 young people	
Sept 2020-Dec 2020	1 st 8 Shared Lives arrangements go live	
January 2021-March 2022 June 2021	Recruitment of Shared Lives Carers and matching to people with Learning Disabilities (17) Evaluation of Shared Lives Scheme arrangements using 'My Shared Lives' outcome tool.	
April 2021	Mainstreamed service provision. Consider diversifying client group at this stage.	
7	How much funding would the project need and how would it be spent? (see guidance notes section 5) Please break down into individual costs	
The project requires set up funding of £117,835.20 split over 2 financial years: 2019/21 and 2020/21		
Indicative budget		
Shared Lives Infrastructure costs	Y1	
Salaries	£55,500.00	Based on Scotland Shared Lives salaries
Oncosts @20%	£11,100.00	
Training @ 2%	£1,100.00	
Staffing total	£67,710.00	
Other costs		
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Carer related costs	£5,000.00	
Total other costs	£37,500.00	

Overhead costs	£12,625.20	
Total Costs	£117,835.20	
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Growth model option

	Number of converted foster care arrangements	Foster care conversion savings (against supported living cost (£3761 per month))	New arrangements	New arrangement savings (35% long term - monthly saving £3761, 19% short breaks - monthly saving £0, 46% day opportunities - monthly saving £350)	Total number of arrangements	Total monthly savings generated for LA against other types of provision	Cumulative savings for commissioning authority	Provider costs per month	Monthly income from management fee	Shortfall per month	Total shortfall until point of break even	Notes
Month 1				£0.00	0	£0.00	£0.00	£9,819.60	£0.00	£9,819.60		Supported living monthly saving £3,761.33
Month 2				£0.00	0	£0.00	£0.00	£9,819.60	£0.00	£9,819.60		Day opportunities monthly saving £350.00
Month 3				£0.00	0	£0.00	£0.00	£9,819.60	£0.00	£9,819.60		Provider costs per week £3,622.00
Month 4				£0.00	0	£0.00	£0.00	£9,819.60	£0.00	£9,819.60		Weekly management fee (weekly s £90.64
Month 5				£0.00	0	£0.00	£0.00	£9,819.60	£0.00	£9,819.60		5.95 22379.933
Month 6				£0.00	0	£0.00	£0.00	£9,819.60	£0.00	£9,819.60		7.82 2737
Month 7	8	£30,088.00		£0.00	8	£30,088.00	£30,088.00	£9,819.60	£3,142.27	£6,677.33		
Month 8	8	£30,088.00	1	£1,477.35	9	£31,565.35	£61,653.35	£9,819.60	£3,535.06	£6,284.54		
Month 9	8	£30,088.00	2	£2,954.70	10	£33,042.70	£94,696.05	£9,819.60	£3,927.84	£5,391.76		
Month 10	8	£30,088.00	3	£4,432.05	11	£34,520.05	£129,216.10	£9,819.60	£4,320.62	£5,498.98		
Month 11	8	£30,088.00	4	£5,909.40	12	£35,997.40	£165,213.50	£9,819.60	£4,713.41	£5,106.19		
Month 12	8	£30,088.00	5	£7,386.75	13	£37,474.75	£202,688.25	£9,819.60	£5,106.19	£4,713.41		
Month 13	8	£30,088.00	6	£8,864.10	14	£38,952.10	£241,640.35	£9,819.60	£5,498.98	£4,320.62		
Month 14	8	£30,088.00	7	£10,341.45	15	£40,429.45	£282,069.80	£9,819.60	£5,891.76	£3,927.84		
Month 15	8	£30,088.00	8	£11,818.80	16	£41,906.80	£323,976.60	£9,819.60	£6,284.54	£3,535.06		
Month 16	8	£30,088.00	9	£13,296.15	17	£43,384.15	£367,360.75	£9,819.60	£6,677.33	£3,142.27		
Month 17	8	£30,088.00	10	£14,773.50	18	£44,861.50	£412,222.25	£9,819.60	£7,070.11	£2,749.49		
Month 18	8	£30,088.00	11	£16,250.85	19	£46,338.85	£458,561.10	£9,819.60	£7,462.90	£2,356.70		
Month 19	8	£30,088.00	12	£17,728.20	20	£47,816.20	£506,377.30	£9,819.60	£7,855.68	£1,963.92		
Month 20	8	£30,088.00	13	£19,205.55	21	£49,293.55	£555,670.85	£9,819.60	£8,248.46	£1,571.14		
Month 21	8	£30,088.00	14	£20,682.90	22	£50,770.90	£606,441.75	£9,819.60	£8,641.25	£1,178.35		
Month 22	8	£30,088.00	15	£22,160.25	23	£52,248.25	£658,690.00	£9,819.60	£9,034.03	£785.57		
Month 23	8	£30,088.00	16	£23,637.60	24	£53,725.60	£712,415.60	£9,819.60	£9,426.82	£392.78		
Month 24	8	£30,088.00	17	£25,114.95	25	£55,202.95	£767,618.55	£9,819.60	£9,819.60	£0.00	£119,013.55	
Month 25	8	£30,088.00	17	£25,114.95	25	£55,202.95	£822,821.50	£9,819.60	£9,819.60	£0.00		
Month 26	8	£30,088.00	17	£25,114.95	25	£55,202.95	£878,024.45	£9,819.60	£9,819.60	£0.00		
Month 27	8	£30,088.00	17	£25,114.95	25	£55,202.95	£933,227.40	£9,819.60	£9,819.60	£0.00		
Month 28	8	£30,088.00	17	£25,114.95	25	£55,202.95	£988,430.35	£9,819.60	£9,819.60	£0.00		
Month 29	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,043,633.30	£9,819.60	£9,819.60	£0.00		
Month 30	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,098,836.25	£9,819.60	£9,819.60	£0.00		
Month 31	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,154,039.20	£9,819.60	£9,819.60	£0.00		
Month 32	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,209,242.15	£9,819.60	£9,819.60	£0.00		
Month 33	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,264,445.10	£9,819.60	£9,819.60	£0.00		
Month 34	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,319,648.05	£9,819.60	£9,819.60	£0.00		
Month 35	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,374,851.00	£9,819.60	£9,819.60	£0.00		
Month 36	8	£30,088.00	17	£25,114.95	25	£55,202.95	£1,430,053.95	£9,819.60	£9,819.60	£0.00		

8 What would happen if ICF didn't invest in the project?

The LD Service's commissioning budget would need to fund this arrangement, resolving any potential overspend.

The initial establishment of the project does not allow for any cost avoidance with existing support arrangements still needing to be funded.

9 How would the project release resources in order to sustain the project?

What services would longer be provided or would be provided in different ways

Setting up and running a Shared Lives scheme is a cost avoidance financial model.

The alternative models of support which are supported living models and care home support are more expensive. The table below demonstrates the comparison of spend between current models of support and a Shared Lives Scheme.

Long-term live in arrangements offer the greatest potential cost benefits to the local authority. Day opportunities and short breaks provision can provide step up and step down routes into and out of longer term placements for both the individuals receiving support and Shared Lives carers. Offering all three types of support would allow more people with more complex needs to be supported to receive a full package of support via Shared Lives.

In England an average of 54% of arrangements are long-term live-in. This is above the Scottish figures which averages at 35% in long-term live-in arrangements and 19% and 46% supported via short breaks and day opportunities respectively. As the whole market place is still quite small in Scotland, so these figures can be easily influenced by large providers such as the Moray scheme who focus primarily on day opportunities.

Residential Care	Weekly cost	Annual Cost	Annual savings via Shared Lives	Notes
Existing Residential provision in SB	£988.00	£51,376.00	£17,212.00	Figures provided by the Scottish Borders
Shared Lives	£657.00	£34,164.00	-	Figures provided in Social Finance Report 2013
Supported Living	Weekly cost	Annual Cost	Annual Shared Lives saving	Notes
Existing Supported Living provision in SB	£1,525.00	£79,300.00	£45,136.00	Figures provided by the Scottish Borders
Shared Lives	£657.00	£34,164.00	-	Figures provided in Social Finance Report 2013
Short Breaks	Nightly cost	Annual Cost (28 days per annum)	Annual Shared Lives saving	Notes
Existing Short Breaks contract	£353.41	£9,895.48	£7,515.48	Figures provided by the Scottish Borders
Shared Lives	£85.00	£2,380.00	-	Figures provided by PPL Report (2017)
Day Opportunities	Hourly rate	Annual Cost	Annual Shared Lives saving	Notes
Day opportunities - Internal	£14.00	£23,520.00	£8,400.00	Calculated at 9am - 4pm, 5 days per week, 48 weeks per year
Day opportunities - External	£9.00	£15,120.00	£0.00	Figures provided by the Scottish Borders
Average of existing day opportunities provision	£11.50	£19,320.00	£4,200.00	Figures provided by the Scottish Borders
Shared Lives	£9.00	£15,120.00	-	Figures provided by PPL Report (2017)

10 How would you identify/ recruit staff to support the project?

The development of the project will be managed from within the Learning Disability Service by the Planning and Development officer.

Staff to run a Shared Lives Scheme will be recruited by the organisation that wins the tender following a tender process in 2019.

11 Would the project require dedicated project support from the programme team (see guidance notes section 6)

This project will be managed from within the Learning Disability Service by the service's Planning and Development Officer acting as Project Manager.

A project group will be set up with the General Manager for Mental and Health and Learning Disability acting as Project Sponsor.

It may be beneficial for the Project to liaise with the programme team around evaluation.

Please return this form to the Programme Team
 Email: IntegratedCareFund@scotborders.gov.uk
 Phone: 01835 82 5080

Attach 2 Shared Lives Business Case 2018:



**Shared Lives
Plus Demographic Ar**

Attach 3 Shared Lives Baseline analysis and expansion modelling 2018:



**Shared Lives
Plus Baseline Analysi**

Attach 4 Shared Lives Demographic Analysis 2018:



**Shared Lives
Plus Demographic Ar**

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SharedLivesPlus

THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

DEMOGRAPHIC ANALYSIS FOR DEVELOPING THE SHARED LIVES MODEL IN THE SCOTTISH BORDERS

December 2018

Sian Lockwood, Associate
Shared Lives Plus
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Targeting the recruitment of Shared Lives carers in Scottish Borders: A demographic analysis

Executive Summary

1. The demographic analysis has some positive messages that support the targeted development of a thriving Shared Lives services in Scottish Borders
2. 3 out of the 10 wards with higher than average numbers of people with spare rooms have people with the majority of the characteristics typical of Shared Lives families. These are: Tweeddale West, Selkirkshire and Hawick and Denholm.
3. We suggest some next steps to further refine this analysis and allow greater confidence in the decision about which areas in which to focus Shared Lives carer recruitment.

Introduction



Scottish Borders is a rural local authority, with nearly half (48%) of the population in 2012 living in rural areas. Three out of every ten residents live in settlements of under 500 people or in isolated hamlets. Conversely, whilst 34% of the Scottish population live in “Large Urban” areas (part of towns/cities with populations of more than 125,000), there are no “Large Urban” areas in Scottish Borders. The largest town is Hawick, with a 2011 Census population of 14,029, followed by Galashiels with 12,604. The only other towns with a population of over 5,000 people are Peebles, Kelso and Selkirk.

The relatively low population density, and the urban/rural profile of Scottish Borders, have implications on the costs of providing services in Scottish Borders, especially compared to densely populated city environments such as Glasgow, Edinburgh and Dundee. The uneven distribution of the population in Scottish Borders also makes it harder to plan services, with residents scattered in isolated hamlets in many parts of the region, yet with towns such as Hawick having a higher average population density than Glasgow.

On 30 June 2017, the population of Scottish Borders was 115,020 (an increase of 0.4% from 114,530 in 2016 in line with Scotland average). The proportion of children aged under 16 is around the Scottish average at 17%. Working-age people aged 16-64 make up 62% of the Scottish Borders population, below the Scottish average of 66% and the proportion of pensioners aged 65 and over is well above average, at 20.9% in Scottish Borders compared with 16.8% in Scotland.

Over the next 10 years, the population of Scottish Borders is projected to decrease by 2.2% due to natural change (more deaths than births). This will be more than offset by net migration within Scotland, from overseas and from the rest of the UK. The average age of the population of

Scottish Borders is projected to increase as the baby boomer generation ages and more people are expected to live longer.

In Scottish Borders, life expectancy at birth is higher than at Scotland level for both females and males.

Between 2016 and 2026, the number of households in Scottish Borders is projected to increase by 5% from 53,787 to 56,497. This increase compares to a projected increase of 6.4% for Scotland as a whole. This increase in the number of households is in large part because of the increase in the number of people living alone. In 2026, the household type "One adult" is projected to become the most common (37.1%) and the household type "One adult, one or more children" is projected to remain the least common (5.1%). The household type "Three or more adults" is projected to see the largest percentage decrease (-12.9%) over the period.

Scottish Borders has a higher than average rate of economic activity and a lower than average unemployment rate, despite the fact that 18.6% of adults aged under 74 are officially retired, which is again higher than the Scottish average. However, low wages, lack of employment opportunities and underemployment are ongoing issues in rural areas and the 2011 Census shows that Scottish Borders has a higher rate of part-time employees and a lower rate of full-time employees than average.

According to the 2011 Scotland Census, 98.7% of the Scottish Borders population self-report their ethnic group as white, higher than the 96.0% overall for Scotland. A large majority are White Scottish, although White British is relatively more common in Scottish Borders than in Scotland as a whole, reflecting their geographical position close to the Scotland-England border. Around 1 in 100 people in Scottish Borders (similarly to Scotland) are White Polish. Amongst the other ethnic groups, people who identify themselves as Asian, Asian Scottish or Asian British are the most numerous in Scottish Borders, albeit accounting for 0.6% of the Scottish Borders population, noticeably lower than the 2.7% average for Scotland.

Many residents in Scottish Borders are geographically disadvantaged by their distance from a major centre of population, except for the accessible northern parts of the region, as they do not have access to all the services that their counterparts in the city centre may take for granted. However, the most "access deprived" areas are also those of highest scenic amenity and can be an attractive choice for people seeking a certain quality of rural lifestyle. Access deprivation is more of an issue for people who lack resilience to geographical isolation or who do not live there by choice. Combinations of circumstances such as low income, disability, poor quality accommodation and no private transport can exacerbate access deprivation for vulnerable people, making it more difficult for them to access services.

Car ownership in Scottish Borders is higher than in Scotland on average, in recognition of the region's rurality and generally more difficult access to services than other regions in Scotland. The areas with 40% to 52% of the households with no access to a car are located in the main towns of Galashiels and Hawick. Conversely the areas with the highest number of cars are in the rural areas of the Scottish Borders.

In the Scottish Borders both men and women have a higher life expectancy at birth compared to Scotland. A significant projected increase in the number of older-person households, increasing numbers of older people living alone and more older people having complex levels of need, will have major implications for housing and health and social care services.

There are significant social inequalities within Scottish Borders and between Scottish Borders and the rest of Scotland. Wages in Scottish Borders are 12.2% lower than the national wage level for Scotland. There are 8 areas in Scottish Borders where 60% or more of the population aged 16 and over have no or low qualifications. 43% of households in Scottish Borders live in fuel poverty. 7 areas in Scottish Borders have high rates of crime compared to the average rate of crime in the rest of Scotland,

Demographic Analysis

The demographic profile of Shared Lives carers

Demographic profiling of existing Shared Lives carer populations has highlighted some key characteristics of Shared Lives carers. For example, Shared Lives carers are predominantly between the ages of 30 and 64; the majority are owner-occupiers, although until recently a significant minority were social housing tenants (the 'bedroom tax' has reduced the number of people in social housing with a spare bedroom); they are settled and crucially have a spare room. Shared Lives carers are drawn from a range of backgrounds but the majority are already employed and work in the census category 'middle managerial, administrative and professions'. A significant proportion of Shared Lives carers have been employed as care professionals or have been unpaid carers.

Methodology

The demographic analysis uses census data from the 2011 census plus information drawn from the Scottish indices of multiple deprivation

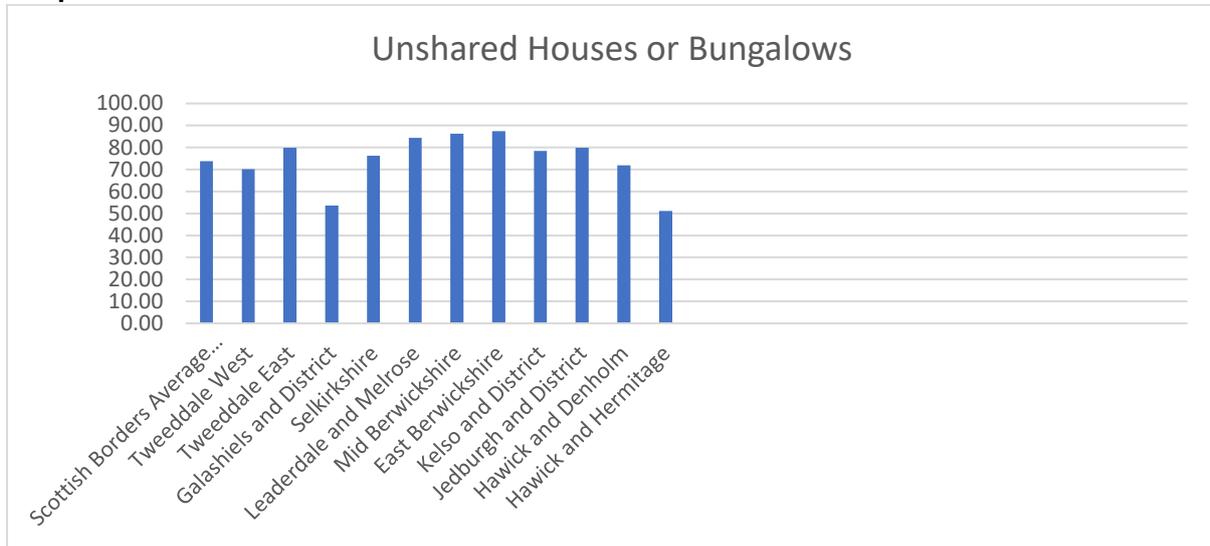
The criteria used for the analysis were:

- Accommodation type (unshared dwelling: whole house or bungalow).
- Age structure (30-64)
- Proportion of people in part time work or at home caring
- Proportion of people in lower managerial, administrative and professional positions
- Proportion of people in caring occupations
- The number of people per bedroom: Up to 0.5 people per bedroom indicates bedroom capacity
- Tenure: Owned outright, owned with mortgage; social housing or council rented

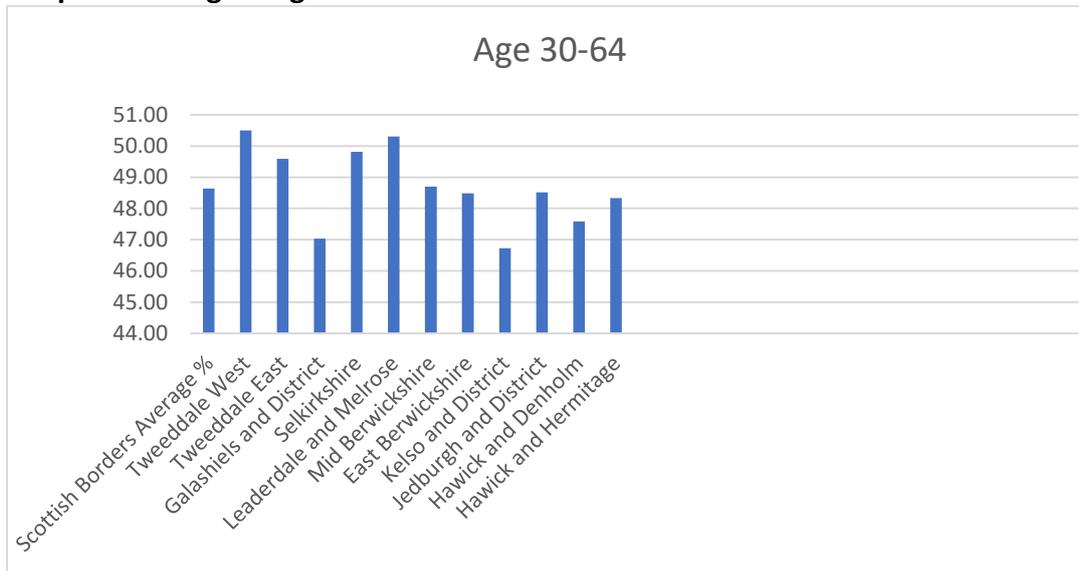
We used the results from the analysis to identify those wards with a suitable demography for Shared Lives carer recruitment (see Appendix A for the detail). We then used the information from the Scottish indices of multiple deprivation to take account of the level of crime in each ward. The vulnerability of people living in Shared Lives arrangements makes it important to focus recruitment in low crime areas.

Analysis

People who have an unshared home



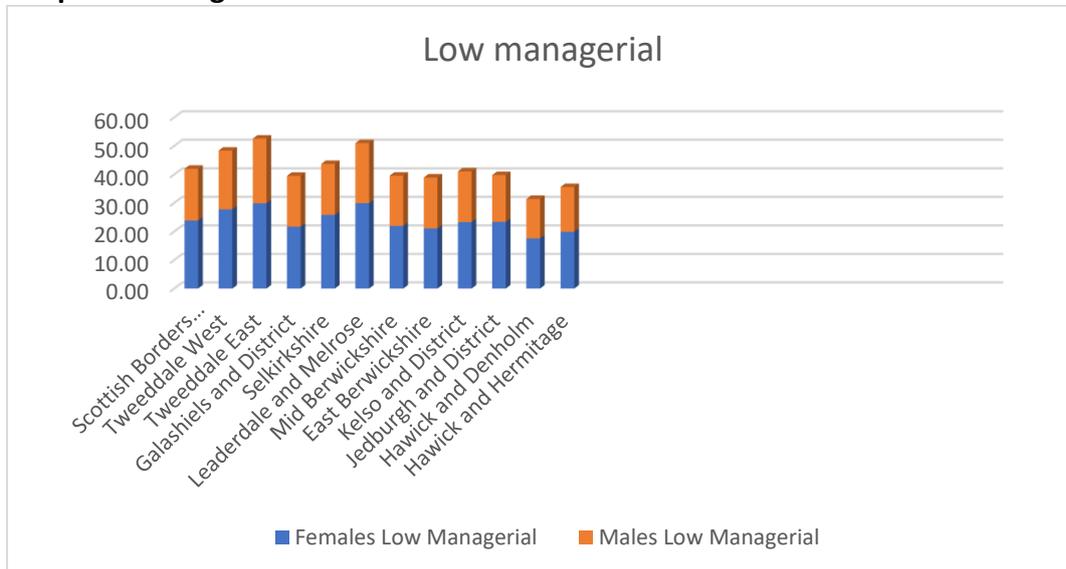
People in the age range from 30-64



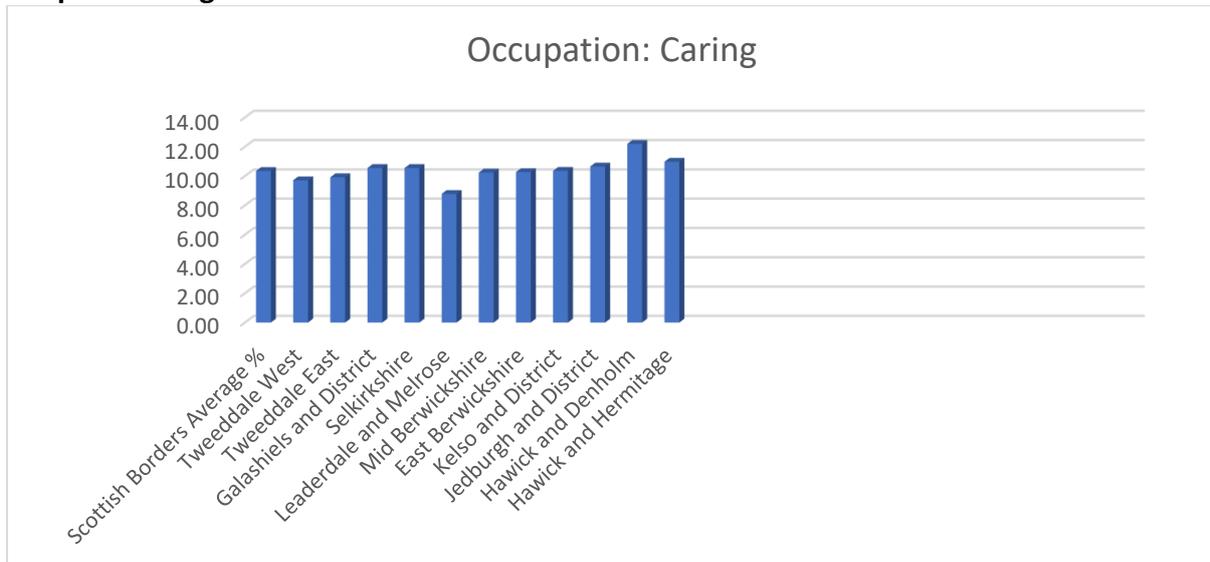
People part time or caring at home



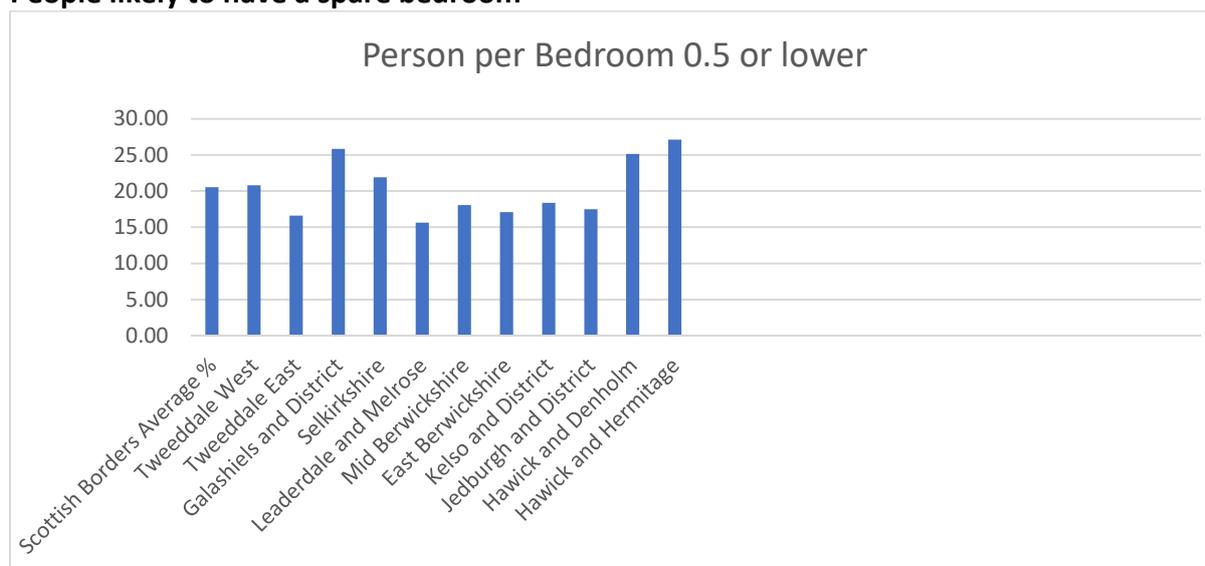
People in the right kind of work



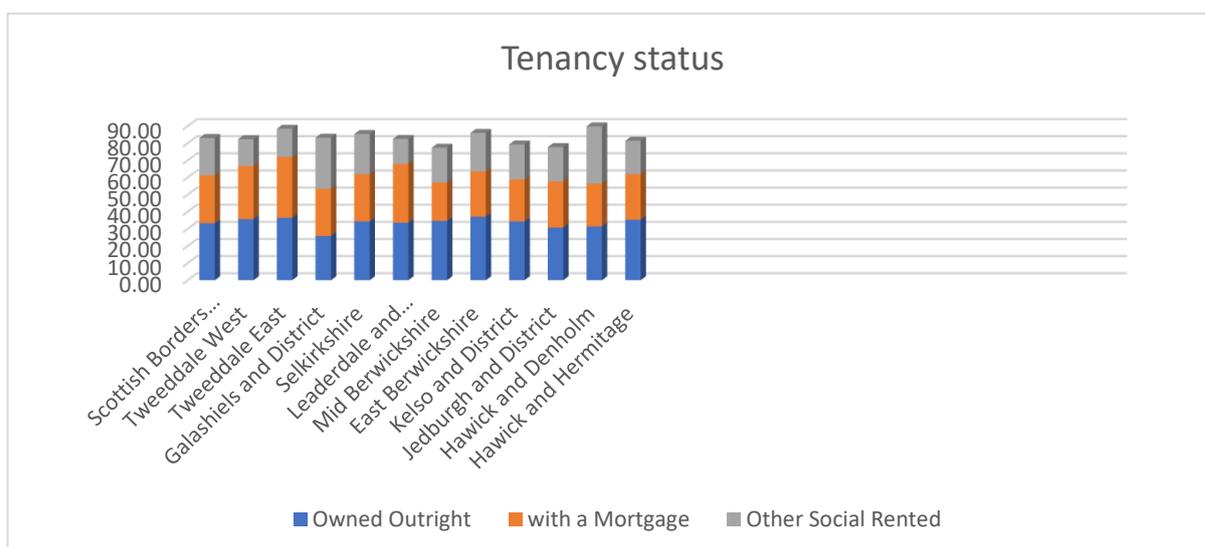
People working as carers



People likely to have a spare bedroom



People who own their own home or rent from social housing providers



Using this information, we identified those wards which had the conditions necessary for Shared Lives carer recruitment, with additional weighting for wards with a higher than average proportion of the population with 0.5 people or fewer per bedroom. We then looked at the impact of the crime in each area (see Appendix A for the detail of this analysis). We found that a number of the wards that had many of the conditions needed for Shared Lives carer recruitment had a lower than average proportion of the population with 0.5 people or fewer per bedroom. We also found that some otherwise high-scoring wards had a higher than average crime rate. This has reduced the number of suitable wards to three out of the possible ten. These are:

Tweeddale West

Selkirkshire

Hawick and Denholm

Conclusion

1. The demographic analysis has some positive messages that support the targeted development of a thriving Shared Lives services in Scottish Borders
2. 3 out of the 10 wards with higher than average numbers of people with spare rooms have people with the majority of the characteristics typical of Shared Lives families. These are: Tweeddale West, Selkirkshire and Hawick and Denholm.

Further Steps

The demographic makeup of the area is only one factor to be taken into account when deciding where to target Shared Lives carer recruitment. Other important factors include:

1. The level of community activity in the area. Carer recruitment is most effective through local word-of-mouth which can be generated or amplified by working through community structures and the local people who make that community work well for people. In addition, Shared Lives carers tend to be natural volunteers and so an area with lots of volunteers is likely to generate lots of carers. A ward with a weak community structure is unlikely to generate significant numbers of suitable Shared Lives carers.
2. The location of people referred or likely to be referred to the scheme is important.

We therefore recommend that the local authority:

- Undertakes an analysis of the level of community activity in each of the 3 wards identified in the demographic analysis as suitable for Shared Lives carer recruitment
- Maps the location of current and projected referrals in order to determine which of the wards has the best geographic fit
- The local authority should use this information, together with the information from the demographic analysis to refine their focus for carer recruitment. This will always be a matter of judgment but in theory a ward which has a benign demography, a vibrant community and is close to referral areas will be the best place to focus carer recruitment.

Sian Lockwood
Community Catalysts CIC
December 2018

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THE SCOTTISH BORDERS BASELINE ANALYSIS & EXPANSION MODELLING

November 2018

Kris Mackay, Shared Lives Plus

Contents

Copyright.....	1
1. Introduction	2
2. Executive Summary.....	3
3. What we have been asked to do	3
4. Baseline analysis and expansion modelling: methodology	3
5. Analysis of scale and nature of Shared Lives in Scottish Borders.....	4
6. What expansion looks like against national benchmarks	5
Appendix one – Annual fees for Shared Lives compared with current average annual fees paid by Scottish Borders for other types of Social Care Support	7

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1. Introduction

Shared Lives is a regulated form of social care which has historically been used primarily for people with learning disabilities. In Shared Lives, an adult who needs support or accommodation is matched with an approved Shared Lives carer, who supports and includes the individual in their family and community life.

There are 14 Shared Lives schemes operating in Scotland, half of the schemes are run by local authorities and the remainder are delivered by five independent providers. The Shared Lives sector in the UK has seen 31%¹ growth over three years, despite downward pressures on Social Care, resulting in 11,570 people benefitting from being part of family life across the UK. Scotland has made a significant contribution to this achieving 14% growth in the past 12 months alone².

The positive outcomes experienced by people using Shared Lives is reflected in 73% of schemes rated as 'very good' or 'excellent' by the Care Inspectorate. 100% of schemes in Scotland are rated 'good' or higher making it the best performing type of regulated social care provision in Scotland.

Cost analysis undertaken by Shared Lives Plus to compare the average costs of Shared Lives arrangements with the average fees currently paid by Scottish Borders for accommodation based, short breaks and day support options have identified significant annual savings. Our analysis shows that annual fees for long-term live-in Shared Lives arrangements are £45,136 cheaper per year than the local Supported Living average cost. As currently utilized, short breaks provision in the local area costs the authority £348 per night, whereas Shared Lives cost an average of £85 per night. Average saving for day opportunities provided through Shared Lives would be £4,200 per annum compared to the cost of the existing offer. See Appendix one for full details of the cost comparison.

In recent years, a number of areas have invested in development of Shared Lives and now act as national front-runners in provision. These areas provide the Scottish Borders with benchmarks for the level of expansion achievable. In order to provide a benchmark with a similar geographical and demographic make up to the area we will also present the statistics for similar Scottish authorities:

- Lancashire, Southampton, West Sussex and Bridgend each support 10% of their learning disability populations known to adult social care in Shared Lives arrangements;
- Fife and Moray each support 3.5% of their learning disability populations known to adult social care in Shared Lives arrangements.

¹ State of Shared Lives in England 2017

² State of Shared Lives in Scotland 2018

2. Executive Summary

The Scottish Borders plan to develop a service for people with a learning disability identified as their primary support need. The 'best performing' areas in England (Lancashire, West Sussex and Southampton) support 10% of this client group through Shared Lives. Moreover, Greater Manchester has just committed to ambitious expansion with the aim of 15% of people with learning disability eligible for services being supported in Shared Lives over the next 5 years. Fife is offered as a benchmark local authority with a similar rural population in Scotland. They support 3.5% of their learning disability population via Shared Lives.

If the Scottish Borders caught up with the 'best performing' areas for provision for people with learning disability at 10% of the population, 56 people would benefit from Shared Lives across the authority. Net savings associated with use of Shared Lives versus use of other forms of care and accommodation would be in excess of £992,000 per year. A more modest ambition, to equal the best performing benchmark areas for Scotland, would see 3.5% of the known learning disability population, or 20 individuals, supported offering net savings in excess of £354,000 per annum.

Expansion of Shared Lives is dependent on engaging appropriate people to become Shared Lives carers. To generate expansion which aligns with UK benchmarks, the new scheme would need to recruit 28 Shared Lives carers. To equal the Scottish benchmark provided, 10 Shared Lives carers would be required.

3. What we have been asked to do

Shared Lives Plus has been commissioned to undertake a baseline analysis and expansion modelling exercise to provide the Borders with an understanding of its use of Shared Lives and how this compares with other areas of Scotland and the wider UK. This report forms part of a wider piece of work and the findings will be included in the business case and options appraisal which Shared Lives Plus have been commissioned to provide.

4. Baseline analysis and expansion modelling: methodology

Shared Lives Plus collect data annually from Shared Lives schemes to monitor the provision of Shared Lives and trends in the sector. We have used this data to collate a baseline for the Borders showing the scale and nature of Shared Lives provided in the county and have compared this with regional data and against national 'best performing' benchmarks.

5. Analysis of scale and nature of Shared Lives in Scottish Borders

Table A below shows the total number of clients in receipt of social care services in the Scottish Borders³ and then goes on to present figures on the number people with a learning disability known to the local authority⁴ together with the numbers supported via Shared Lives. The table also shows the number of people accessing by other client groups. At the bottom of the table, Lancashire is offered as a UK benchmark, having successfully expanded Shared Lives to 10% of people with a learning disability supported long term. Fife, Aberdeenshire and Moray are offered as Scottish comparators.

Table A: Total People Using Shared Lives

	Total people			Learning Disability Support			Mental Health Support	Other Group(s)
	Total people	Shared Lives		Total people	Shared Lives	%	Shared Lives	Shared Lives
Borders	3,946	0	0.00%	556	0	0.00%	0	0
TOTAL	3,946	0	0.00%	556	0	0.00%	0	0
Lancashire	23,440	391	1.67%	3,600	358	9.94%	5	28
Fife	12,711	74	0.58%	1,201	42	3.50%	11	21
Aberdeenshire	11,924	33	0.28%	1,250	22	1.76%	7	4
Moray	2,912	120	4.12%	407	14	3.44%	3	103

Table B shows use of Shared Lives by type of arrangement – long-term live-in, short breaks and day opportunities. Across the UK, the average scheme supports 54% of the people who use shared lives in long-term live in arrangements. This is above the Scottish figures which averages at 35% in long-term live-in arrangements and 19% and 46% supported via short breaks and day opportunities respectively. As the whole market place is still quite small in Scotland, these figures can be easily influenced by large providers such as the Moray scheme who focus primarily on day opportunities. Even so, Moray should be recognised as a UK leader in terms of making Shared Lives available to such a large percentage of its social care population by developing it as a viable alternative to traditional forms of day support.

³ Figures provided by the Population Health Directorate in the Scottish Government

⁴ Figures from Scottish Commission for Learning Disability 2017: available at: www.sclد.org.uk/wp-content/uploads/2017/12/Annex-A-2017.pdf

Table B: Total People Using Shared Lives by Type of Arrangement

	Total people	Live In		Short Break		Day Support	
	Shared Lives	Total people	Shared Lives	Total people	Shared Lives	Total people	Shared Lives
Borders	0	0	0.00%	0	0.00%	0	0.00%
TOTAL	0	0	0.00%	0	0.00%	0	0.00%
Lancashire	391	226	57.80%	95	24.30%	70	17.90%
Fife	74	31	41.89%	8	10.81%	35	47.30%
Aberdeenshire	33	10	30.30%	17	51.52%	14	42.42%
Moray	120	1	0.83%	21	17.50%	120	100.00%

6. What expansion looks like against national benchmarks

Learning Disability

Table C models the impact of the expansion of Shared Lives for people with a Learning Disability identified as their primary support need to equal the best performing areas nationally and across the UK. This is set out in terms of the number of people supported and the projected savings generated. It also sets out ambitious examples for development beyond these levels.

Table C: Expansion of Shared Lives for Learning Disability against UK and Scottish Benchmarks

	Existing Learning Disability Support			To equal best usage of 10% (Lancashire, Southampton, West Sussex, Bridgend)			To equal 15%			To equal 20%		
	Total people	Existing Users		9.94%	Additional Users	Saving	15%	Shared Lives	Saving	20%	Shared Lives	Saving
Borders	556	0	0%	56	56	£1,072,817	84	84	£1,737,317	112	112	£2,145,634
TOTAL	0	0	0%	56	56	£1,072,817	84	84	£1,737,317	112	112	£2,145,634
Lancashire	3,600	358	9.94%	-	-	-	-	-	-	-	-	-

	Existing Learning Disability Support			To equal Fife			To equal 10%			To equal 15%		
	Total people	Existing Users		3.50%	Additional Users	Saving	10%	Shared Lives	Saving	15%	Shared Lives	Saving
Borders	556	0	0%	20	20	£383,149	56	56	£1,072,817	84	84	£1,609,226
TOTAL	0	0	0%	20	20	£383,149	56	56	£1,072,817	84	84	£1,609,226
Fife	1,201	42	3.50%	-	-	-	-	-	-	-	-	-

Notes on calculations and assumptions

- (1) Savings calculated based on the Scottish average split within shared lives scheme by arrangement type: 34% of all additional users being in Long Term arrangements, 19% in Short Breaks and 46% accessing day opportunities.
- (2) Savings are calculated using the actual savings offered through Shared Lives against current fee paid for alternative types of residential land support services. See Appendix 1.

- (3) Savings for long-term live-in arrangements are compared to existing average supported living fees and there are currently only 16 residential placements funded by Scottish Borders and the authority identified that these would be very unlikely to transition over to Shared Lives.
- (4) As the calculation takes into account the infrastructure costs of an independent scheme, they represent a net saving to the local authority. These savings are cashable when an individual is moved from an alternative type of support into Shared Lives or at the point where an individual enters a Shared Lives arrangement who would otherwise have accessed an alternative existing service.

Short breaks in the Scottish Borders are currently funded via a block contract. This service offers individualised packages of support for a short break and as a result the nightly cost of the service per person averages at £353 per night. Against the current provision, Shared Lives offers a significant saving. Research undertaken for Shared Lives Plus by PPL identified that short breaks provided by Shared Lives Plus are usually cost comparable with alternative short breaks provision offered. Table D below, presents savings for Shared Lives against current provision in Scottish Borders if Short Breaks savings are excluded to ensure that savings are not being artificially inflated due to inaccurate cost comparison.

Table D: Expansion of Shared Lives for Learning Disability against UK and Scottish Benchmarks (excluding Short break savings)

	Existing Learning Disability Support			To equal best usage of 10% (Lancashire, Southampton, West Sussex, Bridgend)			To equal 15%			To equal 20%		
	Total people	Existing Users		9.94%	Additional Users	Saving	15%	Shared Lives	Saving	20%	Shared Lives	Saving
Borders	556	0	0%	56	56	£992,858	84	84	£1,489,286	112	112	£1,985,715
TOTAL		0			56	£992,858		84	£1,489,286		112	£1,985,715
Lancashire	3,600	358	9.94%	-	-	-	-	-	-	-	-	-

	Existing Learning Disability Support			To equal Fife			To equal 10%			To equal 15%		
	Total people	Existing Users		3.50%	Additional Users	Saving	10%	Shared Lives	Saving	15%	Shared Lives	Saving
Borders	556	0	0%	20	20	£354,592	56	56	£992,858	84	84	£1,489,286
TOTAL		0			20	£354,592		56	£992,858		84	£1,489,286
Fife	1,201	42	3.50%	-	-	-	-	-	-	-	-	-

Expansion of Shared Lives services is dependent on the availability of Shared Lives carers. Table E shows the number of Shared Lives carers required to meet the projected levels of expansion. This is based on one Shared Lives carer supporting two Shared Lives arrangements.

Table E: Projected level of recruitment for Shared Lives carers to achieve growth targets

	Existing Learning Disability Support			To equal Fife			To equal best usage of 10% (Lancashire, Southampton, West Sussex)			To equal 15%		
	Total people	Existing Users		3.50%	Additional Users	Additional carers	10%	Additional Users	Additional carers	15%	Additional Users	Additional carers
Borders	556	0	0%	20	20	10	56	56	28	84	84	42
TOTAL	556	0	0.00%	20	20	10	56	56	28	84	84	42

Appendix one – Annual fees for Shared Lives compared with current average annual fees paid by Scottish Borders for other types of Social Care Support

Residential Care	Weekly cost	Annual Cost	Annual savings via Shared Lives	Notes
Existing Residential provision in SB	£988.00	£51,376.00	£17,212.00	Figures provided by the Scottish Borders
Shared Lives	£657.00	£34,164.00	-	Figures provided in Social Finance Report 2013
Supported Living	Weekly cost	Annual Cost	Annual Shared Lives saving	Notes
Existing Supported Living provision in SB	£1,525.00	£79,300.00	£45,136.00	Figures provided by the Scottish Borders
Shared Lives	£657.00	£34,164.00	-	Figures provided in Social Finance Report 2013
Short Breaks	Nightly cost	Annual Cost (28 days per annum)	Annual Shared Lives saving	Notes
Existing Short Breaks contract	£353.41	£9,895.48	£7,515.48	Figures provided by the Scottish Borders
Shared Lives	£85.00	£2,380.00	-	Figures provided by PPL Report (2017)
Day Opportunities	Hourly rate	Annual Cost	Annual Shared Lives saving	Notes
Day opportunities - Internal	£14.00	£23,520.00	£8,400.00	Calculated at 9am - 4pm, 5 days per week, 48 weeks per year
Day opportunities - External	£9.00	£15,120.00	£0.00	Figures provided by the Scottish Borders
Average of existing day opportunities provision	£11.50	£19,320.00	£4,200.00	Figures provided by the Scottish Borders
Shared Lives	£9.00	£15,120.00	-	Figures provided by PPL Report (2017)

DEMOGRAPHIC ANALYSIS FOR DEVELOPING THE SHARED LIVES MODEL IN THE SCOTTISH BORDERS

December 2018

Targeting the recruitment of Shared Lives carers in Scottish Borders: A demographic analysis

Executive Summary

1. The demographic analysis has some positive messages that support the targeted development of a thriving Shared Lives services in Scottish Borders
2. 3 out of the 10 wards with higher than average numbers of people with spare rooms have people with the majority of the characteristics typical of Shared Lives families. These are: Tweeddale West, Selkirkshire and Hawick and Denholm.
3. We suggest some next steps to further refine this analysis and allow greater confidence in the decision about which areas in which to focus Shared Lives carer recruitment.

Introduction



Scottish Borders is a rural local authority, with nearly half (48%) of the population in 2012 living in rural areas. Three out of every ten residents live in settlements of under 500 people or in isolated hamlets. Conversely, whilst 34% of the Scottish population live in “Large Urban” areas (part of towns/cities with populations of more than 125,000), there are no “Large Urban” areas in Scottish Borders. The largest town is Hawick, with a 2011 Census population of 14,029, followed by Galashiels with 12,604. The only other towns with a population of over 5,000 people are Peebles, Kelso and Selkirk.

The relatively low population density, and the urban/rural profile of Scottish Borders, have implications on the costs of providing services in Scottish Borders, especially compared to densely populated city environments such as Glasgow, Edinburgh and Dundee. The uneven distribution of the population in Scottish Borders also makes it harder to plan services, with residents scattered in isolated hamlets in many parts of the region, yet with towns such as Hawick having a higher average population density than Glasgow.

On 30 June 2017, the population of Scottish Borders was 115,020 (an increase of 0.4% from 114,530 in 2016 in line with Scotland average). The proportion of children aged under 16 is around the Scottish average at 17%. Working-age people aged 16-64 make up 62% of the Scottish Borders population, below the Scottish average of 66% and the proportion of pensioners aged 65 and over is well above average, at 20.9% in Scottish Borders compared with 16.8% in Scotland.

Over the next 10 years, the population of Scottish Borders is projected to decrease by 2.2% due to natural change (more deaths than births). This will be more than offset by net migration within Scotland, from overseas and from the rest of the UK. The average age of the population of

Scottish Borders is projected to increase as the baby boomer generation ages and more people are expected to live longer.

In Scottish Borders, life expectancy at birth is higher than at Scotland level for both females and males.

Between 2016 and 2026, the number of households in Scottish Borders is projected to increase by 5% from 53,787 to 56,497. This increase compares to a projected increase of 6.4% for Scotland as a whole. This increase in the number of households is in large part because of the increase in the number of people living alone. In 2026, the household type "One adult" is projected to become the most common (37.1%) and the household type "One adult, one or more children" is projected to remain the least common (5.1%). The household type "Three or more adults" is projected to see the largest percentage decrease (-12.9%) over the period.

Scottish Borders has a higher than average rate of economic activity and a lower than average unemployment rate, despite the fact that 18.6% of adults aged under 74 are officially retired, which is again higher than the Scottish average. However, low wages, lack of employment opportunities and underemployment are ongoing issues in rural areas and the 2011 Census shows that Scottish Borders has a higher rate of part-time employees and a lower rate of full-time employees than average.

According to the 2011 Scotland Census, 98.7% of the Scottish Borders population self-report their ethnic group as white, higher than the 96.0% overall for Scotland. A large majority are White Scottish, although White British is relatively more common in Scottish Borders than in Scotland as a whole, reflecting their geographical position close to the Scotland-England border. Around 1 in 100 people in Scottish Borders (similarly to Scotland) are White Polish. Amongst the other ethnic groups, people who identify themselves as Asian, Asian Scottish or Asian British are the most numerous in Scottish Borders, albeit accounting for 0.6% of the Scottish Borders population, noticeably lower than the 2.7% average for Scotland.

Many residents in Scottish Borders are geographically disadvantaged by their distance from a major centre of population, except for the accessible northern parts of the region, as they do not have access to all the services that their counterparts in the city centre may take for granted. However, the most "access deprived" areas are also those of highest scenic amenity and can be an attractive choice for people seeking a certain quality of rural lifestyle. Access deprivation is more of an issue for people who lack resilience to geographical isolation or who do not live there by choice. Combinations of circumstances such as low income, disability, poor quality accommodation and no private transport can exacerbate access deprivation for vulnerable people, making it more difficult for them to access services.

Car ownership in Scottish Borders is higher than in Scotland on average, in recognition of the region's rurality and generally more difficult access to services than other regions in Scotland. The areas with 40% to 52% of the households with no access to a car are located in the main towns of Galashiels and Hawick. Conversely the areas with the highest number of cars are in the rural areas of the Scottish Borders.

In the Scottish Borders both men and women have a higher life expectancy at birth compared to Scotland. A significant projected increase in the number of older-person households, increasing numbers of older people living alone and more older people having complex levels of need, will have major implications for housing and health and social care services.

There are significant social inequalities within Scottish Borders and between Scottish Borders and the rest of Scotland. Wages in Scottish Borders are 12.2% lower than the national wage level for Scotland. There are 8 areas in Scottish Borders where 60% or more of the population aged 16 and over have no or low qualifications. 43% of households in Scottish Borders live in fuel poverty. 7 areas in Scottish Borders have high rates of crime compared to the average rate of crime in the rest of Scotland,

Demographic Analysis

The demographic profile of Shared Lives carers

Demographic profiling of existing Shared Lives carer populations has highlighted some key characteristics of Shared Lives carers. For example, Shared Lives carers are predominantly between the ages of 30 and 64; the majority are owner-occupiers, although until recently a significant minority were social housing tenants (the 'bedroom tax' has reduced the number of people in social housing with a spare bedroom); they are settled and crucially have a spare room. Shared Lives carers are drawn from a range of backgrounds but the majority are already employed and work in the census category 'middle managerial, administrative and professions'. A significant proportion of Shared Lives carers have been employed as care professionals or have been unpaid carers.

Methodology

The demographic analysis uses census data from the 2011 census plus information drawn from the Scottish indices of multiple deprivation

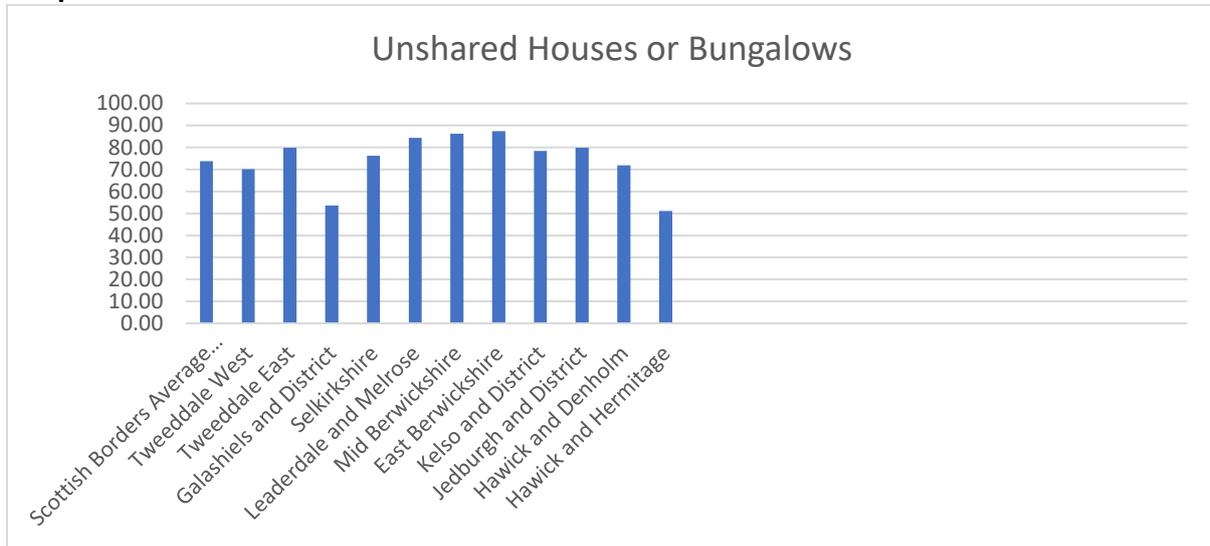
The criteria used for the analysis were:

- Accommodation type (unshared dwelling: whole house or bungalow).
- Age structure (30-64)
- Proportion of people in part time work or at home caring
- Proportion of people in lower managerial, administrative and professional positions
- Proportion of people in caring occupations
- The number of people per bedroom: Up to 0.5 people per bedroom indicates bedroom capacity
- Tenure: Owned outright, owned with mortgage; social housing or council rented

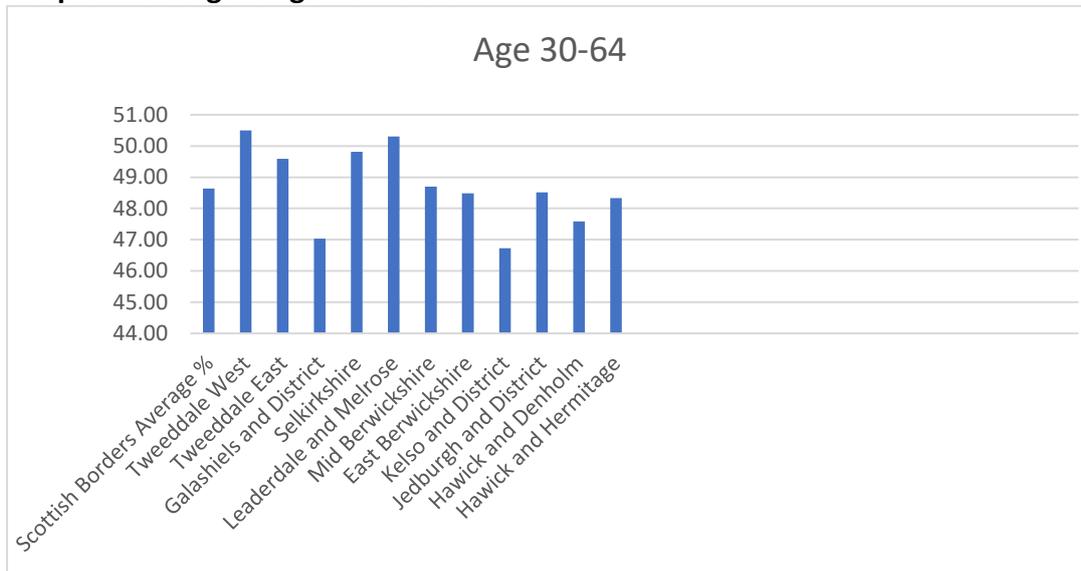
We used the results from the analysis to identify those wards with a suitable demography for Shared Lives carer recruitment (see Appendix A for the detail). We then used the information from the Scottish indices of multiple deprivation to take account of the level of crime in each ward. The vulnerability of people living in Shared Lives arrangements makes it important to focus recruitment in low crime areas.

Analysis

People who have an unshared home



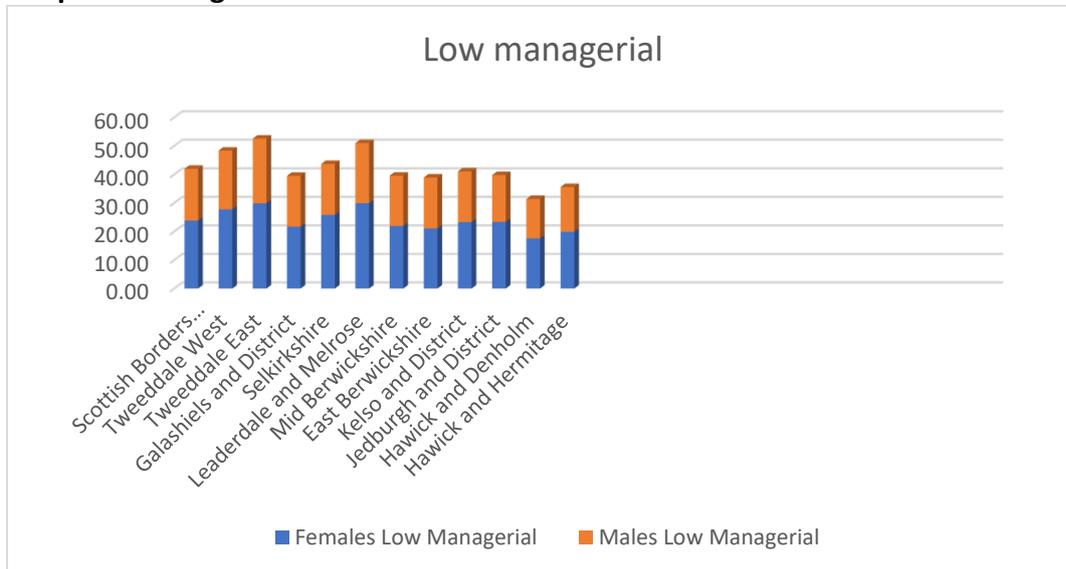
People in the age range from 30-64



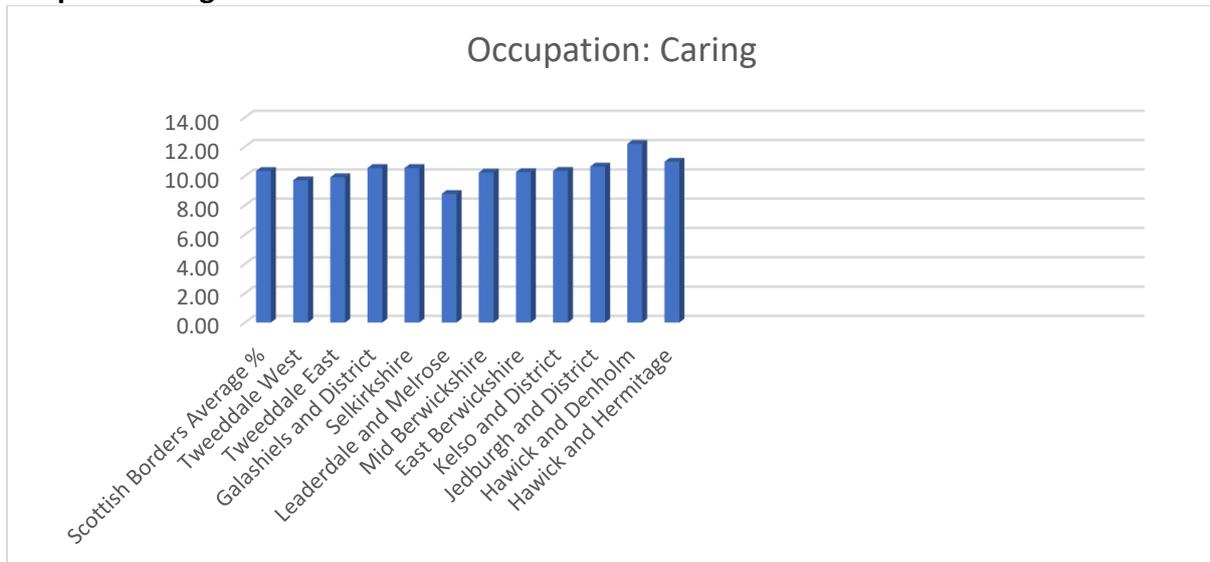
People part time or caring at home



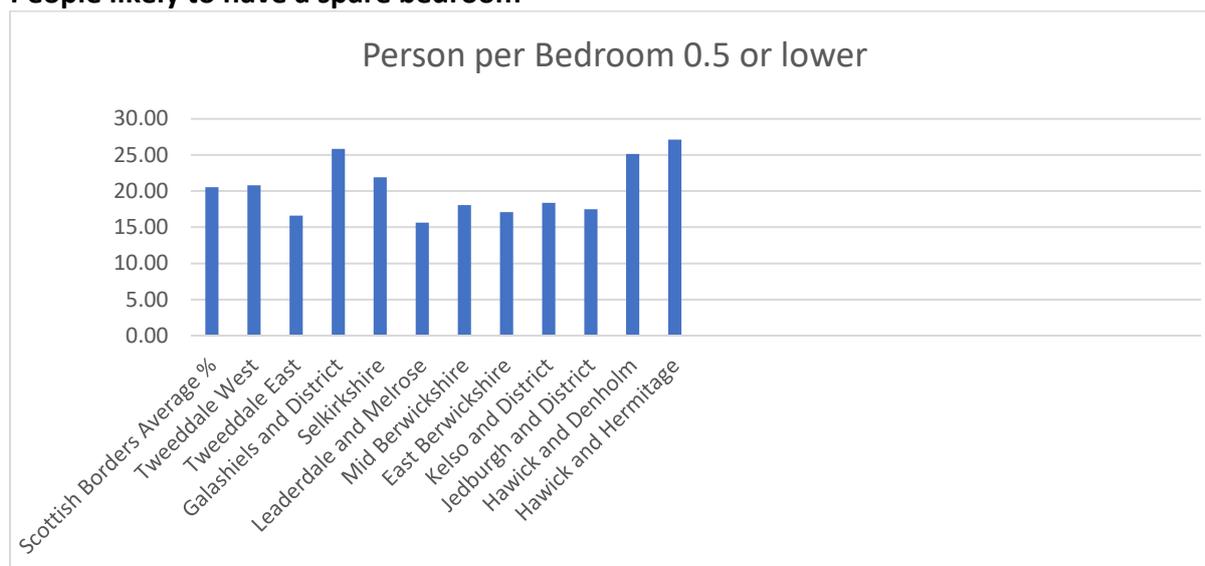
People in the right kind of work



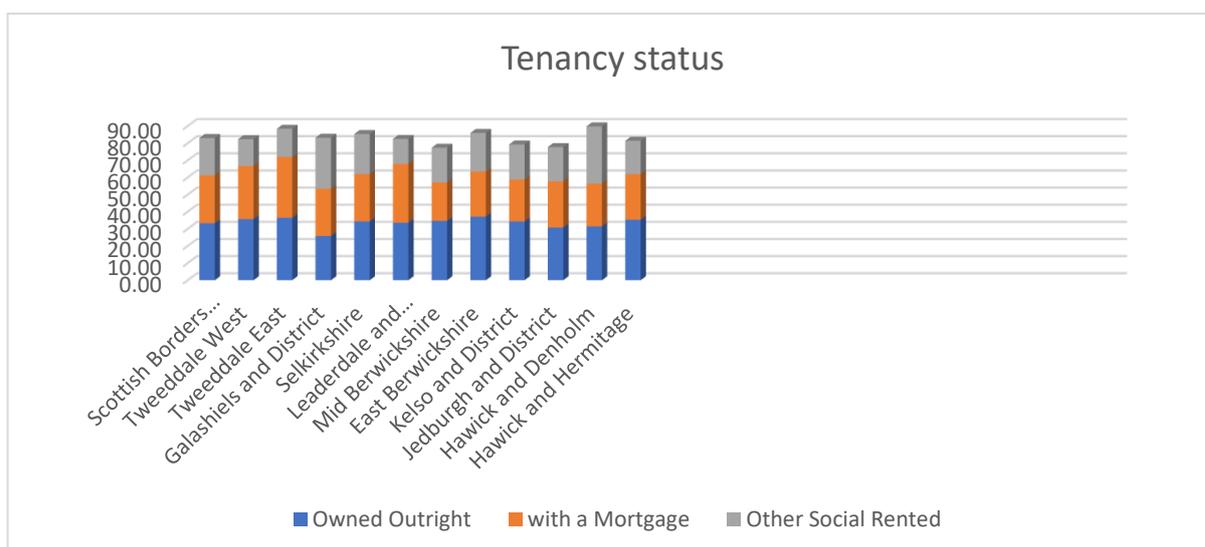
People working as carers



People likely to have a spare bedroom



People who own their own home or rent from social housing providers



Using this information, we identified those wards which had the conditions necessary for Shared Lives carer recruitment, with additional weighting for wards with a higher than average proportion of the population with 0.5 people or fewer per bedroom. We then looked at the impact of the crime in each area (see Appendix A for the detail of this analysis). We found that a number of the wards that had many of the conditions needed for Shared Lives carer recruitment had a lower than average proportion of the population with 0.5 people or fewer per bedroom. We also found that some otherwise high-scoring wards had a higher than average crime rate. This has reduced the number of suitable wards to three out of the possible ten. These are:

Tweeddale West

Selkirkshire

Hawick and Denholm

Conclusion

1. The demographic analysis has some positive messages that support the targeted development of a thriving Shared Lives services in Scottish Borders
2. 3 out of the 10 wards with higher than average numbers of people with spare rooms have people with the majority of the characteristics typical of Shared Lives families. These are: Tweeddale West, Selkirkshire and Hawick and Denholm.

Further Steps

The demographic makeup of the area is only one factor to be taken into account when deciding where to target Shared Lives carer recruitment. Other important factors include:

1. The level of community activity in the area. Carer recruitment is most effective through local word-of-mouth which can be generated or amplified by working through community structures and the local people who make that community work well for people. In addition, Shared Lives carers tend to be natural volunteers and so an area with lots of volunteers is likely to generate lots of carers. A ward with a weak community structure is unlikely to generate significant numbers of suitable Shared Lives carers.
2. The location of people referred or likely to be referred to the scheme is important.

We therefore recommend that the local authority:

- Undertakes an analysis of the level of community activity in each of the 3 wards identified in the demographic analysis as suitable for Shared Lives carer recruitment
- Maps the location of current and projected referrals in order to determine which of the wards has the best geographic fit
- The local authority should use this information, together with the information from the demographic analysis to refine their focus for carer recruitment. This will always be a matter of judgment but in theory a ward which has a benign demography, a vibrant community and is close to referral areas will be the best place to focus carer recruitment.

Sian Lockwood
Community Catalysts CIC
December 2018

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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 25 February 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Louise Ramage, PA
Telephone:	01835 826685

**MINISTERIAL STRATEGIC GROUP REVIEW OF PROGRESS WITH
INTEGRATION OF HEALTH AND SOCIAL CARE**

Purpose of Report:	To inform the Health & Social Care Integration Joint Board (IJB) of the Scottish Government review of the progress and proposals for ensuring the success of integration of Health & Social Care.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the proposals and timescales included within the report; b) Request the Health & Social Care Partnership Leadership Team to create an action plan to address the proposals from the joint report.
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Personnel:	N/A
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Carers:	N/A
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Equalities:	EQIA will be addressed within subsequent action plans.
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Financial:	Finances will be addressed within subsequent action plans.
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Legal:	N/A
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Risk Implications:	Risks will be addressed within subsequent action plans.
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A review of progress with integration of health and social care was published by Scottish Government and COSLA on 4 February 2019, along with a joint statement from the Cabinet Secretary for Health & Sport, Jeane Freeman and COSLA President, Alison Evison.

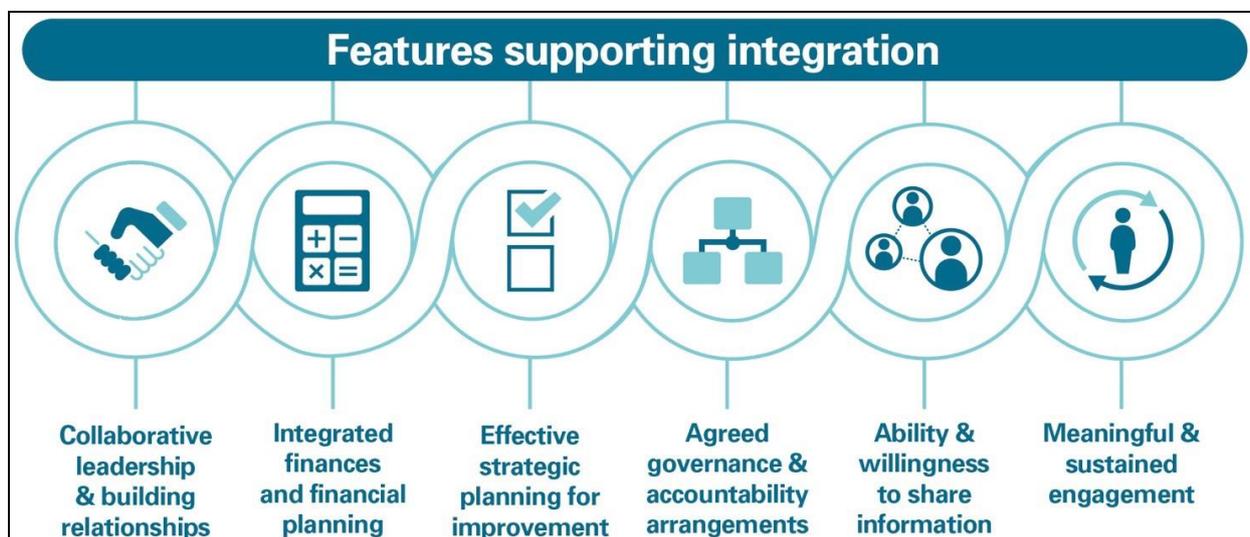
The joint report was the first output from the review of integration, via the Ministerial Strategic Group for Health and Community Care, to help ensure pace is kept with delivering all principles and outcomes set in the Public Bodies (Joint Working) (Scotland) Act 2014.

Evidence on pace to date suggests good progress within local systems, however there remains room for improvement when working together with local populations, third and independent sectors to understand public expectations and better meet needs for health and social care. Therefore, IJBs were urged to increase the pace and effectiveness of work to integrate health and social care.

In order to increase the pace, the Ministerial Strategic Group set out six proposed areas of work within the joint report for ensuring the success of integration.

1. Collaborative leadership and building relationships
2. Integrated finances and financial planning
3. Effective strategic planning for improvement
4. Governance and accountability arrangements
5. Ability and willingness to share information
6. Meaningful and sustained engagement

These areas were identified through the earlier work on integration undertaken by Audit Scotland, published in November 2018.



Collaborative Leadership and Building Relationships

- All leadership development will be focused on shared and collaborative practice. Timescale: 6 months.
- Relationships and collaborative working between partners must improve. Timescale: 12 months.

- Relationships and partnership working with the third and independent sectors must improve.
Timescale: 12 months.

Integrated Finances and Financial Planning

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.
Timescale: By 1 April 2019 and thereafter each year by end of March.
- Delegated budgets for IJBs must be agreed timeously.
Timescale: By end of March 2019 and thereafter each year by end of March.
- Delegated hospital budgets and set aside requirements must be fully implemented.
Timescale: 6 months.
- Each IJB must develop a transparent and prudent reserves policy.
Timescale: 3 months.
- Statutory partners must ensure appropriate support is provided to IJB S95 Officers.
Timescale: 6 months.
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.
Timescale: From 31 March 2019 onwards.

Effective Strategic Planning for Improvement

- Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.
Timescale: 12 months.
- Improved strategic inspection of health and social care is developed to better reflect integration.
Timescale: 6 months.
- National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.
Timescale: 3 to 6 months.
- Improved strategic planning and commissioning arrangements must be put in place.
Timescale: 12 months.
- Improved capacity for strategic commissioning of delegated hospital services must be in place.
Timescale: 12 months.

Governance and Accountability Arrangements

- The understanding of accountabilities and responsibilities between statutory partners must improve.
Timescale: 6 months.

- Accountability processes across statutory partners will be streamlined.
Timescale: 12 months.
- IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.
Timescale: 12 months.
- Clear directions must be provided by IJBs to Health Boards and Local Authorities.
Timescale: 6 months.
- Effective, coherent and joined up clinical and care governance arrangements must be in place.
Timescale: 6 months.

Ability and Willingness to Share Information

- IJB Annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.
Timescale: By publication of next round of annual reports in July 2019.
- Identifying and implementing good practice will be systematically undertaken by all partnerships.
Timescale: 6 to 12 months.
- A framework for community based health and social care integrated services will be developed.
Timescale: 6 months.

Meaningful and Sustained Engagement

- Effective approaches for community engagement and participation must be put in place for integration.
Timescale: 6 months.
- Improved understanding of effective working relationships with carers, people using services and local communities is required.
Timescale: 12 months.
- We will support carers and representatives of people using services better to enable their full involvement in integration.
Timescale: 6 to 12 months.

To initiate the elements detailed in the proposals, every Health Board, Local Authority and IJB are now expected to evaluate their current position in relation to the joint report, as well as the Audit Scotland report.

The IJB are therefore asked to request action plans to be produced for a future Board meeting.

Ministerial Strategic Group for Health and Community Care

Review of Progress with Integration of Health and Social Care

Final Report

February 2019



REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's¹ report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

¹ [Health and social care integration: update on progress](#)

Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration², it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

Principles of integration: services should³:

1. Be integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

² [Integration of Adult Health and Social Care in Scotland: Consultation on Proposals \(May 2012\)](#)

³ http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

National health and wellbeing outcomes⁴

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the 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 the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS 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)

⁴ http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf

The work of the review leadership group followed this timetable:

Meeting date	Topics for discussion
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

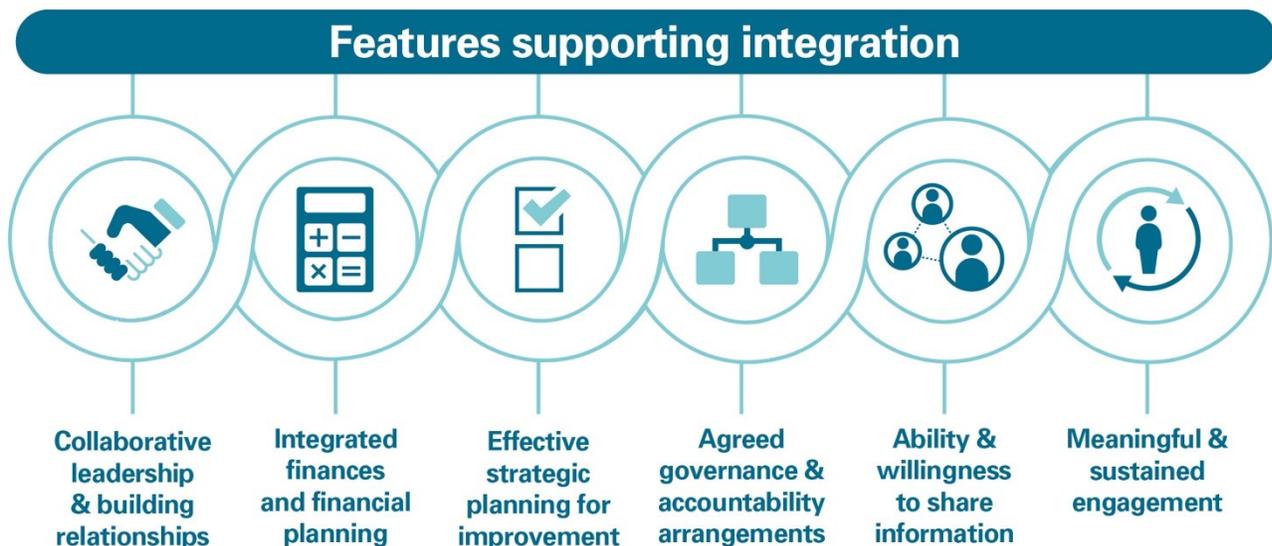
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group
4 FEBRUARY 2019

Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland’s recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out “proposals” in this report rather than “recommendations” to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used “we” throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

1. Collaborative leadership and building relationships

Shared and collaborative leadership must underpin and drive forward integration.

We propose that:

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

Timescale: 6 months

1. (ii) **Relationships and collaborative working between partners must improve.** Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

Timescale: 12 months

1. (iii) **Relationships and partnership working with the third and independent sectors must improve.** Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

Timescale: 12 months

2. Integrated finances and financial planning

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium Term Framework for Health and Social Care⁵.

We propose that:

2. (i) **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.

Timescale: By 1st April 2019 and thereafter each year by end March.

2. (ii) **Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.

Timescale: By end of March 2019 and thereafter each year by end March

2. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented.** Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

Timescale: 6 months

2. (iv) **Each IJB must develop a transparent and prudent reserves policy.** This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

⁵ [Scottish Government Medium Term Health and Social Care Financial Framework](#)

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.

Timescale: 3 months

2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers. This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.

Timescale: 6 months

2. (vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations. Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.

Timescale: from 31st March 2019 onwards.

3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

We propose that:

3. (i) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.

Timescale: 12 months

3. (ii) **Improved strategic inspection of health and social care is developed to better reflect integration.** As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

3. (iii) **National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.** These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.

Timescale: 3 - 6 months

3. (iv) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

Timescale: 12 months

3. (v) **Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.

Timescale: 12 months

4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

We propose that:

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve.** The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.

Timescale: 6 months

4. (ii) **Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.

Timescale: 12 months

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.

Timescale: 12 months

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

Timescale: 6 months

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.

Timescale: 6 months

5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

We propose that:

5. (i) **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.** Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.

Timescale: By publication of next round of annual reports in July 2019

5. (ii) **Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.

Timescale: 6 - 12 months

5. (iii) **A framework for community based health and social care integrated services will be developed.** The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

Timescale: 6 months

6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

We propose that:

6. (i) Effective approaches for community engagement and participation must be put in place for integration. This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.

Timescale: 6 months

6. (ii) Improved understanding of effective working relationships with carers, people using services and local communities is required. Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.

Timescale: 12 months

6. (iii) We will support carers and representatives of people using services better to enable their full involvement in integration. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

Timescale: 6 -12 months

In support of these proposals we 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;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

In support of these proposals we 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.
- Partnerships to be innovative in progressing integration.

Annex A – Joint Statement

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

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NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.



JEANE FREEMAN
Cabinet Secretary for Health and Sport



COUNCILLOR ALISON EVISON
COSLA President

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.



CABINET SECRETARY FOR HEALTH AND SPORT



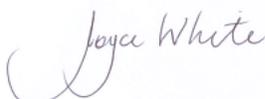
COSLA PRESIDENT



**DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE
DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND**



CHIEF EXECUTIVE, COSLA



CHAIR, SOLACE

26 SEPTEMBER 2018



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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 25 February 2019

Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

**MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP
BUDGET 2018/19 AT 31 DECEMBER 2018**

Purpose of Report:	The purpose of this report is to update the IJB on the forecast year end position of the Health and Social Care Partnership (H&SCP) for 2018/19 based on available information to the 31 st December 2018.
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <p>a) Note the forecast overspend of (£7.372m) for the Partnership for the year to 31 March 2018/19 based on available information</p> <p>b) Note that any expenditure in excess of the delegated budgets in 2018/19 will require to be funded by additional contributions from the partners in line with the approved scheme of integration</p>
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Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2018/19 will be reported to the Integration Joint Board.
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Carers:	N/A
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Equalities:	There are no equalities impacts arising from the report.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report draws on information provided in finance reports presented to NHS Borders and Scottish Borders Council. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.</p>
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.

Background

- 2.1 The report relates to the forecast position on both the budget supporting all functions delegated to the partnership (the “delegated budget”) and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the “set-aside budget”).
- 2.2 The forecast position is based on the most recent available information presented to Scottish Borders Council and the Board of NHS Borders. It highlights the key areas of financial pressure at 31 December 2018 and any actions identified to manage the position going forward.

Overview of Monitoring and Forecast Position at 31 December 2018

- 3.1 An overspend of (£7.372m) is forecast on the budgets delegated by the IJB to the H&SCP for the year to 31 March 2018. The forecast overspend has reduced by £0.177m from the position reported last month. A breakdown of the forecast position by service within Function is provided in **Appendix 1**.

Healthcare Functions

- 3.1 The forecast for delegated Healthcare functions shows a slight improvement to an overspend of (£6.005m). The savings brought forward from previous years of (£4.8m) continues to be largest element of the overspend. The Financial Recovery Plan will detail schemes to address this balance going forward. The forecast pressure reported last month within Learning Disabilities in relation to patients transitioning from Children’s Services and within Mental Health in relation to agency costs for medical staff maternity cover are unchanged, as is the prescribing forecast. The forecast overspend within the Community Hospitals in relation to staffing pressures also continues at the same level. The Chief Officer, Service leads and finance are meeting regularly to identify in year and recurring actions to address these pressures.

Social Care Functions

- 3.2 The forecast for delegated Social Care functions is reporting a favourable movement of £0.168m to a break even position for the year end. The pressures forecast within Older People and Learning Disabilities have been offset by corporate releases and a small underspend forecast within Generic services. Work is ongoing to identify a recurring solution to these pressures.

Large Hospital Functions Set-Aside

3.3 The Set-Aside functions are forecasting an unchanged year end position of a (£1.369m) overspend. The ongoing pressures within A&E services, Medicine & Long Term Conditions, and Medicine of the Elderly are being managed to ensure no further deterioration in the forecast position.

Delivering Financial Balance

4.1 The forecast overspend of (£7.372m) falls entirely within the functions delegated by Health. The Health Board have confirmed that this forecast overspend is reflected in their year end forecast of (£10.1m) and as such an additional allocation will be made to cover this balance at the year end. Any adverse movement in the forecast for council delegated functions which results in a year end overspend will require an additional allocation from the council.

Risk

5.1 The risk that brokerage will not be forthcoming has been mitigated through the assurances provided by Scottish Government to NHS Borders.

5.2 There remains a risk that ongoing management action may not contain or improve the forecast position. The Chief Officer, finance and Service leads are meeting on a regular basis to ensure close monitoring and management of the position to the year end.

5.3 There remains a risk that a recovery plan may not identify sufficient actions to bring spend in line with current budget levels. The plan must explore all options across the partnership and produce an integrated plan.

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MONTHLY REVENUE MANAGEMENT REPORT



Summary **2018/19** **At end of Month:** **December**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	20,216	15,572	21,151	21,352	(201)	The projected overspend reflects the favourable movement in the Council position and an unchanged adverse variance in the Health position.
Joint Mental Health Service	15,422	12,234	16,202	16,377	(175)	
Joint Alcohol and Drug Service	530	184	535	535	0	
Older People Service	19,281	14,700	20,677	20,675	2	
Savings Brought Forward	(1,239)	0	(4,814)	0	(4,814)	
Physical Disability Service	3,322	2,708	3,677	3,676	1	
Prescribing	21,700	17,528	22,795	23,195	(400)	
Generic Services	69,394	52,440	70,327	70,743	(416)	
Large Hospital Functions Set-Aside	20,138	18,672	23,453	24,822	(1,369)	
Total	168,764	134,038	174,003	181,375	(7,372)	

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Social Care Functions **2018/19** **At end of Month:** **December**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	16,644	12,556	17,587	17,588	(1)	The forecast position has moved to break even as a result of corporate releases and favourable offsets within the delegated functions.
Joint Mental Health Service	2,108	1,552	2,028	2,028	0	
Joint Alcohol and Drug Service	173	76	162	162	0	
Older People Service	19,281	14,700	20,677	20,675	2	
Physical Disability Service	3,322	2,708	3,677	3,676	1	
Generic Services	4,708	3,691	5,166	5,166	0	
Total	46,236	35,283	49,297	49,295	2	

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Healthcare Functions **2018/19** **At end of Month:** **December**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,572	3,016	3,564	3,764	(200)	The forecast position and its drivers is largely unchanged across the main budget headings, with a very small improvement in the generic services overspend.
Joint Mental Health Service	13,314	10,682	14,174	14,349	(175)	
Joint Alcohol and Drug Service	357	108	373	373	0	
Prescribing	21,700	17,528	22,795	23,195	(400)	
Savings Brought Forward	(1,239)	0	(4,814)	0	(4,814)	
Generic Services	64,686	48,749	65,161	65,577	(416)	
Total	102,390	80,083	101,253	107,258	(6,005)	

MONTHLY REVENUE MANAGEMENT REPORT



Large Hospital Functions Set-Aside **2018/19** **At end of Month:** **December**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Accident & Emergency	2,003	2,127	2,601	2,863	(262)	There is no movement in the forecast position.
Medicine & Long-Term Conditions	11,847	11,481	14,354	15,248	(894)	
Medicine of the Elderly	6,288	5,064	6,498	6,711	(213)	
Total	20,138	18,672	23,453	24,822	(1,369)	

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 25 February 2019

Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

DRAFT SCOTTISH GOVERNMENT FINANCIAL SETTLEMENT FOR 2019/20

Purpose of Report:	The purpose of this paper is to present the IJB with an indication of the outcome of the draft financial settlements for the public sector for 2019/20 and any stated implications for the IJB.
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Note the impact of the financial settlements on the financial outlook for the IJB statutory organisations. b) Note that further work is required to provide the IJB with indicative provision of resources figures for 2019/20 and beyond.
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Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2019/20 will be reported to the Integration Joint Board.
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Carers:	N/A
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Equalities:	The equalities impact of the contents of this report are not known at this stage. As the detailed outcomes of the settlements become apparent equalities impact assessments will be carried out.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report draws on information provided in the finance reports presented to NHS Borders and Scottish Borders Council. Both partner organisations' Finance functions have contributed to its development.</p>
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Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial
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risk register for the partnership.

Background

- 2.1 The Scottish Government (SG) draft budget was presented to the Scottish Parliament on the 12th of December 2018. The budget set out the key planning assumptions for Health and Local Government for 2019/20.
- 2.2 Following further debate in parliament on the 31st January 2019, the Scottish Government announced a package of further measures covering local taxation and local government finance to further support the 2019/20 Local Government Finance Settlement.
- 2.3 The key aspects of the budget and the implications for NHS Borders (NHSB) and Scottish Borders Council (SBC) on their respective Financial Plans are summarised below.

Impact of Scottish Government Settlement for 2019/20 on NHS Borders

- 3.1 The budget announced an additional investment of £430m (4.2%) for frontline Health Boards (HB). The implications for NHSB are summarised in the table below.

	£m	%
2018/19 Recurring Allocation	200.7	
2018/19 Pay Award (recurring)	1.9	
2018/19 Revised Recurring Baseline	202.6	
2019/20 Base Uplift	5.1	2.6
2019/20 Recurring Allocation	207.7	

- 3.3 NHSB is currently deemed above NRAC parity so receives uplift to its baseline funding from the £243.4m allocated to Territorial HBs. This equates to £5.1m. The planned use of the funding available to NHSB is based on the principles of
 - Patient safety and the provision of safe services.
 - Budgets will be set and resources provided based on the level of funding available.
 - The financial challenge will be shared across all areas of the organisation.

The key financial challenges facing NHSB relate to an ongoing forecast financial deficit for 2019/20 which incorporates pressures relating to:

- Pay uplift
- National and regional service developments
- Agreed activity pressures
- Drugs increases
- The revenue impact of the capital programme
- Non recurring funding issues

The current financial plan for NHSB shows a deficit of £13.8m which will be carried forward into 2019/20. The impact of the SG budget settlement and the ongoing and new pressures identified are resulting in an estimated gap of between £15m and

£20m for NHSB for 2019/20. The recurring gap is estimated to be between £10m and £15m.

Implications for IJB

- 3.4 The SG 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. This implies that Boards should apply their baseline uplifts to budgets for IJB delegated functions. Doing so would result in an uplift of 2.6% being applied to the budget delegated to the IJB.

It should also be noted that £7.3m social care funding will continue to be allocated to NHS Borders to be provided to the IJB to support social care.

However the financial challenges facing NHSB will be reflected in the provision of resources to the IJB and the non delegated services. Work is underway to produce a detailed financial plan for revenue and capital expenditure for 2019/20. This will seek to identify actions to address the pressures and identify savings to offset the gap. The outcome of this work will provide clarity on the proposed level of funding for the functions delegated to the IJB.

Impact of Scottish Government Settlement for 2019/20 on Scottish Borders Council

The initial level of grant funding allocated to SBC represented a reduction of 2.3% which equated to £4.604m. However, the parliamentary debate of 31 January resulted in a range of additional measures being identified which affected local government favourably and reduced the adverse impact by 1% to £2.614m for SBC. The table below summarises the position.

	£m	%
Initial Funding Letter	(4.604)	(2.3)
Additional Funding agreed	1.990	1.0
Revised SBC Settlement	(2.614)	(1.3)

The initial settlement included a number of specific elements. The main ones are summarised below:

- Baseline of the £170m funding announced in 2018/19
- An additional £210m revenue to support the expansion of Early Learning & Childcare entitlement
- A further £40m for the expansion of Free Personal Care and Nursing Care for the under 65s
- £120m to be transferred from the Health portfolio to Local Authorities for investment in integration – this includes £12m for school counselling services
- A new £50m Town Centre fund

The subsequent agreement added the following key elements:

- An increase of £90m in the core local government settlement - £1.990m for SBC
- The ability for Local Authorities to offset their adult social care allocations to Integration Authorities in 2019/20 by 2.2% compared to 2018/19.

- The ability to increase council tax by 3% in real terms – which equates to 4.79% in 2019/20
- The ability to introduce a workplace parking levy
- Bring forward a 3 year funding settlement for local government to 2020/21 budgets.

Overall these elements result in a reduction in funding for SBC of £2.614m against a requirement to address pay and price inflation, demographic pressures and national and local developments. However there is increased flexibility around the ability to raise funds through council tax and a workplace levy which will be discussed at the budget setting meeting. The financial plan reflects the requirement for the Council to deliver savings of £8.5m for 2019/20 to balance the budget.

Implications for IJB

- 3.2 The impact of the additional funding streams of £120m and £40m will result in increased funding of circa £3.3m for the IJB in 2019/20. However the subsequent decision to allow Local Authorities to offset their adult social care allocations by 2.2% means efficiency savings of £1.02m from H&SC budgets have been included in the Council's financial plan to be delivered in 2019/20.

In addition, there will be a requirement to deliver recurring solutions to the 2018/19 savings targets for delegated functions, and identify additional savings for 2019/20 to contribute to the financial plan gap will also impact on the resources allocated to the delegated function.

Risk

- 5.1 There is a risk that the Scottish Government budget may not be passed in parliament and that further changes arise which may impact on the level of resources allocated to NHS and council bodies and in turn to IJBs

Summary

The contents of this paper reflect draft positions within SBC and NHSB. The Scottish Parliament will debate its budget on 21st February 2019 and if passed the budget will be laid in March 2019.

The SBC will debate its financial plan on 28th February, and NHSB will present a final financial plan to its Board on 4th April 2019.

Thereafter the IJB will have greater clarity on the impact of these settlements on the funding proposed for delegated functions.

Appendices:

Appendix 1 – Scottish Government Settlement Letter – Health

Appendix 2 - Scottish Government Settlement Letter – Council

Appendix 3 – Scottish Government Revised Settlement Letter - Council



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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.

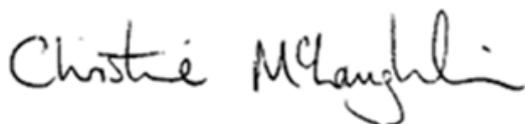
Capital Funding

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.



**SCOTTISH BORDERS COUNCIL
THURSDAY, 20 DECEMBER, 2018**

**Please find attached the report in respect of Item 7 on
the agenda for the above meeting**

7.	Budget update on the Local Government Finance Settlement (Pages 3 - 28) Consider report by Chief Financial Officer. (Copy attached.)	10 mins
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REVENUE BUDGET PLANNING ASSUMPTIONS 2019/20

Report by the Chief Financial Officer

Scottish Borders Council

20 December 2018

1 PURPOSE AND SUMMARY

- 1.1 This report provides Council with an initial assessment of the planning assumptions that should now be followed in constructing the revenue plans for 2019/20 and in subsequent financial years following the publication of the Local Government Finance Settlement for 2019/20 on the 17th December 2018. Now the Settlement has been received, this report updates the financial challenge facing the Council and sets out a recommended approach to be followed to balance the budget.**
- 1.2 Reductions in the level of government grant being provided to the Council total 2.3% next year. This will see the resources available to the Council reduced by £4.604m when compared to resources available in 2018/19. The comparable figure for Local Government in Scotland is a cash reduction of 2.4%.
- 1.3 Officers in planning for the settlement had been assuming a reduction in government grant of 1% in 2019/20 which was in line with average assumptions across Scotland. The actual cash reduction of 2.3% is significantly higher than estimated and presents significant challenges to the organisation.
- 1.4 The settlement also contains a number of new statutory burdens which authorities are expected to deliver in 2019/20. This includes a requirement to increase the funding available to the Integration Joint Board (IJB) by £2.496m when compared to the 2018/19 recurrent delegated budgets.
- 1.5 Coupled with, the reduction in Government grant, the Council will have to fund significant cost pressures next year that will require increases in the Council Tax, increases in fees & charges and a significant programme of cost reductions in order to balance the budget and protect core services. The settlement permits the Council to increase the council tax by up to 3% to fund local services and offset the impact of grant reductions.

- 1.5 The Settlement notes that £120m has been made available nationally and will be transferred from the health budget to local government in year for further investment in integration, including delivery of the living wage and uprating of free personal care. This funding is in addition to the £7.347m of delegated budget from the Integration Joint Board (IJB) in 2018/19. This funding is baselined and will continue.
- 1.6 Members will recall that 2019/20 will be the second year of the 5 year financial plan which commenced in 2018/19. This longer term corporate approach to the budget will, by the end of 2018/19 have delivered over £60m of cost reduction savings thereby ensuring the Council has balanced its budget and delivered a small underspend in each year since the 5 year planning approach was first adopted in 2013/14. A corporate approach is again being taken to the development of the budget in 2019/20 focussed on transforming Council services, investment in new technology to reduce costs, greater operational efficiency, new ways of working and the prioritisation of core Council services.

2 RECOMMENDATIONS

- 2.1 **It is recommended that Scottish Borders Council notes the outcome of the local government settlement and the planning assumptions being made for the revenue budget for 2019/20.**

3 BACKGROUND

- 3.1 2019/20 will be the second year of the second 5 year financial plan first approved in February 2018. The longer term approach taken by the Council is advocated by Audit Scotland as good practice. The budget is updated annually on a corporate basis following publication of the local government finance settlement. Indicative financial plans for the following four years are also prepared each year reflecting the time taken to plan and deliver effective change programmes. The longer term corporate approach to the budget adopted will by the end of the current financial year 2018/19 have delivered over £60m of cost reduction savings. The majority of these measures have been delivered on a recurrent basis and the significant savings made have ensured the Council has not only balanced its budget each year but it has also delivered a small underspend in each year since 5 year planning was first adopted in 2013/14. This achievement has been delivered despite a continuing backdrop of austerity in public finances.
- 3.2 The forthcoming budget round has once again proved very challenging for the Council. The government has previously signaled the intention to protect police budgets and to provide a budget settlement for the NHS which protects the level of resources available to health in real terms i.e. resources for the NHS will increase at or above the level of inflation. It is understood that the budget available to NHS frontline boards, including the national waiting times centre, Scottish Ambulance Service, State Hospital and NHS 24 will increase by 4.2% next year. Resources provided to NHS Borders will it is understood increase by 2.6% in 2019/20. The resources available to Local Government, have in contrast diminished. The headline reduction in the revenue support to be provided to Local Government in Scotland is a £237m reduction in funding provided through the settlement. This equates to a reduction of equating to 2.4% nationally.

4 BUDGET PLANNING

4.1 Updated Gap

The challenge now facing the Council has been updated following publication of the Settlement. Since February 2018 a range of additional pressures have also been identified which have led to a revised gap and increased the challenge facing the organisation. The updated gap position highlights the assumptions being made around the current budget position and includes:

- Scottish Government funding levels detailed in the settlement
- Manpower assumptions – relating to pay awards and increments
- Updated cost projections and new pressures

4.2 Local Government Finance Settlement

The draft local government finance settlement was published on the 17 December 2018. The one year Settlement for 2019/20 indicates that the Council will receive £207.926m in revenue support from Scottish Government which includes £9.330m of ring-fenced specific grants (Gaelic £1k, Pupil Equity Fund £1.754m, Criminal Justice Social Work £1.177m and Early Learning and Childcare Expansion £6.398m.) The settlement reduces the general funding available to the Council by 2.3% or £4.604m when compared to the resources available in 2018/19. Revenue grant

support provides over 80% of the Council's total net revenue budget and further significant cost reductions and the generation of additional income from fees and charges and the Council tax are required in order to bridge the gap.

- 4.3 The initial planning assumption for 2019/20 when the 5 year plan was agreed by Members in February 2018 anticipated a further projected 2% reduction in government grant in 2019/20. This assumption was amended when the financial planning process for 2019/20 commenced following discussion at the CIPFA Directors of Finance Section. Analysis of assumed grant reductions across Scotland demonstrated that an average reduction in grant of around 1% was a reasonable planning assumption. The grant figures published on the 17 December increased the financial challenge facing the Council by £2.529m over and above the £2m funding reduction previously assumed for planning purposes for 2019/20.
- 4.4 **Health and Social Care Fund**
The £367m made available by Government since 2016/17 via the Health budget to fund the introduction of the Living Wage in the care sector and funding pressures associated with the provision of care is baselined as recurrent funding of £7.347m.
- 4.5 In 2018/19 a further £66m was made available nationally and £1.537m was provided to the Council via the local government settlement and again this transfer has been baselined within the social care budget for 2019/20.
- 4.6 In 2019/20 the settlement includes a further £108m to be transferred in year from health to local government to fund the ongoing costs of the living wage in the care sector. The Borders share of this funding is £2.496m. A further £12m is also to be distributed for school counsellors to provide additional mental health support in secondary schools. This funding is held back within the settlement. This is noted in table 4.11 below.
- 4.7 It is also understood that £30m is held back within the settlement to fund the introduction of Franks Law providing free personal care for those aged under 65 requiring this support. This is noted in table 4.11 below.
- 4.8 **Pupil Equity Fund**
Pupil Equity Funding continues in 2019/20 with a reduction of £0.087m to £1.754m from the 2018/19 level of £1.841m.
- 4.9 **Council tax**
The settlement letter has confirmed that council tax increases should again be capped at a maximum increase of 3%.
- 4.10 **Non Domestic Rates**
The Council's distribution from the non-domestic rates pool has increased significantly by £3.834m to £36.624m in 2019/20 compared to £32.790m in 2018/19. This increase has however been more than offset by reductions in Revenue Support Grant.

- 4.11 There are a number of funding streams excluded from the current settlement and held back by Scottish Government for future distribution. At present only national figures are available. The main sums held back are shown in the table below.

Funding Stream	National Total (£m)
Teachers Induction Scheme	£37.600
Discretionary Housing payments	£63.200
Free Personal Care Under 65s	£30.000
School Counselling	£12.000
Scottish Assessors –Barclay Review	£3.300
Gaelic	£0.128
Customer First Top Up	£1.540
Free Sanitary Products - schools	tbc
1+2 languages	£3.000

4.11 **Manpower**

The currently assumed impact of manpower movement is reflected in the updated gap position. Pay awards are assumed at 3% in 2019/20 and 2% for the subsequent 4 years. It is understood however that COSLA Leaders approved a revised pay offer to SJC staff on the 14 December of 3.5% in 2018/19, 3% in 2019/20 and 3% in 2020/21. This equates to a cumulative 9.8% offer over the 3 year period 2018/19 – 20/21. It is understood that teaching staff will be offered a 3% increase in each of the three years beginning 18/19 (with a flat rate of £1,600 for those above £80k in year 1 only). The offer will confirm the already agreed restructuring of the main grade teacher's scale (as set out in the August COSLA Leaders paper) and an extension to that policy intervention giving 2% to promoted posts. It is anticipated that additional funding will be provided by Scottish Government to implement the revised offer to teachers.

4.12 **Updated and new Revenue Pressures**

All known inflation and pressures have been updated. These pressures include national policy decisions with financial implications for the Council such as Health & Social Care Funding, Carers Act Extension and Early Learning and Childcare expansion. There is also provision built in to support the inflation in Education PPP contract, the CGI contract and other council budgets that are expected to be subject to inflation.

4.13 **Changes to 2019/20 Assumptions**

In addition to changes in the level of grant funding from Government, the Corporate Management Team has also reassessed the assumptions made in forming the indicative 2019/20 financial plan in February 2018. A number of these assumptions have proved to be too optimistic and have required reassessment. Continuing the robust corporate approach to the budget focussed on modernising Council services through the transformation programme, investment in new technology to reduce costs, greater operational efficiency, new ways of working e.g. sharing services, additional income raised through fees and changes and council tax and the prioritisation of core Council services will all be required to deliver a balanced budget in 2019/20.

4.14 **Approach to closing the gap**

Following the publication of the Local Government Finance Settlement the resultant revenue planning gap in 2019/20 totals £11.1m. Proposals are being worked up to bridge this gap including:

- a management review of all areas of the budget to ascertain where further savings opportunities exist;
- a review of all existing and proposed budget pressures in order to minimise and absorb pressures within existing budgets wherever possible;
- a review of all existing savings proposals to ascertain whether there are opportunities to increase savings and / or accelerate the savings already anticipated in future years' plan;
- a review of income streams and an increase in Fees & Charges by at least 3% across all areas to generate additional income.
- an increase in the Council tax

A paper showing the effect of the 3% Council Tax increase is contained elsewhere on the Council agenda.

5 IMPLICATIONS

5.1 **Financial**

There are no further costs associated with the content of this paper its content relating to the preparation of the revenue budget for 2019/20 onwards

5.2 **Risk and Mitigations**

The revenue budget expresses the recommended approach the Council should take to ensure that services are delivered within a prudent and sustainable financial plan. This paper highlights the major planning assumptions to be made in constructing the revenue budget and provides information made available via the draft 2019/20 Local Government Finance Settlement. Figures will only finally be confirmed following acceptance of the Settlement by individual local authorities and parliamentary approval of the Local Government Finance (Scotland) Order in February 2019.

5.3 It is assumed That Scottish Gov't will provide additional funding to support increases in the teacher's pay award and anything above current pay policy i.e. 3% up to £35,500, 2% to £80k and £1,600 flat rate above this level will be funded through additional grant.

5.4 It should also be noted that the government actuaries department has now reduced the discount rate for teachers pensions. This will have the effect of increasing the costs of the scheme in future. It is understood the HM Treasury view responsibility for funding this increase as lying with the devolved administrations and it is assumed that funding to meet the increased liability will be provided by Scottish Government. Provisional figures for SBC highlight the financial implication of the change in the discount rate will be £2.5m based on current pay award assumptions.

5.5 **Equalities**

A full equalities impact assessment will be undertaken and published as part of the budget preparation exercise. There are no adverse impacts due to race, disability, gender, age, sexual orientation or religion/belief arising from the contents of this report.

5.6 **Acting Sustainably**

There are no significant effects on the economy, community or environment.

5.7 **Carbon Management**

No effects on carbon emissions are anticipated.

5.8 **Rural Proofing**

It is anticipated there will be no adverse impact on the rural area.

5.9 **Changes to Scheme of Administration or Scheme of Delegation**

No changes to either the Scheme of Administration or the Scheme of Delegation are required.

6 CONSULTATION

- 5.1 Corporate Management Team is fully engaged in the preparation of the revenue plans for the forthcoming financial year. Due to the late availability of the Local Government Settlement this paper has been issued out-with the normal consultation timescales. Consequently any comments received from the Chief Legal Office or the Chief Officer Audit and Risk will be reported verbally to Council.

Approved by

David Robertson
Chief Financial Officer

Signature

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Background Papers:

Previous Minute Reference:

Note – You can get this document on tape, in Braille, large print and various computer formats by contacting the Author. Information on other language translations as well as additional copies can also be provided.

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Local Government Finance Circular No. 8/2018

Chief Executives and Directors of Finance of
Scottish Local Authorities

Chief Executive, Convention of Scottish Local
Authorities (COSLA)

Our ref: A22667339
17 December 2018

Dear Chief Executive/Director of Finance

1. LOCAL GOVERNMENT FINANCE SETTLEMENT 2019-20 2. NON-DOMESTIC RATES

1. This Local Government Finance Circular provides details of the provisional total revenue and capital funding allocations for 2019-20, as well as the latest information on current known redeterminations for 2018-19. This Circular also provides details on a range of Non-Domestic Rates measures, including the 2019-20 poundage and proposed changes to certain reliefs.

2. The provisional total funding allocations form the basis for the annual consultation between the Scottish Government and COSLA ahead of the Local Government Finance (Scotland) Order 2019 being presented to the Scottish Parliament, which is currently scheduled for the end of February 2019.

3. We expect local authorities to inform COSLA, and for COSLA in turn to inform the Scottish Government by no later than **Friday 18 January 2019**, if they think there are any discrepancies or changes required to these provisional allocations. Any redistribution to address any agreed discrepancies or changes will be undertaken within the total settlement allocations set out in this Circular and not through the provision of any additional resources by the Scottish Government. The allocations are therefore only provisional at this stage and local authorities should not set their final budgets on the basis of these until the final allocations are confirmed following the end of the consultation period and the publication of the Local Government Finance Circular which will follow the approval of the Local Government Finance (Scotland) Order 2019.

4. The Cabinet Secretary for Finance, Economy and Fair Work wrote to the COSLA President, copied to all Council Leaders on 12 December 2018, confirming the package of measures that make up the settlement to be provided to local government in return for the provisional funding allocations set out in this Circular. This Circular should be read in conjunction with that letter. The terms of this settlement have been negotiated through COSLA on behalf of all 32 of its member councils.

5. The Scottish Government will work in partnership with local government to implement the budget and the joint priorities in return for the full funding package worth £11.1 billion which 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 August 2020;
- For 2019-20 local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%, which could potentially generate around £80 million to support services;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to extend Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and continued implementation of the Carers (Scotland) Act 2016;
- £120 million to be transferred from the health portfolio to Local Authorities in-year for investment in integration, this includes £12 million for school counselling services;
- Taken together, 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 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;
- 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. It is recognised 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;
- 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.

6. In addition to 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.

7. The allocations have been arrived at using the standard agreed needs-based distribution methodology and updated indicators. We have already shared a separate note providing a full reconciliation of the changes between the 2018-19 and 2019-20 Budgets and between the 2018-19 Budget and the figures in this Circular. We have also provided the full details of all the general revenue allocations.

8. 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.

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: Estimates of Ring-Fenced Grant Revenue Funding for 2019-20;
- Annex F: Floor calculation for 2019-20;
- Annex G: Redeterminations of Individual Revenue funding for 2018-19;
- Annex H: 2008-20 Changes Column;
- Annex I: General Capital Grant and Specific Capital Grants 2019-20, including re-profiled allocations;
- Annex J: General Capital Grant – Flood Allocations Per Local Authority 2019-20;
- Annex K: Final Total Capital Funding for 2018-19; and
- Annex L: Total Local Government Funding Settlement 2019-20.

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

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

10. **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 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.

11. **Annex E** gives a breakdown of the provisional individual council shares of all the Ring-Fenced revenue grant allocations for 2019-20.

12. 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 F** of this Circular. The setting of the floor is in line with the revised arrangements agreed following the SDG review of the floor methodology.

13. 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.

14. This Local Government Finance Circular provides details of current known 2018-19 redeterminations at **Annex G** for the General Revenue Grant. The final redetermination allocations for 2018-19 will be included in the Local Government Finance (Scotland) Order 2019.

15. **Annex H** summarises the column within the settlement titled 2008-2020 Changes Column.

Part B: Local Government Finance Settlement – Capital Grants 2019-20 and changes to Capital Grant in 2018-19

16. In 2019-20 the Local Government Settlement provides capital grants totalling £934.2 million. This is made up of General Capital Grant totalling £581.0 million and Specific Grants totalling £353.1 million.

17. In addition the Scottish Government will repay £150 million as a one-off sum of re-profiled capital from 2016-17 in 2019-20, split £122.8 for General Capital Grant and £27.2 million for specific grant. This brings the total support for capital to £1,084.2 million.

18. In addition to the capital settlement local government will also receive capital grant funding of £287.3 million as set out in Table 6.15 of the Scottish Budget. For 2019-20 the capital share allocation takes into account, at least in part, the additional funding streams out-with the settlement. The value of the capital funding made available to local government exceeds the percentage share commitment made.

19. **Annex I** sets out the provisional distribution of the Settlement for capital per local authority for 2019-20. Capital grants which remain undistributed are identified as such. The methodologies used to calculate these provisional allocations, which include payment of the reprofiled sums, have been agreed with COSLA.

20. The provisional distribution for the General Capital Grant includes allocations for flood schemes. The allocations for these schemes is set out in **Annex J**. Where schemes have slipped and the grant paid in a prior year exceeds the grant due the scheme will show a negative value which will reduce the total General Capital Grant payable to that Council.

21. There are no changes to the total capital grant figures for 2018-19 although the previously undistributed £150 million in respect of Early Learning and Childcare allocations are now provided. These revised allocations for 2018-19 are set out in **Annex K**.

22. **Annex L** summarises the Local Government Finance Settlement for 2019-20.

Part C: Non-Domestic Rates for 2019-20

23. The Distributable Amount of Non-Domestic Rates Income for 2019-20 has been provisionally set at £2,853 million. This figure uses the latest forecast of net income from non-domestic rates in 2019-20 and also draws on council estimates of the amounts they will contribute to the Pool from non-domestic rates in 2018-19. The figure incorporates the Scottish Fiscal Commission's estimate of the contributable amount and includes a calculation of gross income; expected losses from appeals; estimated expenditure on mandatory and other reliefs; write-offs and provision of bad debt together; and estimated changes due to prior year adjustments. The distribution of Non-Domestic Rates Income for 2019-20 has been based on the amount each Council estimates it will collect (based on the 2018-19 mid-year estimates provided by councils). General Revenue Grant provides the guaranteed balance of funding. This method of allocation provides a clear presentation of the Non-Domestic Rates Income per council and transparency in the make-up of council funding.

24. The 2019-20 Non-Domestic Rate poundage rate is provisionally set at 49.0p. This is a lower-than-inflation uplift in the poundage of 2.1% compared to 2018-19 (48.0p).

25. The Large Business Supplement for 2019-20 is provisionally set at 2.6p for properties with rateable value over £51,000. This is the same as 2018-19.

26. Transitional relief is proposed to continue in 2019-20 and through to 2021-22 for hospitality properties (with a rateable value up to £1.5 million in 2019-20) and offices in Aberdeen City and

Aberdeenshire. The level of the cap on annual bill increases will continue to be 12.5% real terms for eligible properties. This is equivalent to 14.84% in cash terms in 2019-20, calculated using the same 2.1% uplift in the poundage. Eligibility is subject to compatibility with EU State aid rules.

27. The Small Business Bonus Scheme threshold for 100% relief remains at £15,000, so that the overall scheme is applicable as per the table below. This relief does not constitute de minimis aid under EU State aid rules.

Combined rateable value (RV) of all properties	2019-20 relief
Up to £15,000	100%
£15,001 to £18,000	25%
£18,001 to £35,000	25% on individual property each with rateable value up to £18,000 *

** A ratepayer with multiple properties with a cumulative RV between £15,001 and £35,000 can be eligible for 25% relief for individual properties each with RV up to £18,000.*

28. The “Business Growth Accelerator” introduced on 1 April 2018 suspends the Non-Domestic Rates liability for new build properties until 12 months after they are first occupied and ensures that improved properties will not see increases in their Non-Domestic Rates bill resulting from the improvements until 12 months after completion of the works.

29. Following development work on the Growth Accelerator through the Barclay Implementation Advisory Group, all new build property will be entered on the roll by the Assessor at the point of existence. There will now be no delayed entry to the Roll as part of the Growth Accelerator as previously intended.

30. A new relief is proposed for all new fibre lit on or after 1 April 2019 for a ten-year period, up to 31 March 2029. This relief will be awarded on the basis of a certificate awarded by the Assessor upon request. It will be awarded under de minimis rules.

31. Following the publication of the Barclay Review of Non-Domestic Rates on 22 August 2017, the Scottish Government published an implementation plan, and a consultation, which closed on 17 September 2018. Responses to the consultation have been published where permission was given to do so and are available here: https://consult.gov.scot/local-government-and-communities/non-domestic-rates/consultation/published_select_respondent. An analysis of the consultation responses will be published in due course.

32. The Scottish Budget confirmed that, in response to stakeholder feedback, the Government no longer intends to take forward the proposed power for councils to levy a Non-Domestic Rates supplement as outlined in recommendation 5 of the Barclay Review.

33. The Government will bring forward a Non-Domestic Rates (Scotland) Bill in 2019 to implement the recommendations of the Barclay Review that require legislative change, in time for the relevant provisions to commence on 1 April 2020, subject to parliamentary approval.

34. No other NDR changes are proposed for 2019-20 at this time.

35. Details of the Business Rates Incentivisation Scheme (BRIS) outcome for 2017-18, and revised targets for 2018-19 and provisional targets for 2019-20 will be confirmed shortly.

Enquiries relating to this Circular

36. 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:

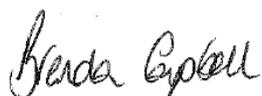
Local Government Revenue Settlement and BRIS.
Bill Stitt 0131 244 7044 Bill.Stitt@gov.scot

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

37. 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	6,884.865	6,626.430
Non Domestic Rate Income	2,636.000	2,853.000
Specific Revenue Grants	273.650	507.732
Total Revenue	9,794.515	9,987.162
<i>less</i> Teachers' Induction Scheme	37.600	37.600
<i>less</i> Discretionary Housing Payments	10.000	63.200
<i>less</i> 1+2 Languages	0.000	3.000
<i>less</i> Free Personal Care under 65	0.000	30.000
<i>less</i> Mental Health	0.000	12.000
<i>less</i> Gaelic	0.110	0.128
<i>less</i> Scottish Assessors - Barclay Review	0.000	3.300
<i>less</i> Customer First Top-up	0.400	1.540
<i>less</i> Early Years Expansion	6.000	0.000
Distributable Revenue Funding	9,740.405	9,836.394
Capital Funding		
General Capital Grant	598.282	703.969
Specific Capital Grants	259.049	357.110
Distributed to SPT	19.033	23.131
Total Capital	876.364	1,084.210
Total Funding	10,670.879	11,071.372

2018-19 RECONCILIATION FROM FINANCE CIRCULAR 4/2018

General Resource Grant	6,870.250
Access to Sanitary Products - Schools	1.850
Access to Sanitary Products - Public Bodies	1.232
Free Child Burials	0.233
Glasgow School of Art Fire	0.062
Whole System Approach	0.800
Dundee PSO	0.938
RRTP Homelessness	2.000
Dundee Growth Accelerator	1.500
School Clothing Grant	6.000
Revised General Resource Grant	6,884.865

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	£m
Aberdeen City	397.990	6.220	20.089	3.128	427.427	91.492	20.337	258.560	57.038	335.935	0.000	335.935
Aberdeenshire	508.317	8.563	20.746	-4.797	532.829	110.410	20.697	123.812	277.910	422.419	0.000	422.419
Angus	234.670	3.870	12.137	-2.287	248.390	43.468	8.899	27.468	168.555	204.922	0.000	204.922
Argyll & Bute	206.839	3.199	9.865	15.336	235.239	39.261	7.389	35.634	152.955	195.978	0.000	195.978
Clackmannanshire	108.575	1.641	5.051	-0.392	114.875	19.208	5.161	17.315	73.191	95.667	0.000	95.667
Dumfries & Galloway	326.082	5.270	16.707	-3.211	344.848	59.032	11.305	51.150	223.361	285.816	0.000	285.816
Dundee City	329.697	4.924	14.921	-3.285	346.257	47.372	17.188	64.307	217.390	298.885	0.000	298.885
East Ayrshire	261.188	4.036	10.883	-2.600	273.507	42.122	12.690	27.360	191.335	231.385	0.000	231.385
East Dunbartonshire	228.009	3.688	7.198	-2.080	236.815	50.133	8.113	22.669	155.900	186.682	0.000	186.682
East Lothian	209.360	3.383	4.071	2.385	219.199	44.452	9.006	25.550	140.191	174.747	0.000	174.747
East Renfrewshire	208.323	3.517	9.452	-0.849	220.443	42.634	5.366	15.377	157.066	177.809	0.000	177.809
Edinburgh, City of	895.969	13.849	24.934	13.269	948.021	218.026	40.225	365.250	324.520	729.995	1.700	731.695
Eilean Siar	79.208	1.359	7.565	16.717	104.849	9.450	3.128	8.482	83.789	95.399	0.000	95.399
Falkirk	319.017	5.116	20.470	-3.061	341.542	58.642	15.996	69.739	197.165	282.900	0.000	282.900
Fife	749.163	12.131	33.461	-7.332	787.423	138.011	34.395	165.717	449.300	649.412	0.000	649.412
Glasgow City	1,340.777	19.617	104.578	-1.491	1,463.481	213.202	67.255	356.234	826.790	1,250.279	0.000	1,250.279
Highland	510.304	8.319	33.550	-5.113	547.060	96.443	21.328	143.240	286.049	450.617	0.000	450.617
Inverclyde	179.377	2.667	11.091	0.404	193.539	27.532	8.334	19.834	137.839	166.007	0.000	166.007
Midlothian	187.094	2.937	9.916	-1.760	198.187	35.457	10.372	31.615	120.743	162.730	0.000	162.730
Moray	184.493	3.037	9.064	-1.729	194.865	33.870	8.063	43.563	109.369	160.995	0.000	160.995
North Ayrshire	310.257	4.720	13.881	-3.088	325.770	49.411	14.719	41.124	220.516	276.359	0.000	276.359
North Lanarkshire	715.348	11.219	10.883	-1.894	735.556	115.606	33.501	107.252	479.197	619.950	0.000	619.950
Orkney Islands	75.925	1.254	6.261	-0.823	82.617	8.025	7.156	10.459	56.977	74.592	0.000	74.592
Perth & Kinross	300.502	4.875	13.034	-2.802	315.609	64.690	10.531	56.590	183.798	250.919	0.000	250.919
Renfrewshire	373.693	5.787	8.528	-3.493	384.515	69.028	18.398	104.417	192.672	315.487	0.000	315.487
Scottish Borders	239.950	3.916	13.874	-2.357	255.383	47.457	9.330	36.624	161.972	207.926	0.000	207.926
Shetland Islands	81.072	1.414	8.240	3.139	93.865	8.162	7.107	25.925	52.671	85.703	0.000	85.703
South Ayrshire	236.986	3.719	9.788	-0.903	249.590	47.547	8.868	42.462	150.713	202.043	0.000	202.043
South Lanarkshire	661.113	10.602	10.976	4.423	687.114	122.370	28.144	341.166	195.434	564.744	0.000	564.744
Stirling	195.521	3.119	11.748	-1.879	208.509	38.628	8.990	44.042	116.849	169.881	0.000	169.881
West Dunbartonshire	212.934	3.101	3.976	2.063	222.074	33.297	9.976	84.736	94.065	188.777	0.000	188.777
West Lothian	367.558	6.027	13.532	-3.638	383.479	63.745	15.637	85.327	218.770	319.734	0.000	319.734
Scotland	11,235.311	177.096	510.470	0.000	11,922.877	2,088.183	507.604	2,853.000	6,474.090	9,834.694	1.700	9,836.394

Page 58

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	388.410	7.068	20.821	-3.765	412.534	91.893	8.385	227.801	84.455	320.641	8.700	329.341
Aberdeenshire	500.756	9.779	21.382	-6.039	525.878	109.944	7.441	110.710	297.783	415.934	0.000	415.934
Angus	230.105	4.386	12.410	-2.853	244.048	43.132	4.477	25.101	171.338	200.916	0.000	200.916
Argyll & Bute	204.132	3.641	10.141	16.304	234.218	39.092	3.317	33.035	158.774	195.126	0.000	195.126
Clackmannanshire	108.836	1.895	5.203	-1.291	114.643	19.139	3.151	15.326	77.027	95.504	0.000	95.504
Dumfries & Galloway	323.997	6.019	18.504	-4.032	344.488	58.854	6.650	44.229	234.755	285.634	0.000	285.634
Dundee City	327.993	5.607	17.834	-4.055	347.379	47.467	10.468	55.553	233.891	299.912	0.000	299.912
East Ayrshire	255.494	4.550	11.274	-2.098	269.220	41.782	7.079	26.073	194.286	227.438	0.000	227.438
East Dunbartonshire	222.949	4.174	8.308	-2.190	233.241	49.617	2.989	21.791	158.844	183.624	0.000	183.624
East Lothian	203.567	3.817	6.497	1.199	215.080	43.590	3.402	23.744	144.344	171.490	0.000	171.490
East Renfrewshire	205.512	3.976	11.368	-1.077	219.779	42.288	2.560	14.318	160.613	177.491	0.000	177.491
Edinburgh, City of	877.958	15.652	25.524	18.575	937.709	216.243	19.340	340.474	361.652	721.466	0.000	721.466
Eilean Siar	77.645	1.527	10.279	15.827	105.278	9.483	1.820	7.702	86.273	95.795	0.000	95.795
Falkirk	314.109	5.859	20.914	-3.849	337.033	58.170	7.356	65.958	205.549	278.863	0.000	278.863
Fife	735.125	13.756	34.399	-8.714	774.566	136.675	19.375	154.138	464.378	637.891	0.000	637.891
Glasgow City	1,324.200	22.282	108.166	6.969	1,461.617	211.640	42.587	340.778	866.612	1,249.977	0.000	1,249.977
Highland	501.950	9.488	34.649	-5.256	540.831	95.827	9.815	126.537	308.652	445.004	0.000	445.004
Inverclyde	177.155	3.055	11.457	0.668	192.335	27.541	4.540	18.363	141.891	164.794	0.000	164.794
Midlothian	181.472	3.321	10.173	-2.173	192.793	34.721	4.189	28.115	125.768	158.072	0.000	158.072
Moray	181.189	3.475	9.354	-2.300	191.718	33.511	3.116	40.151	114.940	158.207	0.000	158.207
North Ayrshire	308.169	5.401	14.381	-3.778	324.173	49.372	8.904	39.471	226.426	274.801	0.000	274.801
North Lanarkshire	709.500	12.852	11.226	-2.619	730.959	114.374	18.205	104.339	494.041	616.585	0.000	616.585
Orkney Islands	75.791	1.431	6.480	-1.077	82.625	7.925	6.188	9.376	59.136	74.700	0.000	74.700
Perth & Kinross	292.912	5.496	13.428	-0.649	311.187	64.139	4.441	51.953	190.654	247.048	0.000	247.048
Renfrewshire	367.741	6.606	8.803	-4.258	378.892	68.169	8.953	120.105	181.665	310.723	0.000	310.723
Scottish Borders	236.602	4.479	14.363	-2.945	252.499	47.338	3.804	32.790	168.567	205.161	0.000	205.161
Shetland Islands	80.488	1.603	8.753	3.443	94.287	8.140	5.752	23.852	56.543	86.147	0.000	86.147
South Ayrshire	235.287	4.249	10.083	-1.034	248.585	47.401	5.047	38.299	157.838	201.184	0.000	201.184
South Lanarkshire	647.408	11.984	11.322	9.914	680.628	120.940	14.756	295.500	249.432	559.688	0.000	559.688
Stirling	191.798	3.557	12.066	-2.132	205.289	38.389	3.773	42.273	120.854	166.900	0.000	166.900
West Dunbartonshire	212.507	3.557	6.246	-0.178	222.132	33.139	6.148	78.812	104.033	188.993	0.000	188.993
West Lothian	362.678	6.812	13.910	-4.537	378.863	62.867	9.512	79.333	227.151	315.996	0.000	315.996
Scotland	11,063.435	201.354	539.718	0.000	11,804.507	2,072.802	267.540	2,636.000	6,828.165	9,731.705	8.700	9,740.405

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 updated Grant Aided Expenditure (GAE) assessments; (ii) the revised 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 updated 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.

ESTIMATES OF RING-FENCED GRANT REVENUE FUNDING FOR 2019-20 ANNEX E

Not part of the Settlement

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: These figures are provisional and represent the current best estimates.

The actual allocation of this specific revenue grant will be notified to the relevant local authorities in due course by the 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%

RECONCILIATION OF REDETERMINATIONS OF INDIVIDUAL REVENUE FUNDING FOR 2018-19

ANNEX G

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 PSO	R RTP Homelessness	Dundee Growth Accelerator	School Clothing Grant
	£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
Aberdeenshire	0.094	0.042	0.012	0.000	0.025	0.000	0.000	0.062	0.000	0.153
Angus	0.043	0.025	0.005	0.000	0.025	0.000	0.000	0.042	0.000	0.099
Argyll & Bute	0.028	0.014	0.003	0.000	0.025	0.000	0.000	0.030	0.000	0.047
Clackmannanshire	0.017	0.015	0.002	0.000	0.025	0.000	0.000	0.030	0.000	0.088
Dumfries & Galloway	0.053	0.026	0.006	0.000	0.025	0.000	0.000	0.034	0.000	0.162
Dundee City	0.047	0.044	0.006	0.000	0.025	0.000	0.938	0.068	1.500	0.255
East Ayrshire	0.043	0.035	0.006	0.000	0.025	0.000	0.000	0.030	0.000	0.179
East Dunbartonshire	0.047	0.020	0.005	0.000	0.025	0.000	0.000	0.030	0.000	0.036
East Lothian	0.037	0.027	0.005	0.000	0.025	0.000	0.000	0.040	0.000	0.098
East Renfrewshire	0.051	0.015	0.005	0.000	0.025	0.000	0.000	0.030	0.000	0.029
Edinburgh, City of	0.120	0.100	0.020	0.000	0.025	0.000	0.000	0.229	0.000	0.336
Eilean Siar	0.010	0.006	0.001	0.000	0.025	0.000	0.000	0.030	0.000	0.007
Falkirk	0.057	0.035	0.007	0.000	0.025	0.000	0.000	0.057	0.000	0.201
Fife	0.130	0.092	0.016	0.000	0.025	0.000	0.000	0.124	0.000	0.457
Glasgow City	0.170	0.170	0.025	0.062	0.025	0.000	0.000	0.301	0.000	1.032
Highland	0.087	0.054	0.010	0.000	0.025	0.000	0.000	0.061	0.000	0.195
Inverclyde	0.028	0.026	0.003	0.000	0.025	0.000	0.000	0.030	0.000	0.112
Midlothian	0.033	0.023	0.004	0.000	0.025	0.000	0.000	0.032	0.000	0.121
Moray	0.032	0.017	0.004	0.000	0.025	0.000	0.000	0.030	0.000	0.070
North Ayrshire	0.050	0.039	0.006	0.000	0.025	0.000	0.000	0.044	0.000	0.289
North Lanarkshire	0.135	0.081	0.016	0.000	0.025	1.540	0.000	0.096	0.000	0.512
Orkney	0.008	0.006	0.001	0.000	0.025	0.000	0.000	0.030	0.000	0.010
Perth & Kinross	0.048	0.024	0.006	0.000	0.025	0.000	0.000	0.046	0.000	0.073
Renfrewshire	0.067	0.040	0.008	0.000	0.025	0.000	0.000	0.043	0.000	0.219
Scottish Borders	0.042	0.019	0.005	0.000	0.025	0.000	0.000	0.035	0.000	0.091
Shetland	0.009	0.006	0.001	0.000	0.025	0.000	0.000	0.030	0.000	0.015
South Ayrshire	0.040	0.024	0.005	0.000	0.025	0.000	0.000	0.040	0.000	0.113
South Lanarkshire	0.124	0.078	0.014	0.000	0.025	0.000	0.000	0.105	0.000	0.358
Stirling	0.038	0.021	0.004	0.000	0.025	0.000	0.000	0.030	0.000	0.065
West Dunbartonshire	0.034	0.024	0.004	0.000	0.025	0.000	0.000	0.063	0.000	0.189
West Lothian	0.072	0.037	0.009	0.000	0.025	0.000	0.000	0.071	0.000	0.210
Scotland	1.850	1.232	0.233	0.062	0.800	1.540	0.938	2.000	1.500	6.000

£million	2019-20 GAE plus SINA	Percentage Shares	2008-20 Changes	2008-19 Changes	Movement in Changes
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

Note: A number of funding allocations which were distributed in 2018-19 have not yet been distributed in 2019-20. A full reconciliation of the Changes column will be provided once these full details are available.

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	27.671	8.974	36.645	0.000	0.000	0.000	0.374	8.600	0.000	8.974
Aberdeenshire	37.536	10.428	47.964	0.000	0.000	0.000	0.428	10.000	0.000	10.428
Angus	16.740	3.391	20.131	0.000	0.000	0.000	0.191	3.200	0.000	3.391
Argyll & Bute	19.235	2.643	21.878	0.000	0.000	0.000	0.143	2.500	0.000	2.643
Clackmannanshire	6.184	1.884	8.068	0.000	0.000	0.000	0.084	1.800	0.000	1.884
Dumfries & Galloway	24.359	3.444	27.803	0.000	0.000	0.000	0.244	3.200	0.000	3.444
Dundee City	23.218	4.143	27.361	0.000	0.000	0.000	0.243	3.900	0.000	4.143
East Ayrshire	14.598	8.299	22.897	0.000	0.000	0.000	0.199	8.100	0.000	8.299
East Dunbartonshire	10.973	2.877	13.850	0.000	0.000	0.000	0.177	2.700	0.000	2.877
East Lothian	10.053	5.771	15.824	0.000	0.000	0.000	0.171	5.600	0.000	5.771
East Renfrewshire	8.229	4.755	12.984	0.000	0.000	0.000	0.155	4.600	0.000	4.755
Edinburgh, City of	58.675	49.211	107.886	0.000	0.000	33.877	0.834	14.500	0.000	49.211
Eilean Siar	9.139	1.245	10.384	0.000	0.000	0.000	0.045	1.200	0.000	1.245
Falkirk	16.041	6.061	22.102	0.000	0.000	0.000	0.261	5.800	0.000	6.061
Fife	38.226	12.579	50.805	0.000	1.772	0.000	0.607	10.200	0.000	12.579
Glasgow City	80.367	98.467	178.834	0.000	3.528	77.928	1.011	16.000	0.000	98.467
Highland	37.681	12.484	50.165	0.000	0.000	0.000	0.384	12.100	0.000	12.484
Inverclyde	9.390	2.329	11.719	0.000	0.000	0.000	0.129	2.200	0.000	2.329
Midlothian	10.554	6.446	17.000	0.000	0.000	0.000	0.146	6.300	0.000	6.446
Moray	12.398	2.957	15.355	0.000	0.000	0.000	0.157	2.800	0.000	2.957
North Ayrshire	18.142	6.563	24.705	0.000	2.141	0.000	0.222	4.200	0.000	6.563
North Lanarkshire	35.921	11.142	47.063	0.000	2.886	0.000	0.556	7.700	0.000	11.142
Orkney Islands	7.447	0.836	8.283	0.000	0.000	0.000	0.036	0.800	0.000	0.836
Perth & Kinross	28.441	5.847	34.288	0.000	0.000	0.000	0.247	5.600	0.000	5.847
Renfrewshire	18.283	5.389	23.672	0.000	0.000	0.000	0.289	5.100	0.000	5.389
Scottish Borders	20.969	2.988	23.957	0.000	0.000	0.000	0.188	2.800	0.000	2.988
Shetland Islands	7.689	1.337	9.026	0.000	0.000	0.000	0.037	1.300	0.000	1.337
South Ayrshire	12.879	5.984	18.863	0.000	0.000	0.000	0.184	5.800	0.000	5.984
South Lanarkshire	32.942	8.540	41.482	0.000	1.120	0.000	0.520	6.900	0.000	8.540
Stirling	12.170	2.753	14.923	0.000	0.000	0.000	0.153	2.600	0.000	2.753
West Dunbartonshire	11.114	2.247	13.361	0.000	0.000	0.000	0.147	2.100	0.000	2.247
West Lothian	17.615	5.096	22.711	0.000	0.000	0.000	0.296	4.800	0.000	5.096
Undistributed	9.090	50.000	59.090	0.000	0.000	0.000	0.000	0.000	50.000	50.000
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

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

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	15.026	4.345	19.371	0.000	0.000	0.000	0.245	4.100	4.345
Councils Total	598.282	259.049	857.331	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	598.282	278.082	876.364	19.033	9.444	92.245	7.360	150.000	278.082

TOTAL LOCAL GOVERNMENT FUNDING SETTLEMENT 2019-20

ANNEX L

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	57.038	335.935	27.671	8.974	36.645	372.580
Aberdeenshire	20.697	123.812	277.910	422.419	37.536	10.428	47.964	470.383
Angus	8.899	27.468	168.555	204.922	16.740	3.391	20.131	225.053
Argyll & Bute	7.389	35.634	152.955	195.978	19.235	2.643	21.878	217.856
Clackmannanshire	5.161	17.315	73.191	95.667	6.184	1.884	8.068	103.735
Dumfries & Galloway	11.305	51.150	223.361	285.816	24.359	3.444	27.803	313.619
Dundee City	17.188	64.307	217.390	298.885	23.218	4.143	27.361	326.246
East Ayrshire	12.690	27.360	191.335	231.385	14.598	8.299	22.897	254.282
East Dunbartonshire	8.113	22.669	155.900	186.682	10.973	2.877	13.850	200.532
East Lothian	9.006	25.550	140.191	174.747	10.053	5.771	15.824	190.571
East Renfrewshire	5.366	15.377	157.066	177.809	8.229	4.755	12.984	190.793
Edinburgh, City of	40.225	365.250	326.220	731.695	58.675	49.211	107.886	839.581
Eilean Siar	3.128	8.482	83.789	95.399	9.139	1.245	10.384	105.783
Falkirk	15.996	69.739	197.165	282.900	16.041	6.061	22.102	305.002
Fife	34.395	165.717	449.300	649.412	38.226	12.579	50.805	700.217
Glasgow City	67.255	356.234	826.790	1,250.279	80.367	98.467	178.834	1,429.113
Highland	21.328	143.240	286.049	450.617	37.681	12.484	50.165	500.782
Inverclyde	8.334	19.834	137.839	166.007	9.390	2.329	11.719	177.726
Midlothian	10.372	31.615	120.743	162.730	10.554	6.446	17.000	179.730
Moray	8.063	43.563	109.369	160.995	12.398	2.957	15.355	176.350
North Ayrshire	14.719	41.124	220.516	276.359	18.142	6.563	24.705	301.064
North Lanarkshire	33.501	107.252	479.197	619.950	35.921	11.142	47.063	667.013
Orkney	7.156	10.459	56.977	74.592	7.447	0.836	8.283	82.875
Perth & Kinross	10.531	56.590	183.798	250.919	28.441	5.847	34.288	285.207
Renfrewshire	18.398	104.417	192.672	315.487	18.283	5.389	23.672	339.159
Scottish Borders	9.330	36.624	161.972	207.926	20.969	2.988	23.957	231.883
Shetland	7.107	25.925	52.671	85.703	7.689	1.337	9.026	94.729
South Ayrshire	8.868	42.462	150.713	202.043	12.879	5.984	18.863	220.906
South Lanarkshire	28.144	341.166	195.434	564.744	32.942	8.540	41.482	606.226
Stirling	8.990	44.042	116.849	169.881	12.170	2.753	14.923	184.804
West Dunbartonshire	9.976	84.736	94.065	188.777	11.114	2.247	13.361	202.138
West Lothian	15.637	85.327	218.770	319.734	17.615	5.096	22.711	342.445
Undistributed	0.128	0.000	150.640	150.768	9.090	50.000	59.090	209.858
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	6,626.430	9,987.162	703.969	380.241	1,084.210	11,071.372

Update on Local Government Settlement – 31 January 2019

Following the Budget Bill Stage 1 debate in Parliament on the 31st January 2019, the Scottish Government announced a package of further measures covering local taxation and local government finance to further support the 2019/20 Local Government Finance Settlement. The package of measures announced follows a period of intense negotiation with the Green party and lobbying by COSLA. The package of measures are set out in a letter from the Cabinet Secretary for Finance to COSLA a copy of which is attached to this briefing. This includes an additional £90m for local government in Scotland in 2019/20 and a restatement of commitment that Scottish Government will fund the costs of ongoing teachers' pay negotiations in full.

The Borders share of the additional £90m funding is £1.99m which reduces the 2.3% reduction in 2019/20 core revenue grant by 1%, to a reduction of 1.3%.

This additional funding is accompanied by a range of other measures that the Cabinet Secretary for Finance is proposing to implement including:- an ability to vary council tax beyond 3% up to 4.79% in 2019/20; a move to multi-year financial settlements after 2019/20; and a review of accounting for loans charges. A number of these measures provide additional flexibility and some provide financial benefit to the budget as set out in the table below.

Update on Local Government Settlement	Assumed SBC Financial Impact 2019/20 £'000
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.	TBC
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 .	TBC
To devolve Non-Domestic Rates Empty Property Relief to local authorities in time for the next revaluation.	TBC
Support for the recommendation of the Commission on Local Tax Reform 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.	
An increase in the core resource local government settlement of £90m.	£1.990m
Continue to provide an earmarked £160 million from the Scottish Government for H&SC 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	0

<p>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 budget.</p> <p>The approved IJB budget for 18/19 was £45.829m before the Health and Social Care fund is passed to the IJB in full. The flexibility provided by the Cabinet Secretary would allow the Council to reduce core funding up to 2.2% equating to £1.008m. The requirement to pass on the full share of £160m equating to £2.496m has been built into the budget. The IJB are also required to deliver ongoing efficiency savings of £1.02m in the draft budget.</p>	
<p>Provide local authorities with the flexibility to increase the Council tax by 3% in real terms, which equates to 4.79% next year. SBC Council Tax set at 3% in December 2018. A further flexibility now exists to vary Council Tax by a further 1.79% equating to £1.020m.</p>	TBC
<p>Bringing forward a three year funding settlement for local government from 2020-21 budget onwards.</p>	0
<p>Local authorities were assuming a shortfall of 33% in the funding for changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. 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.</p>	0.265
<p>There is an intention to bring forward as early as possible (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.</p>	TBC
<p>Total current assumed financial impact on Scottish Borders Council</p>	2.255m

This funding will come to Local Authorities on an un-hypothecated basis for 2019/20 to be spent at local discretion.

The change above which requires us to budget less for teacher's pension increases (£0.265m) can be assumed permanently within the plan. There has, however, been no indication whether the increase in core resource (£1.990m) will be baselined within the local government settlement. It is therefore recommended that the Council plan for the funding on a one off basis pending further consideration.

Subject to the budget being approved the additional figures above will be added to the figures already notified in the Finance Circular.

The final budget debate will take place on 21st February with the finance order (which will include the updated Finance Circular) being laid in early March.