
Report To: Inverclyde Integration Joint Board **Date:** 14 March 2017

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/17/2017/LA

Contact Officer: Lesley Aird **Contact No:** 01475 715381

Subject: INDICATIVE INVERCLYDE IJB BUDGET 2017/18

1.0 PURPOSE

- 1.1 The purpose of this report is to agree an indicative budget for the Inverclyde Integration Joint Board (IJB) for 2017/18 in line with the Strategic Plan.

2.0 SUMMARY

- 2.1 Inverclyde Council have set their 2017/18 budget and confirmed a proposed funding allocation for this IJB for the year. Greater Glasgow & Clyde Health Board have not yet finalised their 2017/18 budget but have confirmed an indicative funding allocation for this IJB for 2017/18 based on the draft 2017/18 settlement and subsequent budget guidance letters provided by the Scottish Government and COSLA. This is therefore an indicative budget which will be kept under review until such time as the Health settlement is formalised.
- 2.2 The draft Local Government Funding Settlement for 2017/18 was announced in December, 2016 with additional funding for Councils announced in early February 2017. The sums announced were lower than anticipated and the settlement had various conditions attached.
- 2.3 The overall Scottish Budget included £107m given to Health for Integration Joint Boards, for Inverclyde this equates to £1.88m. The Government advised that in light of this funding, councils could reduce their contributions to IJBs to a minimum of the 2016/17 IJB payment less their pro rata share of £80m, For Inverclyde this equates to £1.41m. On this basis the Council agreed in February to reduce their contribution for the IJB from £48.779m to £47.380m for 2017/18.
- 2.4 The draft settlement for Health Boards included a 1.5% uplift with the £107m top-sliced for Integration Authorities to support continued delivery of the Living Wage, sustainability in the care sector, disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of the new carers' legislation. This is additional to the £250 million added in the 2016/17 budget.
- 2.5 The draft settlement stated that "*NHS contributions to Integration Authorities for delegated health functions **will be maintained at least at 2016/17 cash levels.***" The proposed 2017/18 funding for Inverclyde IJB from the Health Board is

£74.012m (£74.267m 2016/17, including £0.256m relating to carried forward 2015/16 savings which was funded on a non recurring basis in 2016/17).

- 2.6 There are cost pressures within both the Social Care and Health services which are not funded by the settlements from the Council or Health Board. Some of these are funded through decisions already taken by the IJB in respect of the Social Care Fund (SCF) others will require to be funded through a 2017/18 savings programme which is detailed in this report. The total savings proposed are £2.152m (£1.522m from Health Services and £0.630m from Social Care services. The Social Care savings were agreed by Inverclyde Council pre integration).
- 2.7 Full year savings of £1.326m have been identified and are detailed in this report, leaving a balance of savings still to be identified of £0.196m, based on the current Health Board funding proposals. The in year anticipated cash shortfall relating to in year delivery of these proposals equates to £0.620m which would require to be funded on a non recurring basis in year, possibly from IJB reserves.
- 2.8 Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. There are ongoing discussions around the prospect of Inpatients becoming a hosted service. This will remain an area of financial risk for the IJB until it is resolved and will be monitored closely until that time.
- 2.9 It is not possible to confirm the proposed Set Aside budget for 2017/18 at this stage as work is still ongoing in relation to reviewing and analysing future requirements for these services. The 2016/17 budget was £16.439m, per advice from the Scottish Government the 2017/18 budget should as a minimum be maintained at 2016/17 cash levels.
- 2.10 Any underspends on the Social Care Fund for 2016/17 will be carried forward into reserves along with the £0.737m unallocated 2016/17 balance. In addition any over/under spends in the final 2016/17 outturn will be offset against reserves too.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
 1. Notes the contents of this report;
 2. Accepts the proposed funding of £47.380m from Inverclyde Council;
 3. Notes the indicative proposed funding from Greater Glasgow & Clyde (GG&C) Health Board and the ongoing discussions around this;
 4. Notes the previously agreed social care savings inherited pre Integration, outlined at Appendix B4;
 5. Approves the proposed Health savings enclosed at Appendix B7, detailed in Appendix C and notes the ongoing work of officers to identify the £0.196m balance still outstanding and temporary funding for the £0.620m anticipated timing delay in delivery of these savings;
 6. Notes the ongoing discussions and continued budget risk around Mental Health Inpatients;
 7. Agrees indicative net revenue budgets of £53.709m to Inverclyde Council and £74.012m, excluding the "set aside" budget to NHS Greater Glasgow and Clyde and directs that this funding is spent in line with the Strategic Plan;
 8. Authorises officers to issue related Directions to the Health Board and Council;
 9. Notes the additional £1.880m Social Care Fund allocation and the previously agreed use of that funding for 2017/18;
 10. Notes the proposals relating to the creation of and/or use of reserves at the yearend, and
 11. Notes the ongoing work in relation to the "set aside" budget and services.

Brian Moore
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB makes decisions on integrated services based on the strategic plan and the budget delegated to it. Now that the resources to be delegated have been proposed, the IJB can set an indicative 2017/18 budget, give directions and make payment where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.
- 4.3 Appendices A1 to A7 contain copies of the following funding letters relating to 2017/18 received from the Scottish Government and GG&C Health Board.
1. Scottish Government Finance Settlement to Local Authorities – 15 Dec 2016
 2. Scottish Government Finance Settlement to Health Boards – 15 Dec 2016
 3. Scottish Government letter to IJB COs – 15 Dec 2016
 4. Scottish Government Draft Budget 2017-18 (LA share of £80m) – 18 Jan 2016
 5. 2017/18 Financial Allocations HSCP from NHS GG&C – 11 Jan 2017
 6. Scottish Government re the £107m – 18 Jan 2017
 7. Revised 2017/18 Financial Allocations HSCP from NHS GG&C – 23 Feb 2017
- 4.4 This is an indicative budget which will be reviewed and updated until such time as the funding allocation from the Health Board has been finalised.

5.0 REVENUE FUNDING ALLOCATION FROM INVERCLYDE COUNCIL AND PROPOSED BUDGET FOR SOCIAL CARE FOR 2017/18

- 5.1 On 16 February 2017, the Council agreed its budget for 2017/18. Included within this, the Council agreed £47.380m to be designated as the Council's contribution to the IJB in line with the Integration Scheme and advice from Scottish Government. The estimated cost in 2017/18 of providing these services is £53.709m. The balance of £6.329m is to be funded from the Social Care Fund (SCF), see Appendix B9 for further detail on the SCF.
- 5.2 When the Council set its budget, in light of the challenging financial position, they agreed to reduce the payment to the IJB for 2017/18 as detailed in Appendix B2A.
- 5.3 The proposed budget for Social Care services and confirmed Inverclyde funding is detailed in Appendix B2. The expenditure budget includes
- £2.528m of additional budgeted spend in respect of:
- Pay award, pensions auto enrolment and apprenticeship levy;
 - Full year impact of 2016/17 increases in Living Wage and National Care Home Contract (NCHC);
 - Impact of anticipated 2017/18 increases in Living Wage and NCHC;
 - Demographic demand pressures; and
 - Other cost pressures.
- £1.417m of one off or unallocated SCF monies from 2016/17 which partially offsets the £2.528m of budget pressures.
- £0.630m of savings previously considered and agreed by Council pre integration, detailed in Appendix B4. Progress in respect of savings delivery has been good. It is anticipated that these will be delivered in full.
- 5.4 The net budget direction to the Council may be updated during the year.

6.0 REVENUE FUNDING ALLOCATION FROM GREATER GLASGOW & CLYDE (GG&C) HEALTH BOARD AND PROPOSED BUDGET FOR HEALTH FOR 2017/18

- 6.1 The Health Board has not formally set its 2017/18 budget at this stage but has issued indicative funding guidance to the IJBs. Based on this guidance the Inverclyde funding for 2017/18 is expected to be £74.012m (£74.267m 2016/17 including £0.256m relating to carried forward 2015/16 savings which was to be funded on a non recurring basis in 2016/17 and resolved thereafter, see paras 6.7 and 6.8 below for further detail).
- 6.2 While a flat cash settlement may seem a good thing in times of financial challenge the IJB still faces a number of significant and unavoidable budget pressures for 2017/18 totalling £1.266m, plus the £0.256m funding reduction linked to the non recurring 2015/16 Partnership savings carry forward. In order to fund these a £1.522m savings programme has been developed. Initial proposals were discussed at the February IJB development session following which this more detailed set of proposals has been drawn up.
- 6.3 The proposed budget for Health services and confirmed Health Board funding for Inverclyde is detailed in Appendix B5. Budget pressures include:
- Salary, apprenticeship levy and other inflation uplifts;
 - Prescribing uplift (see para 6.6 for more detail),
 - Other cost pressures.
- 6.4 For Inverclyde the total cost pressures amount to £1.266m with a funding change linked to the carried forward 2015/16 Partnership savings of £0.256m bringing the total potential funding gap to £1.522m which will require to be funded through savings delivered in 2017/18. The attached papers detail proposals with an estimated full year value amounting to £1.326m and estimated part year cash value of £0.902m, leaving a potential balance still to be identified of £0.195m FY and 0.620m in cash terms for 2017/18.

In summary the savings proposals relate to:

- Workforce savings through removal of vacancies and other initiatives.
- Reduction in Integrated Care Fund (ICF) projects.
- Additional funding linked to the release of the end point Resource Transfer funding for Orchard View to offset some of these costs which are already being incurred and release pressure on other budgets.
- Reviews of Allied Health Professional Services, Alcohol and Drug Partnership Services management review and Support staff reviews.
- Savings within Public Health Improvement and Health Visiting as part of GG&C wide initiatives.

Savings proposals identified to date are summarised in Appendix B7 and detailed in Appendix C.

- 6.5 The Health Board has not yet agreed a “set aside” budget for large hospital services. For 2016/17 the Inverclyde share was £16.439m, per advice from the Scottish Government the 2017/18 budget should as a minimum be maintained at 2016/17 cash levels. This budget will be set at a later date.
- 6.6 The estimated Prescribing uplift for partnerships for 2017/18 GG&C wide is currently £8.5m. The Inverclyde share of this on a pro rata basis equates to £0.612m. For 2016/17 a risk sharing arrangement was in place which allowed any overspends in one partnership to be offset by underspends in others with GG&C underwriting the full budget. This risk sharing agreement is unlikely to continue in the long term. For 2017/18 it is proposed that it is continued to allow time for more detailed work to allocate appropriate budgets and agree arrangements to be developed. The main difference would be that the overall budget would no longer

be underwritten by GG&C. Any overall overspend or underspend at the end of the year would be apportioned pro rata based on initial budgets across the IJBs. This would present a significant risk to all IJBs throughout the year which will require careful monitoring.

6.7 2015/16 Carried Forward Partnership Savings

There has been an ongoing debate in relation to the Board's proposal that partnerships should fund the carried forward £7.8m on savings undelivered from 2015/16. Following the February Health Board meeting it was agreed to reduce this £7.8m to £3.5m or 45% with the Health Board covering the remaining 55%. This brings the Partnership balance to £3.51m and the Inverclyde share to £0.256m. This £7.8m was funded by GG&C in 2016/17 on a non recurring basis per their 2016/17 financial plan.

6.8 We are advised that the majority of GG&C partnerships are considering rejecting this offer based on the "flat cash" element of the Scottish Government settlement letter to NHS GG&C. However, the Health Board 2016/17 financial plan made clear that the £7.8m was only funded on a non recurring basis for 2016/17 so could be considered non recurring funding and therefore would not technically be covered by the "flat cash" requirement. Views are mixed on this across the Partnerships. Inverclyde would not want to be penalised if other GG&C IJBs are granted this funding again for 2017/18. At this stage it is the advice of the Chief Officer and Chief Financial Officer to note the indicative proposed funding offer at this stage pending the outcome of ongoing discussions regarding the current proposal.

6.9 Mental Health Inpatients

Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. The IJB inherited a £1.2m budget pressure around this area which had been funded non recurrently for 2015/16 and again in 2016/17. Staff within this area have succeeded in bringing the underlying budget pressure down to around £0.950m during 2016/17 but it remains a budget pressure and risk for the IJB. The remaining budget pressure is primarily linked to unfunded enhanced observations, the majority of which are for non Inverclyde patients. There are ongoing discussions around the prospect of Inpatients becoming a hosted service. On this basis it is proposed that the IJB work with the Health Board to agree a continued interim funding arrangement for this service until discussions are finalised regarding the hosted service. This will remain an area of financial risk for the IJB until it is resolved and will be monitored closely until that time.

6.10 The net budget direction to the Health Board may be updated during the year.

7.0 PROPOSED USE OF THE SOCIAL CARE FUNDING (SCF)

7.1 The Social Care Fund is funding provided by the Scottish Government, paid through Health Boards, to support the development of IJBs and specifically make progress on charging thresholds for all non-residential services, to address poverty and introduce the living wage for all social care workers as a key step to improving the quality of social care. For 2017/18 Inverclyde is due to receive £6.329m in respect of this fund (£4.449m for 2016/17).

7.2 During 2016/17 the Inverclyde IJB has agreed a number of proposals for the use of the SCF to deliver the areas outlined above. Appendix 8 details the previously approved use of the SCF for 2017/18.

8.0 RESERVES

8.1 As per the Financial Monitoring reports issued throughout the year any underspends on the Social Care Fund for 2016/17 will be carried forward into reserves along with the £0.737m unallocated 2016/17 balance. In addition any

over/under spends in the final 2016/17 outturn will be offset against reserves too. An updated reserves position will be brought to a future IJB meeting.

9.0 IMPLICATIONS

9.1 FINANCE

The IJB is being asked to set an indicative 2017/18 and 2018/19 budget at this stage in line with the recommendations above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

9.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

9.3 There are no specific human resources implications arising from this report.

EQUALITIES

9.4 There are no equality issues within this report.

9.4.1 Has an Equality Impact Assessment been carried out?

YES
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YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

9.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None

People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

9.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

9.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	Development of a robust budget and effective budget management can ensure that resources are used effectively

10.0 CONSULTATION

10.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

11.0 BACKGROUND PAPERS

11.1 None.

2017/18 Funding Letters

List of copy letters enclosed:

1. Scottish Government Finance Settlement to Local Authorities – 15 December 2016
2. Scottish Government Finance Settlement to Health Boards – 15 December 2016
3. Scottish Government letter to IJB CO's – 15 December 2016
4. Scottish Government Draft Budget 2017-18 (LA share of £80m) – 18 January 2016
5. 2017/18 Financial Allocations HSCP from NHS GG&C 11 January 2017
6. Scottish Government joint letter from Health Finance Director and Director of Health & Social Care Integration re the £107m – 18 January 2017
7. Revised 2017/18 Financial Allocations HSCP from NHS GG&C 23 February 2017

Cabinet Secretary for Finance and the Constitution
Derek Mackay MSP



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Councillor David O'Neill
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19 Haymarket Yards
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Copy to: The Leaders of all Scottish local authorities

15 December 2016

Dear David

Thank-you to you, Cllr Cook and the COSLA political leadership for participating in negotiations over recent weeks on the shape of the Local Government settlement for 2017-18. I have sought to engage with you and your team on the basis of openness and mutual respect and with the intention of building relationships around shared ambitions for people and communities.

As a result of these negotiations, I am able to set out the package of proposals below which I believe are a fair and reasonable offer that delivers on our shared ambitions. This letter, therefore, contains proposals for the local government finance settlement for 2017-18 resulting from the 2016 Budget process.

While the terms of the settlement have been negotiated through COSLA on behalf of its member councils, the same proposal is being offered to those councils who are represented by the Scottish Local Government Partnership. I believe this proposal opens the way for a new partnership between the Scottish Government and COSLA and, from that, the wider benefits of partnership working, including joint work on public service reform.

The Scottish Government and local government share the same ambitions for stronger communities, a fairer society and a thriving economy. This funding proposal delivers a fair financial settlement for local government, which will be strengthened by our joint working to improve outcomes for local people by improving educational attainment and through health and social care integration.

Following the work of the joint Settlement and Distribution Group, details of the indicative allocations to individual local authorities for 2017-18 are also being published today as set out in Local Government Finance Circular No. 9/2016.

I have carefully considered the representations made to me by COSLA and this is reflected in the detail of the settlement and the package of measures included in this letter.

My aim throughout our extensive discussions has been to reach an agreement with councils around the implementation of these commitments. I now invite local authorities to agree the terms of the settlement which are set out below.

Under the settlement we will look to all local authorities to work in partnership with the Scottish Government in pursuit of our Joint Priorities, including delivery of the Government's programme as set out in *A Plan For Scotland: The Scottish Government's Programme For Scotland 2016-17* published on 6 September and the *Draft Budget 2017-18*.

Renewing our partnership approach will enable close working on public service reform building on recent joint political and joint officer discussions.

On key priorities and following consideration of specific points you have raised I propose the following:

Public Service Reform

As an essential partner in the delivery of public services, the Cabinet sub-committee on Public Service Reform prioritised early discussion with COSLA to explore how we might work together around our shared priorities of health & social care, education attainment & governance, tackling inequalities & inclusive growth and enterprise, innovation, skills & employability. This political engagement and the productive discussions which followed at official level, including SOLACE, is an example of what we can achieve through a re-setting of partnership working at national level.

The Cabinet sub-committee anticipates further dialogue with COSLA on these emerging themes early in the New Year.

Health and Social Care

In 2017-18 an additional £107 million will be transferred from NHS Boards to Integration Authorities to protect our collective investment in social care. Of which, £100 million will support continued delivery of the Living Wage, sleepovers and sustainability in the care sector, and £7 million to disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of the new carers legislation. This is additional to the £250 million added in the 2016-17 budget, bringing the total support available from the NHS through Integration Authorities to protect social care to £357 million. NHS contributions to Integration Authorities for delegated health functions will be maintained at least at 2016-17 cash levels. The provision included for sleepovers (£10 million) will be reviewed in year to consider its adequacy, with a commitment to discuss and agree how any shortfall should be addressed. To reflect this additional support local authorities will be able to adjust their allocations to integration authorities in 2017-18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016-17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). Taken together, these measures will enable Integration Authorities to ensure the collective overall level of funding for social care is maintained at £8 billion. I am sure you would agree that that would be a significant achievement and reflects the shared priorities of local government, the NHS and the Scottish Government.

Education (including the Attainment Fund)

I have considered the representations made on the Scottish Government proposals to adjust the local government settlement to pave the way for an additional £100 million investment per year, generated through reform of council tax, to go directly to schools to close the gap in the educational attainment of young people from Scotland's most and least deprived areas.

I can now confirm that provision for the additional funding to meet our commitments on the Attainment Fund will be met directly from the resources available to the Scottish Government at a national level, rather than from an adjustment to the local government finance settlement.

As the next step towards investing £750 million over the life of this Parliament we will go further than our manifesto commitment and will increase the additional resource to be made available directly to schools through the Attainment Scotland Fund from £100 million to £120 million in 2017-18. This will be paid as a ring fenced grant and distributed on the basis of P1 to S3 pupils known to be eligible for free school meals, as part of the local government settlement.

It is a condition of this agreement that this funding is additional to each council's individual spending on schools rather than substitutional and is to be used at the discretion of schools to close the attainment gap between children from the least and most deprived areas within their communities. This is on top of the existing £50 million Attainment Scotland funding that will continue to provide targeted support for those authorities and schools supporting children and young people in greatest need.

In addition, we will continue to require local authorities to maintain the overall pupil:teacher ratio at 2016-17 levels as reported in the Summary of School Statistics published on 13 December 2016, and secure places for all probationers who require one under the teacher induction scheme. This is supported by a continued funding package of £88 million, made up of £51 million to maintain teacher numbers and £37 million to support the teacher induction scheme.

As previously made clear, all of the additional £111 million of Council Tax income raised by the Council Tax banding reforms we have implemented will be retained by each local authority area and, as a result of these decisions, the allocation of that funding will be for councils themselves to take based on their own local needs and priorities.

Local Taxation

2016-17 was the ninth consecutive year of the Council Tax freeze. As we have made clear this will be lifted from 2017-18, when Councils will have greater flexibility and may choose to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating up to £70 million to support services.

Our reforms of Council Tax are only the first steps, and the Scottish Government is fully committed to further engagement with COSLA as we seek to make local taxation as a whole fair and progressive. We will work with COSLA to consider your objectives for local tax reform as set out in the Local Government Funding Review.

We will also deliver our commitment for local government to retain the net incomes from the Crown Estate for the benefit of island and coastal communities. In addition we will explore with authorities other opportunities for the development of fair and equitable local taxation that supports economic growth and public services.

Overall Settlement

As a result of the measures above, the total revenue funding for 2017-18 will be £9,496.4 million, which includes non-domestic rates incomes in 2017-18 of £2,605.8 million.

Capital funding is set at £756.5 million and delivers on our agreed commitment to maintain the local government share of the overall Scottish Government capital budget. I can also reaffirm the commitment to repay £150 million of re-profiled 2016-17 capital with an additional allocation in the period 2018-20.

The total funding which the Scottish Government will provide to local government in 2017-18 through the settlement, including the £120 million of additional support for educational attainment, is £10,252.9 million.

This is a fair settlement for Local Government.

With the addition of the real spending power that comes from the opportunity to raise up to an additional £181 million from Council Tax plus an additional £107 million to support the integration of Health and Social Care, the total spending power available to local authorities from the Scottish Government, and through local taxation will be up to £10,541 million, a total of £241 million more than was available in 2016-17, an increase of around 2.3%.

The difference between the figures reported in the Draft Budget in 2016-17 and 2017-18 will be potential spending on local government services of an increase of £266.8 million, or 2.6%.

In return for this settlement and in pursuit of our Joint Priorities, individual local authorities will deliver the specific commitments set out above.

Engagement

In line with our partnership approach we will work jointly with local government to support delivery of these commitments and undertake a review to monitor progress at an agreed mid-point in the year.

The measures set out in the settlement offer must be viewed as a package to protect our shared priorities and intensify a journey of reform. In order to access all of the benefits involved, including those priorities supported by specific financial benefits, local authorities must agree to deliver all of the measures set out in the package and will not be able to select elements of the package.

Any individual authority not intending to agree the offer and accept the full package of measures and benefits should write to me by no later than **Friday 13 January 2017**. For those authorities not agreeing the offer a revised, and inevitably less favourable, offer will be made.

Local government is essential to the health, wellbeing and prosperity of every community in Scotland. The Scottish Government are committed to work together in partnership with local authorities to do all that we can to support local authorities to ensure that the full package of agreed measures is delivered.



DEREK MACKAY

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Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Copy to: Chair
Director of Finance

Issued via email

Our Ref: A16253777

15 December 2016

Dear Mr Calderwood

Draft Budget 2017/18 – Indicative Allocation

Following the Scottish Government's Draft Budget for 2017/18 as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today, baseline allocations for NHS Greater Glasgow and Clyde for 2017/18 total £2,123.3 million. A breakdown of the total is provided in the annex to this letter.

Letters have also been sent to Local Authorities and Integration Authorities (copies attached) covering the Scottish Government's expectations of those organisations in relation to the budget; therefore please take this and the other two letters into account to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

In addition to this investment within NHS Greater Glasgow and Clyde we will be investing a further £128 million across NHSScotland in reform of our services. This includes investment in primary care and mental health care, which are delegated to Integration Authorities, and cancer services. This is a significant investment in our NHS, taking our total resource spend to £10.7 billion.

The Board's Local Delivery Plan (LDP) for 2017/18 should set out your plans to deliver the priorities contained in the Draft Budget. Full LDP guidance will follow shortly and this will incorporate guidance on a Regional planning and delivery approach.

Integrated Services

Unscheduled hospital care, primary and community healthcare and social care are delegated to Integration Authorities, as covered in the attached letter. In relation to specific aspects of these services (Supporting Social Care; Enhancing Primary Care and Mental Health Provision; Prevention and Early Intervention; and Alcohol and Drugs Partnerships), you will wish to note:

Supporting Social Care

£107 million will be transferred from NHS Boards to Integration Authorities to support continued delivery of the Living Wage, sustainability in the care sector, disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of

the new carers' legislation. This is additional to the £250 million added in the 2016/17 budget, bringing the total support available for social care from the NHS to £357 million. NHS contributions to Integration Authorities for delegated health functions **will be maintained at least at 2016/17 cash levels**. The £10 million included for sleepovers will be reviewed in-year to consider its adequacy with a commitment to discuss and agree how any shortfall should be addressed. To reflect this additional support provided through the NHS, local authorities will be able to adjust their allocations to integration authorities in 2017/18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016/17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). Financial flows to Integration Authorities should be provided in time to allow budgets to be developed by March 2017. We will be working with Integration Authorities and Health Boards over the next few months to better understand the effectiveness of current arrangements with respect to hospital budget delegation to Integration Authorities, including "set aside" budgets.

Enhancing Primary Care and Mental Health Provision

Expenditure in Primary Care and Mental Health should be maintained at 2016/17 levels of expenditure, with any investment provided in-year to be additional to this expenditure. For Primary Care, particular focus should be given to developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract. For Mental Health, particular focus should be given to developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services. This is part of our commitment to shift the balance of care, so that by 2021/22 more than half of the NHS frontline spending will be in our Community Health Service.

Prevention and Early Intervention

Continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

Alcohol and Drugs Partnerships

Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8 million is transferring to NHS Board baselines for delegation to Integration Authorities.

Sustainability & Value

In achieving greater sustainability & value from our NHS, the Board should produce detailed plans to minimise waste, reduce variation, to standardise and to share including:

- Implementation of the Effective Prescribing programme;
- A quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance;
- Reducing medical and nursing agency and locum expenditure as part of a national drive to reduce this spend by at least 25% in-year; and
- Implementation of opportunities identified by the national Shared Services Programme.

Your plan should be supported by a Financial Strategy for the next three years, setting out plans for investment, sustainability and reform, to ensure best use of available resources.



CHRISTINE MCLAUGHLIN
Director of Health Finance
Scottish Government

Health and Social Care Integration Directorate
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Ms Susan Manion – Chief Officer – East Dunbartonshire
Integration Authority
Ms Julie Murray – Chief Officer – East Renfrewshire
Integration Authority
Mr David Williams – Chief Officer – Glasgow City
Integration Authority
Mr Brian Moore – Chief Officer – Inverclyde Integration
Authority
Mr David Leese – Chief Officer – Renfrewshire Integration
Authority
Mr Keith Redpath – Chief Officer – West Dunbartonshire
Integration Authority

15 December 2016

Draft Budget 2017/18

Dear Colleagues

We are writing to you regarding the Scottish Government's draft budget for 2017/18, as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today. Letters have also been sent today to Local Authorities and the NHS regarding the budget. This letter lays out how these financial arrangements relate to Integration Authorities. Please take account of all three letters to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

This letter also sets out our plans to ensure the Ministerial Strategic Group for Health and Community Care, which is chaired by the Cabinet Secretary for Health and Sport, is well-briefed to fulfil its remit to provide joint political oversight between COSLA and the Scottish Government on progress with implementation of integration.

Priorities

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.
3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.
4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.
5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.
6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.
7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.
8. Continue implementation of Self Directed Support.
9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

Ministerial Strategic Group for Health and Community Care

As you know, the Ministerial Strategic Group for Health and Community Care provides the forum for joint political oversight of progress with integration by Scottish Ministers and COSLA. The Group has recently considered its requirements in terms of understanding progress on integration. We will take forward work involving Scottish Government officials, COSLA, Chief Officers, and colleagues at NHS NSS leading on the Source and LIST data projects, to establish a suite of appropriate metrics for the Group's routine consideration. This will include agreeing data definitions and an appropriate methodology via which Integration Authorities can share their objectives for progress in 17/18 and beyond; we will also ensure the work is tied in with Sir Harry Burns' review of health and social care targets and indicators.

You will see from Christine McLaughlin's letter to Health Boards on the budget that we also intend to give some consideration to the efficacy of current arrangements for delegating appropriate hospital budgets, including set aside budgets, to Integration Authorities. We will report on that to the Ministerial Strategic Group in due course as well.

I trust this letter is helpful to you, and look forward to continuing to work with you as we embed integration across health and social care in Scotland.

Yours faithfully



GEOFF HUGGINS
Scottish Government



PAULA McLEAY
COSLA

Health and Social Care Integration Directorate
Geoff Huggins, Director



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Chief Executives, Local Authorities

Copied to:
Chief Officers, Integration Authorities
Directors of Finance, Local Authorities
Chief Finance Officers, Integration Authorities
NHS Board Directors of Finance

18 January 2017

Dear Colleagues

Draft Budget 2017-18

As you know, as part of the 2017-18 draft budget additional provision of £107 million will be transferred from NHS Boards to Integration Authorities to support social care.

To reflect this additional support from Health Boards to Integration Authorities, Local Authorities will be able to adjust their allocations to Integration Authorities in 2017-18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016-17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). This approach provides each Local Authority with flexibility on how best to use their resources, with no presumption on how this flexibility will be exercised locally - the decision will be a matter for local determination based on local needs and requirements.

Annex A provides the share of this £80 million per Local Authority area. Shares have been calculated on the basis of GAE/NRAC, as they also have for shares of the £107 million due from Health Boards to Integration Authorities.

Yours faithfully

GEOFF HUGGINS

Share of up to £80 million available to local authorities to offset their allocations to Integration Authorities.

Local Authority	Composite Shares	Share of up to £80m
Aberdeen City	3.9%	3.09
Aberdeenshire	3.9%	3.10
Angus	2.1%	1.70
Argyll & Bute	1.8%	1.45
Clackmannanshire	1.0%	0.77
Dumfries & Galloway	3.0%	2.42
Dundee City	3.0%	2.44
East Ayrshire	2.5%	1.97
East Dunbartonshire	1.7%	1.37
East Lothian	1.8%	1.41
East Renfrewshire	1.4%	1.15
Edinburgh City	8.1%	6.52
Eilean Siar (Western Isles)	0.7%	0.52
Falkirk	2.8%	2.27
Fife	6.7%	5.34
Glasgow City	13.2%	10.59
Highland	4.3%	3.48
Inverclyde	1.8%	1.41
Midlothian	1.5%	1.16
Moray	1.6%	1.30
North Ayrshire	2.9%	2.34
North Lanarkshire	6.5%	5.21
Orkney Islands	0.4%	0.35
Perth & Kinross	2.6%	2.09
Renfrewshire	3.5%	2.78
Scottish Borders	2.1%	1.69
Shetland Islands	0.4%	0.34
South Ayrshire	2.3%	1.85
South Lanarkshire	6.0%	4.83
Stirling	1.5%	1.23
West Dunbartonshire	1.9%	1.56
West Lothian	2.9%	2.29
Total	100.0%	80.00

Greater Glasgow and Clyde NHS Board

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Brian Moore
 Chief Officer
 Inverclyde Health and Social Care
 Partnership
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Date: 11th January 2017
 Our Ref: RC/BOB

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Dear Brian

2017/18 Financial Allocation to Health and Social Care Partnerships

Following the publication of the draft Scottish budget on 15th December 2016, I am writing to advise you of the Board's proposed approach to confirming allocations to Health and Social Care Partnerships for 2017/18 and to outline some initial planning assumptions to help you to prepare your financial plans for next year.

You will appreciate that this information remains indicative at this stage and may change as further specific details of the settlement are finalised.

It has been confirmed that the Board will receive a general uplift of 1.5% (£31.1m) which is the general uplift available to fund all cost increases in pay, supplies and GP prescribing budgets. Scottish Government has confirmed that £23.7m of this uplift will pass directly through to HSCPs and some of this may be available to offset cost pressures within NHS budgets. The balance of the uplift will be fully consumed by the increase in the Board's rates costs as a result of the recent revaluation and as a result there will be no uplift available to current service budgets. The Scottish Government letter to me as Accountable Officer for NHS Greater Glasgow and Clyde has stated that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at current year levels and therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 recurring base supplemented by any specific 2017/18 non recurring allocations from Scottish Government. However, in 2016/17 the Board has provided non recurring relief of £7.8m for unachieved savings from 2015/16 and approximately £8.0m for the in year shortfall against 2016/17 savings plans. The 2015/16 savings were not allocated to specific Partnerships but this will be adjusted in establishing the opening position for 2017/18. The Board will continue to work with HSCPs to identify how this gap can be closed from Partnership funds such as prescribing rebates and discounts.

Family Health Services 'cash limited' budgets receive a separate annual uplift which will be passed on to partnerships in full. We will also pass on in full any specific allocations for Health and Social Care. Family Health Services budgets will continue to be managed centrally in 2017/18.

During 2016/17 it was possible for the Board to provide non recurring relief to HSCPs for the in year shortfall against 2016/17 savings plans. The Board will require all of its non recurring funding sources to achieve breakeven in 2016/17 and as a result will not be in a position to offer any in year relief for 2017/18. HSCPs will therefore be required to cover any in year shortfalls internally from underspends within their integrated budgets or from reserves carried forward from prior years.

As you know HSCPs are now responsible for planning and commissioning unscheduled care services. As you are well aware the service has been under significant pressure due to increases in demand and acuity. The Board expects HSCPs and the Acute Division to determine an appropriate activity level that reduce demand, improve patient flows and ensure more consistent achievement of performance targets including delayed discharge. This should include a financial framework to describe the financial flows arising from increases or reductions in demand and cost.

I hope this enables you to start to develop your financial plans for 2017/18 and we will continue to monitor the overall position and provide you with regular updates as the position becomes clearer in the coming weeks

Yours sincerely

A solid black rectangular box used to redact the signature of Robert Calderwood.

Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Board Position

The estimated overall position for NHSGGC is set out below.

Description	£m
Additional Funding	Board
General Funding Uplift of 1.5%.	31.1
Less Specific HSCP Funding (Share of National £100.0m)	(23.7)
less Rates Revaluation	(11.0)
less Board Contingency	0.0
Additional Funding	(3.6)
Inflation, Pressures & Investments	HSCPs
Salaries inc Discretionary Points & ACT Offset	(4.3)
Supplies exc PPP & Contracts	(0.7)
PPP & Contracts	(0.2)
Drugs Uplift	(6.5)
Resource Transfer	(1.8)
Apprenticeships Levy	(1.8)
Pensions Cost - RRL Cost from AME Provision	(1.3)
Inflation, Pressures & Investments	(16.6)
add Specific HSCP Funding	23.7
Net Uplift / (Reduction)	7.1
Net Uplift / (Reduction)	0.9%
Note	
In addition, HSCPs are expected to deliver £7.8m of 2015/16 recurring savings, If possible, prescribing rebates may contribute to in-year delivery.	

Possible Pay Uplift

Based on 2016/17 pay policy (1% general uplift with £400 for those earning less than £22,000), it is likely that the additional pay cost to HSCPs in 2017/18 will be around 1.2%. In addition, HSCPs will be expected to meet the cost of the new Apprenticeships Levy at 0.5% of pay costs.

Possible GP Prescribing Costs

The Prescribing Management Finance Group met on 8 December 2016 to consider projections for 2017/18. Current indications are that the likely net prescribing uplift for 2017/18 will be circa £6.5m however this may change before prescribing budgets are finalised in June 2017. As indicated earlier the first call on rebates and discounts will be to cover prior year unachieved/unallocated savings.

Possible Price Inflation

The UK's rate of inflation is expected to rise in the coming months. As at November 2016 the RPI was 2.2%.

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To: NHS Board Directors of Finance

CC: Chief Officers, Integration Authorities
Chief Finance Officers, Integration Authorities
Chief Executives, Local Authorities
Directors of Finance, Local Authorities

18 January 2017

Dear Colleagues

Following discussion at the recent NHS Directors of Finance meeting and Chief Finance Officer network, this letter provides some further detail in relation to budgets for health and social care for 2017-18.

The allocation letter of 15 December (copy attached) stated that 'NHS contributions to Integration Authorities for delegated health functions **'will be maintained at least at 2016-17 cash levels'**. In simple terms, this means that budgets for allocation from NHS Boards to Integration Authorities for 2017-18 must be at least equal to the recurrent budgeted allocations in 2016-17. The allocation should include the total of the sum set aside for hospital services.

The £107 million funding from health budgets for supporting social care is to be treated as an additional allocation to this minimum budget. The individual shares of the additional £107 million for each partnership are set out in the attached annex.

As stated in the Draft Budget, £100 million of the £107 million is provided for in NHS Boards baseline allocation. The £7 million relating to war pensions and pre-implementation work for the Carers Act, will be allocated separately.

A separate letter (attached) has been sent to Local Authorities, setting out their shares of up to £80 million potential flexibility for Local Authority allocations to Integration Authorities.

Yours sincerely

GEOFF HUGGINS
Director for Health & Social Care Integration



CHRISTINE MCLAUGHLIN
Director of Health Finance

	GAE/NRAC share	Baseline Share £m	Additional allocaton (Veterans/Carers) £m
East Ayrshire	2.46%	2.46	0.17
North Ayrshire	2.92%	2.92	0.21
South Ayrshire	2.31%	2.31	0.16
Ayrshire & Arran	7.70%	7.70	0.54
Borders	2.11%	2.11	0.15
Dumfries & Galloway	3.02%	3.02	0.21
Fife	6.68%	6.68	0.47
Clackmannanshire/Stirling	2.49%	2.49	0.18
Falkirk	2.84%	2.84	0.20
Forth Valley	5.33%	5.33	0.38
East Dunbartonshire	1.72%	1.72	0.12
East Renfrewshire	1.44%	1.44	0.10
Glasgow City	13.24%	13.24	0.93
Inverclyde	1.76%	1.76	0.12
Renfrewshire	3.48%	3.48	0.24
West Dunbartonshire	1.95%	1.95	0.14
GG&C	23.58%	23.58	1.65
Aberdeen City	3.86%	3.86	0.27
Aberdeenshire	3.88%	3.88	0.27
Moray	1.63%	1.63	0.11
Grampian	9.37%	9.37	0.65
Argyll & Bute	1.82%	1.82	0.13
Highland	4.34%	4.34	0.30
Highland	6.16%	6.16	0.43
North Lanarkshire	6.51%	6.51	0.46
South Lanarkshire	6.03%	6.03	0.42
Lanarkshire	12.54%	12.54	0.88
East Lothian	1.76%	1.76	0.12
Edinburgh City	8.15%	8.15	0.57
Midlothian	1.45%	1.45	0.10
West Lothian	2.86%	2.86	0.20
Lothian	14.22%	14.22	0.99
Orkney	0.43%	0.43	0.03
Shetland	0.42%	0.42	0.03
Angus	2.13%	2.13	0.15
Dundee City	3.04%	3.04	0.21
Perth & Kinross	2.62%	2.62	0.18
Tayside	7.79%	7.79	0.54
Western Isles	0.65%	0.65	0.05
Total	100.00%	100.00	7.00

Greater Glasgow and Clyde NHS Board

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Date: 23rd February 2017
 Our Ref: RC/LL014

Chief Officers

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Dear Colleagues

2017/18 Financial Allocation to HSCPs

Further to my letter of 11th January 2017, subsequent correspondence and meetings with Chief Officers, and the discussion at the Board meeting on 21 February 2017, I am writing with an updated budget proposal for 2017/18. This includes some updated financial planning assumptions and reflects the agreement we reached on a number of matters at my meeting with Chief Officers on 17th February 2017. Subject to any final clarification this should allow you to prepare your financial plans for next year.

In responses to my letter of 11th January 2017 Chief Officers raised specific points in relation to;

- Unallocated and unachieved historic savings of £7.8m;
- The treatment of the annual charge resulting from the release of the pensions accrual in 2016/17;
- The Board's proposed approach to managing prescribing budgets for 2017/18; and
- Funding of rates pressures.

Each of these areas were discussed at our recent meetings. With the exception of the rates funding, which we agreed, each are outlined below.

You will appreciate that this information remains indicative at this stage and may change as further specific details of funding are finalised and assumptions are refined.

General Uplift/IJB Allocations

It has been confirmed that the Board will receive a general uplift of 1.5% (£31.1m) which is the general uplift available to fund all cost increases in pay, supplies and GP prescribing budgets. Scottish Government has confirmed that £23.7m of this uplift will pass directly through to HSCPs. The balance of the uplift is likely to be fully consumed by the proposed increase in the Board's rates costs as a result of the recent revaluation and as a result there will be no uplift available to current service budgets whether in HSCPs or the Board's Acute and Corporate Directorates.

The Scottish Government letter to me as Accountable Officer for NHS Greater Glasgow and Clyde has stated that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at current year levels and therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 recurring base budget supplemented by any specific 2017/18 non recurring allocations from Scottish Government.

GP Prescribing

Included in the budgets that roll forward to 2017/18 is a budget allocation for GP prescribing which contains £3.6m of non recurring support from the Board to supplement the prescribing budgets set for HSCPs in 2016/17. This will be removed at the year end and replaced by a recurring allocation to bring each HSCP's budget into balance so the HSCP's starting allocations for 2017/18 for prescribing will exactly equal the cash expenditure in 2016/17. However the value of this adjustment cannot be confirmed until the final out-turn for the current year is known in May 2017.

At my meeting with Chief Officers on 17th February 2017 we discussed how prescribing budgets should be managed now that HSCPs have become established. It was agreed that the current arrangements would continue in 2017/18 where the Board continues to manage the budget collectively on behalf of all partnerships. However, the Board has no requirement or capacity to provide funding to uplift the budget for net growth. This is currently estimated at £8.5m for 2017/18 but may change and as the Board cannot reduce the budget allocation to HSCPs to recover this cost each HSCP will require to generate savings plans to meet its share of the required budget uplift. The Board's Prescribing Management Group will continue to provide advice to HSCPs to assist them to set the budget at an appropriate level for 2017/18.

Family Health Services

Family Health Services "cash limited" budgets receive a separate annual uplift which will be passed on to partnerships in full. We will also pass on in full any specific allocations for Health and Social Care. Family Health Services budgets will continue to be managed centrally in 2017/18.

Annual Pension Cost Adjustment and Historical Savings

The annual pension cost adjustment will be recharged to service areas because the one off benefit from reversing the original provision has been used in 2016/17 as a source of funds to enable the Board and HSCPs to reach a balanced position and the Board therefore considers it is reasonable to recover it from those areas that have benefited. Chief Officers have subsequently accepted this adjustment.

During 2016/17 it was possible for the Board to provide non recurring relief to HSCPs for the in year shortfall against 2016/17 savings plans. The Board will require all of its non recurring funding sources to achieve breakeven in 2016/17 and as a result will not be in a position to offer any in year relief for 2017/18. HSCPs will therefore be required to cover any in year shortfalls internally from underspends within their integrated budgets or from HSCP reserves carried forward from prior years.

In 2016/17 the Board has also provided non recurring relief of £7.8m for unachieved savings from 2015/16. The treatment of how this shortfall should be allocated has been discussed with Chief Officers and was debated by the Board at its meeting on 21st February 2017. The Board has mandated the Chief Executive to deduct a proportional amount of £3.6m from HSCP allocations and you will be advised of the relevant amounts for each HSCP by the Director of Finance. The Board will confirm with Scottish Government that it is appropriate to make this adjustment and should that be confirmed we will work with you to identify how it can be managed in a way that does not put further pressure on service budgets.

Unscheduled Care

As you know HSCPs are now responsible for planning and commissioning unscheduled care services. As you are well aware the service has been under significant pressure due to increases in demand and acuity. The Board expects HSCPs and the Acute Division to determine an appropriate activity level that reduce demand, improve patient flows and ensure more consistent achievement of performance targets including delayed discharge. This should include a financial framework to describe the financial flows arising from increases or reductions in demand and costs.

I hope this enables you to further develop your financial plans for 2017/18 and we will continue to monitor the overall position and provide you with regular updates as the position becomes clearer in the coming weeks.

Yours sincerely

A solid black rectangular box used to redact the signature of the sender.

Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Board Position

The estimated overall position for NHSGGC is set out below.

Description	£m
Additional Funding	Board
General Funding Uplift of 1.5%.	31.1
Less Specific HSCP Funding (Share of National £100.0m)	(23.7)
less Rates Revaluation	(11.0)
less Board Contingency	0.0
Uplift from Other Boards	2.4
Additional Funding	(1.2)
Inflation, Pressures & Investments	HSCPs
Salaries inc Discretionary Points & ACT Offset	(4.3)
Supplies exc PPP & Contracts	(0.7)
PPP & Contracts	(0.2)
Drugs Uplift	(8.5)
Resource Transfer	(1.8)
Apprenticeships Levy	(1.8)
Share of Unachieved CH(C)P Savings b/f from 2015/16	(3.5)
Pensions Cost - RRL Cost from AME Provision	(1.3)
Inflation, Pressures & Investments	(22.1)
add Specific HSCP Funding	23.7
Net Uplift / (Reduction)	1.6
Net Uplift / (Reduction)	0.2%
Note	
HSCPs are expected to deliver £3.6m of recurring savings to contribute towards £7.8m of 2015/16 CH(C)P unachieved recurring savings.	

Possible Pay Uplift

Based on 2016/17 pay policy (1% general uplift with £400 for those earning less than £22,000), it is likely that the additional pay cost to HSCPs in 2017/18 will be around 1.2%. In addition, HSCPs will be expected to meet the cost of the new Apprenticeships Levy at 0.5% of pay costs.

Possible GP Prescribing Costs

The Prescribing Management Finance Group met on 8 December 2016 to consider projections for 2017/18. Current indications are that the likely net prescribing uplift for 2017/18 will be circa £8.5m however this may change before prescribing budgets are finalised in June 2017. As indicated earlier the first call on rebates and discounts will be to cover prior year unachieved/unallocated savings.

Possible Price Inflation

The UK's rate of inflation is expected to rise in the coming months. As at November 2016 the RPI was 2.2%.

IJB INDICATIVE BUDGET 2017/18

FINANCIAL APPENDICES - B

B1	Summary Budget
B2	Social Care Budget
B2a	Council Funding Reduction calculation
B3	Social Care Pressures
B4	Social Care Savings
B5	Health Budget
B6	Health Pressures
B7	Health Savings
B8	Directions
B9	Social Care Fund

INVERCLYDE HSCP**INDICATIVE REVENUE BUDGET 2017/18**

SUBJECTIVE ANALYSIS	Recurrent Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Previously Agreed/ Proposed Savings £000	Proposed Budget 2017/18 £000
Employee Costs	48,024	1,036	(689)	48,372
Property Costs	1,217	0	0	1,217
Supplies & Services, Transport, Admin & PTOB	65,392	1,466	(1,449)	65,409
Prescribing	17,983	612	0	18,595
Resource Transfer (Health)	9,360	0	0	9,360
Income	(5,860)	0	(14)	(5,874)
Unidentified Savings	0	0	0	0
Unallocated Funds	3,180	116	0	3,296
	139,297	3,231	(2,152)	140,375

OBJECTIVE ANALYSIS	Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Previously Agreed/ Proposed Savings £000	Proposed Budget 2017/18 £000
Planning, Health Improvement & Commissioning	2,826	(256)	(209)	2,361
Older Persons	26,199	1,563	(14)	27,748
Learning Disabilities	11,175	(424)	(272)	10,479
Mental Health - Communities	5,739	42	(25)	5,756
Mental Health - Inpatient Services	8,773	0	(127)	8,646
Children & Families	13,565	50	(495)	13,120
Physical & Sensory	2,674	0	(28)	2,646
Addiction / Substance Misuse	3,459	0	0	3,459
Assessment & Care Management / Health & Community	6,329	0	(186)	6,143
Support / Management / Admin	4,276	69	(151)	4,194
Criminal Justice / Prison Service **	0	0	0	0
Homelessness	0	853	0	853
Family Health Services	21,571	0	0	21,571
Prescribing	17,983	612	0	18,594
Resource Transfer	9,360	0	0	9,360
Change Fund	1,356	0	(100)	1,256
Unidentified Savings			(535)	(535)
Unallocated Funds	737	116	0	853
HSCP NET EXPENDITURE	136,021	2,625	(2,142)	136,504

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP FUNDING/SPEND ANALYSIS	Recurrent Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Previously Agreed/ Proposed Savings £000	Proposed Budget 2017/18 £000
Social Care Fund	4,449	1,880	0	6,329
NHS Contribution to the IJB	74,267	(256)	0	74,012
Council Contribution to the IJB	48,779	(769)	(769)	47,241
HSCP NET INCOME	127,495	855	(769)	127,582
NHS Expenditure on behalf of the IJB	74,267	1,267	(1,522)	74,012
Council Expenditure on behalf of the IJB	53,229	1,110	(630)	53,709
Unallocated Funds	(1)	116	0	115
HSCP NET EXPENDITURE	127,495	2,493	(2,152)	127,836
HSCP SURPLUS/(DEFICIT)	0	(1,637)	1,383	(254)

SOCIAL WORK**DRAFT REVENUE BUDGET 2017/18**

2016/17 Projected Outturn £000	SUBJECTIVE ANALYSIS	Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Previously Approved Savings £000	Proposed Budget 2017/18 £000
	SOCIAL WORK				
25,797	Employee Costs	26,018	580	(10)	26,588
1,182	Property costs	1,212			1,212
912	Supplies and Services	811			811
414	Transport and Plant	380			380
848	Administration Costs	748		(9)	739
37,786	Payments to Other Bodies	37,359	1,268	(597)	38,030
125	Carried Forward to Reserves				
(9,359)	Resource Transfer	(9,359)			(9,359)
737	Unallocated Costs	737	(737)		0
(5,215)	Income	(4,679)		(14)	(4,693)
53,228	SOCIAL WORK NET EXPENDITURE	53,228	1,111	(630)	53,709

2016/17 Projected Outturn £000	OBJECTIVE ANALYSIS	Recurrent Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Previously Approved Savings £000	Proposed Budget 2017/18 £000
	SOCIAL WORK				
2,010	Planning, Health Improvement & Commissioning	2,041	(256)		1,785
26,210	Older Persons	26,199	1,563	(14)	27,748
10,755	Learning Disabilities	10,673	(424)	(272)	9,977
3,102	Mental Health	3,154	42		3,196
10,615	Children & Families	10,735	50	(297)	10,488
2,687	Physical & Sensory	2,674		(28)	2,646
1,587	Addiction / Substance Misuse	1,613			1,613
2,243	Business Support	2,240	69	(9)	2,300
1,665	Assessment & Care Management	1,688			1,688
0	Criminal Justice / Scottish Prison Service	0			0
0	Change Fund	0			0
852	Homelessness	834		(10)	824
(9,359)	Resource Transfer	(9,359)	(50)		(9,409)
125	Carried Forward to Reserves	0			0
737	Unallocated SCF	737	(737)		0
	Unallocated Budget Changes		853		853
53,229	SOCIAL WORK NET EXPENDITURE	53,229	1,110	(630)	53,709

2016/17 Projected Outturn £000	COUNCIL CONTRIBUTION TO THE IJB	Recurrent Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Previously Approved Savings £000	Proposed Budget 2017/18 £000
48,779	Council Contribution to the IJB	48,779	(769)	(630)	47,380

4,450	Balance to be funded by the SCF	4,449	1,880		6,329
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EXTRACT FROM COUNCIL PAPER FIN/10/17/AP/CM - 16 February 2017

Proposed Council Contribution to IJB - 2017/181. Minimum amount Council can pay per SG/Cosla guidance

	£m
2016/17 Contribution	48.768
less: Share of £80 million	<u>(1.410)</u>
	<u>47.358</u>

2. 2017/18 Proposed Contribution

	£m	
2017/18 Base Budget per Appendix 3	48.231	
Add: Estimated allowance for : Pay Award	0.310	
: Apprenticeship Levy	0.130	
: Auto-enrolment	<u>0.140</u>	
	48.811	Note 1
Contribution per 1 above plus £21,600 for costs transferred from the Common Good	<u>47.380</u>	
Amount met by IJB Social Care Fund	1.431	Note 2

Notes

- Over and above this the IJB will fund the first 4% of the National Care Home Contract 2017 uplift, cost of Providers uplifts relating to the Living Wage plus other cost pressures
- After this contribution and other allowances there remains £479,000 for recurring pressures/projects within the Social Care Fund held by the IJB

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B3****Social Care Anticipated Budget Pressures**

Description	2017/18 £000	Funded By	
		Council £000	SCF £000
Pay Award, Apprenticeship Levy & Pensions Auto Enrolment	580	580	
Full Year Effect of 2016/17 Living Wage & NCHC Changes	546		546
2017/18 Living Wage Uplift	476		476
2017/18 NCHC Inflation Uplift	430		430
Estimated Demographic and other cost pressures	496		496
Offset by one off and unallocated SCF spend in 2016/17	(1,417)		(1,417)
Total Estimated Social Care Budget Pressures 2017/18	1,111	580	531

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B4****Social Care Savings Targets approved pre Integration by Inverclyde Council**

Saving Ref	Title	2017/18 £000
<u>Approved February 2015:</u>		
CHCP\SR\B\CORP\01	Reduce Management Structure by 1 Manager (0.5FTE)	10
CHCP\RS\A\CFCJ\05	Residential Schools Purchased Placements	200
<u>Approved November 2015:</u>		
b)	4 Major commissioned Social Care Services	122
d)	Commissioned Services within Physical Disability	28
	Income Inflation	14
	Loan charges reduction for residential schools	97
	Learning Disability Review - John St/Caladh House	150
	Software maintenance	9
Total Social Care Savings for 2017/18 agreed pre Integration		630

HEALTH**DRAFT REVENUE BUDGET 2016/17**

2016/17 Projected Outturn £000	SUBJECTIVE ANALYSIS	Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2017/18 £000
	HEALTH				
22,006	Employee Costs	22,006	456	(679)	21,783
5	Property	5			5
4,523	Supplies & Services	4,523	198	(843)	3,878
21,571	Family Health Services (net)	21,571			21,571
17,983	Prescribing (net)	17,983	612		18,595
9,360	Resource Transfer	9,360			9,360
0	Unallocated Funds/(Savings)	0			0
(1,181)	Income	(1,181)			(1,181)
74,267	HEALTH NET EXPENDITURE	74,267	1,267	(1,522)	74,012

2016/17 Projected Outturn £000	OBJECTIVE ANALYSIS	Recurrent Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2017/18 £000
	HEALTH				
2,670	Children & Families	2,830		(198)	2,632
4,341	Health & Community Care	4,641		(186)	4,455
1,753	Management & Admin	2,036		(142)	1,894
502	Learning Disabilities	502			502
1,846	Addictions	1,846			1,846
2,585	Mental Health - Communities	2,585		(25)	2,560
9,556	Mental Health - Inpatient Services	8,773		(127)	8,646
745	Planning & Health Improvement	785		(209)	576
1,356	Change Fund	1,356		(100)	1,256
21,571	Family Health Services	21,571			21,571
17,983	Prescribing	17,983	612		18,594
0	Unallocated Funds/(Savings)	0	655	(535)	120
9,360	Resource Transfer	9,360			9,360
74,267	HEALTH NET EXPENDITURE	74,267	1,267	(1,522)	74,012

2016/17 Projected Outturn £000	HEALTH CONTRIBUTION TO THE IJB	Recurrent Budget 2016/17 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2017/18 £000
4,449	Share of £250m Funding	4,449	1,880		6,329
74,267	NHS Contribution to the IJB	74,267	(256)		74,012

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**APPENDIX B6****Health Anticipated Budget Pressures**

HSCP Budget Pressure Description	GG&C wide Partnership Pressures £m	Inverclyde Est Share 2017/18 £000
Pay Award, Apprenticeship Levy & Pensions Auto Enrolment	6.1	365.3
Other inflation, incl RT Uplift	2.7	198.3
Prescribing Uplift (based on pro rata share of £8.5m GG&C wide)	8.5	611.7
Pensions Costs	1.3	90.9
Estimated Core Health Budget Pressures 2017/18	18.6	1,266.2
Carried Forward 2015/16 Partnership Savings (45% of £7.8m GG&C wide)	3.5	255.7
Estimated Core Health Budget Pressures 2017/18	22.1	1,521.9

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP
Proposed Health Savings 2017/18

Ref	HOS	Team	Generic Saving Description	Saving Description Detailed	Saving Type	RAG	PY 2017/18	FY 2017/18	Staffing 2017/18	WTE 2017/18	Expected delivery date
H17-018	Children & Families	Specialist Childrens Services	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Reduction in hours, removal of vacant posts	Efficiency	G	21,350	21,600	21,600	0.85	01/05/17
H17-021	Children & Families	Childrens Community	Discontinue School Nursing Service	Redesign School Nursing Service	Service Reduction	A	103,000	176,600	176,600	6.53	31/08/17
H17-026	Mental Health	MH Inpatients	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Reduce number of management posts	Efficiency	G	37,000	74,000	74,000	1.00	30/09/17
H17-029	Planning & Health Improvement	Planning & Health Improvement	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Redesign Health Improvement Team	Service Reduction	G	65,000	130,000	129,000	3.00	30/09/17
H17-031	Planning & Health Improvement	Business Support	Reduce number of current postholders	Reduce the Business Support Team	Service Reduction	G	70,000	79,000	79,000	3.10	01/04/17
H17-033	Health & Community Care	Adult Community Services	Reduce Commissioned Service	Reduce Non Pay Spend	Efficiency	G	12,000	12,000			01/04/17
H18-001	Management	Management	Reduce Non Pay Budget	Reduce Resource Transfer uplift applied	Efficiency	G	109,100	109,100	0	0.00	01/04/17
H18-002	Various	Various	Income growth	Additional Income	Income Growth	G	169,500	339,000	0	0.00	30/09/17
H18 - 004	Mental Health	MH Inpatients	Improved efficiency achieved in 2016/17	Reduced Bank/Agency use	Efficiency	G	50,000	50,000	0	0.00	01/04/17
H18-005	Mental Health	MH Community	Service Review/Reduction	Review of Support staffing	Service Reduction	G	25,000	25,000	25,000	1.00	01/04/17
H18-007	Health & Community Care	Adult Community Services	Service Review/Reduction	AHP Review	Service Reduction	G	70,000	140,000	140,000	???	???
H18-009	Mental Health	Addictions	Service Review/Reduction	Review of Alcohol & Drug Services Structure	Efficiency	G	???	???	???	???	???
H18-012	Health & Community Care	Adult Community Services	Service Review/Reduction	Review of Continuing Care beds	Service Reduction	G	???	???	???	???	???
H18-013	Health & Community Care	Adult Community Services	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Removal of vacant post	Efficiency	G	33,700	33,700	33,700	0.55	01/04/17
H18-015	Management	Various	Reduce VAT Liability	Reduce VAT liability relating to staff recharges	Efficiency	G	33,300	33,300	0	0.00	01/04/17
H18-016	Management	Integrated Care Fund	Reduce Non Pay Budget	Reduce Spend on Integrated Care Fund	Efficiency	G	100,000	100,000	0	0.00	01/04/17
TOTAL							898,950	1,323,300	678,900	16.03	

Full Year Impact of Savings agreed 2016/17

3,100 3,100

TOTAL			902,050	1,326,400
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2017/18 Health Savings Target		1,521,900
Savings Gap Still to be identified		
Non Recurring Cash Shortfall on Savings		619,850

Other Saving Options not included above
Review of ADP structure (incl above not costed)
Review of Continuing Care beds (incl above not costed)
Increase End Point RT - need to agree with HB
Further reduce absence levels in MH Inpatients etc
Take more from ICF

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
 (SCOTLAND) ACT 2014

THE INVERCLYDE COUNCIL is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2017/18 £000
SOCIAL WORK	
Employee Costs	26,588
Property costs	1,212
Supplies and Services	811
Transport and Plant	380
Administration Costs	739
Payments to Other Bodies	38,030
Income (incl Resource Transfer)	(14,052)
Contribution to Earmarked Reserves	0
SOCIAL WORK NET EXPENDITURE	53,709

OBJECTIVE ANALYSIS	Budget 2017/18 £000
SOCIAL WORK	
Planning, Health Improvement & Commissioning	1,785
Older Persons	27,748
Learning Disabilities	9,977
Mental Health	3,196
Children & Families	10,488
Physical & Sensory	2,646
Addiction / Substance Misuse	1,613
Business Support	2,300
Assessment & Care Management	1,688
Criminal Justice / Scottish Prison Service	0
Change Fund	0
Homelessness	824
Unallocated Budget Changes	853
Resource Transfer	(9,409)
SOCIAL WORK NET EXPENDITURE	53,709

This direction is effective from 14 March 2017

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB’s Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS		OBJECTIVE ANALYSIS	
	Budget 2017/18 £000		Budget 2017/18 £000
HEALTH		HEALTH	
Employee Costs	21,783	Children & Families	2,632
Property costs	5	Health & Community Care	4,455
Supplies and Services	3,878	Management & Admin	1,894
Transport and Plant	21,571	Learning Disabilities	502
Administration Costs	18,595	Addictions	1,846
Payments to Other Bodies	9,360	Mental Health - Communities	2,560
Income	(1,181)	Mental Health - Inpatient Services	8,646
HEALTH NET EXPENDITURE	74,012	Planning & Health Improvement	576
		Change Fund	1,256
		Family Health Services	21,571
		Prescribing	18,594
		Unallocated Funds/(Savings)	120
		Resource Transfer	9,360
		HEALTH NET EXPENDITURE	74,012

The set aside budget is: £16.439 million

This direction is effective from 14 March 2017

APPENDIX B9

Social Care Fund - Planned Spend

Proposed use of the Social Care Fund	PROPOSED SPEND	
	2016/17 £m	2017/18 £m
Demand Growth/Charging/Additionality		
Social Care demand growth and other pressures the Council agreed would funded through SCF	1.269	1.269
Charging Thresholds on non residential services	0.110	0.110
Dementia Strategy	0.115	0.115
TOTAL Demand Growth/Charging/Additionality	1.494	1.494
Living Wage/Other Cost Pressures		
Living Wage, including NCHC inflation and sleepover rate changes	1.200	2.652
IJB Specific costs eg SLA for Audit and Legal Services and External Audit Fee	0.051	0.070
John Street costs (one off 2016/17 only)	0.303	0.000
Mental Health Officer new post	0.008	0.048
Patient/Client Transport Coordinator Role (Fixed Term 2 years)	0.070	0.000
Legal Fees Relating to Adoption and Fostering and Adult Services	0.100	0.100
Equipment Investment (one off)	0.070	0.000
Swift Upgrade	0.118	0.002
LD - Integrated Team Leader (2 years fixed term)	0.121	
Childrens Residential Accommodation - External Placements		0.050
Qualified Social Workers		0.111
MH Commissioning	0.001	0.003
Estimated Demographic and other cost pressures	0.176	0.368
Inverclyde Council's agreed reduction in IJB funding in line with Scottish Government stipulation on funding reduction limits		1.431
TOTAL Living Wage/Other Cost Pressures	2.218	4.835
TOTAL PROPOSED SCF SPEND	3.712	6.329
TOTAL SCF FUNDING	4.449	6.329
TOTAL Balance of funds currently proposed to c/fwd to Reserves	0.737	0.000

IJB INDICATIVE BUDGET 2017/18

APPENDIX C - DETAILED SAVINGS PROPOSALS

INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP
Proposed Health Savings 2017/18

Ref	HOS	Team	Generic Saving Description	Saving Description Detailed	Saving Type	RAG	PY 2017/18	FY 2017/18	Staffing 2017/18	WTE 2017/18	Expected delivery date
H17-018	Children & Families	Specialist Childrens Services	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Reduction in hours, removal of vacant posts	Efficiency	G	21,350	21,600	21,600	0.85	01/05/17
H17-021	Children & Families	Childrens Community	Redesign School Nursing Service	Redesign School Nursing Service	Service Reduction	A	103,000	176,600	176,600	6.53	31/08/17
H17-026	Mental Health	MH Inpatients	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Reduce number of management posts	Efficiency	G	37,000	74,000	74,000	1.00	30/09/17
H17-029	Planning & Health Improvement	Planning & Health Improvement	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Redesign Health Improvement Team	Service Reduction	G	65,000	130,000	129,000	3.00	30/09/17
H17-031	Planning & Health Improvement	Business Support	Reduce number of current postholders	Reduce the Business Support Team	Service Reduction	G	70,000	79,000	79,000	3.10	01/04/17
H17-033	Health & Community Care	Adult Community Services	Reduce Commissioned Service	Reduce Non Pay Spend	Efficiency	G	12,000	12,000			01/04/17
H18-001	Management	Management	Reduce Non Pay Budget	Reduce Resource Transfer uplift applied	Efficiency	G	109,100	109,100	0	0.00	01/04/17
H18-002	Mental Health	MH Inpatients	Income growth	Additional Income	Income Growth	G	169,500	339,000	0	0.00	
H18 - 004	Mental Health	MH Inpatients	Improved efficiency achieved in 2016/17	Reduced Bank/Agency use	Efficiency	G	50,000	50,000	0	0.00	01/04/17
H18-005	Mental Health	MH Community	Service Review/Reduction	Review of Support staffing	Service Reduction	G	25,000	25,000	25,000	1.00	01/04/17
H18-007	Health & Community Care	Adult Community Services	Service Review/Reduction	AHP Review	Service Reduction	G	70,000	140,000	140,000	???	???
H18-009	Mental Health	Addictions	Service Review/Reduction	Review of Alcohol & Drug Services Structure	Efficiency	G	???	???	???	???	???
H18-012	Health & Community Care	Adult Community Services	Service Review/Reduction	Review of Continuing Care beds	Service Reduction	G	???	???	???	???	???
H18-013	Health & Community Care	Adult Community Services	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Removal of vacant post	Efficiency	G	33,700	33,700	33,700	0.55	
H18-015	Management	Various	Reduce VAT Liability	Reduce VAT liability relating to staff recharges	Efficiency	G	33,300	33,300	0	0.00	01/04/17
H18-016	Management	Integrated Care Fund	Reduce Non Pay Budget	Reduce Spend on Integrated Care Fund	Efficiency	G	100,000	100,000	0	0.00	01/04/17
TOTAL							898,950	1,323,300	678,900	16.03	

Full Year Impact of Savings agreed 2016/17

3,100 3,100

TOTAL		902,050	1,326,400
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Other Saving Options not included above

Review of ADP structure (incl above not costed)
 Review of Continuing Care beds (incl above not costed)
 Increase End Point RT - need to agree with HB
 Further reduce absence levels in MH Inpatients etc
 Take more from ICF

2017/18 Health Savings Target	1,522,000
Savings Gap Still to be identified	(195,600)
Non Recurring Cash Shortfall on Savings	(619,950)

2017/18 Budget

Saving Option - Health Services

Reference No: H17-018

Service: Specialist Childrens Services

Team/Section: Various

Saving Title Reduction in hours, removal of vacant post

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	21,350	21,600	-	0.85

Saving Summary Reduction in hours of 3 posts following requested from staff members and removal of 1 x 0.5 WTE vacant post

Implementation Date 1 April 2017 for post 1 May 2017 for 0.1 WTE

Savings Detail

Reduce - 0.2 WTE Band 4 Admin - CAMHS/SLT
Reduce - 0.1 WTE Band 5 Nursing CCN team
Reduce - 0.05 WTE Band 4 SLT
Remove - 0.5 WTE Band 3 Support Worker CCN team
All of the above reductions can be delivered without any detriment to current service




Estimated Employee Impacts

Impact on 4 posts, 0.85 WTE in total.
Posts are either vacant or the change is being made at the request of the existing post holder.

Anticipated Impacts

No anticipated impact on current service delivery

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

No significant risk to the current service

Equalities Impact Assessment:

In terms of these posts the impact on service delivery is minimal.

Full Equalities Impact Assessment Required. No

2017/18 Budget

Saving Option - Health Services

Reference No:	H17-022
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Service:	Childrens Community
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Team/Section:	School Nursing
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Saving Title	Redesign the School Nursing Service
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Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	103,000	176,600	-	6.53

Saving Summary	A GG&C wide redesign of School Nursing Services linked to the national report on the role of the School Nurse. The work is being led by the West Dunbartonshire Chief Officer
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Implementation Date	Expected to be implemented by 31/08/2017
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Savings Detail

A National review is underway in respect of school nursing. There have been problems recruiting to existing School Nursing posts across Greater Glasgow and Clyde and inequities in service provision has developed. New pathways in line with service developments over the past few years have also seen the core work being transferred into different teams at board level eg Immunisation and Continence services.

This proposal is part of a GG&C wide project to review the current School Nursing provision GG&C wide and propose a new, more efficient model. Cost of the current service GG&C wide is £2.5m, anticipated GG&C wide saving is £1.5m.

For Inverclyde the budget is £206k, with an anticipated full year saving possible of £176k leaving £30k for the revised service.

Estimated Employee Impacts

Impact on 6.53 WTE Nursing staff.

Anticipated Impacts

This reduction in service provision will have an impact on school age child 5-18 years and in the external agencies that refer to this service. Health promotion and health awareness and supports will be lost and the consequences may not be realised until many years. The education and social work services will also feel the loss from the communication provided in terms of health awareness and promotion in the curriculum, drop in clinics and early identification of health needs via this service. Social work may feel impact on child protection proceedings, joint chronologies and attendance at case conferences. The children themselves will feel the impact of no school nurse for early supports and reassurances on 121 interventions and follow up. Areas anticipated are child protection, emotional health and wellbeing and transitions.

Reference No:	H17-022 (continued)
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Overall Savings Impact

Minimal/Manageable Impact on Service Delivery	
Significant Impact on Service Delivery	X
Undeliverable	

Risk Summary

NHS GGC are undertaking a full review of the school nursing service which will consider the aims and future direction of the service in Children and Family Teams. The review will focus on the three specific areas of outcomes on emotional health and wellbeing; transitions and child protection.

A National review is currently underway in response to the change in policy and the future focus of public health nursing CEL 13 (2013).

Inverclyde are represented at senior management level on this group and the staff group via the partnership representatives. It was envisaged that the investment that resulted in the new Health visitor model of working would support the introduction of newly qualified school nurses and support staff and embed the new ways of working.

However, despite a national recruitment process none of the additional school nursing band 6 posts were filled due to a national shortage of suitably qualified staff. This service redesign has not therefore been implemented. Since then £250k has been invested in the establishment of the continence service and £169k in the immunisation team leaving a balance £180k.

The investment in these two specific service areas, which traditionally had been major workload drivers for the service, combined with the fact that school nurses cannot be named person in future, means that the time is right to fundamentally review the role and function of the school nursing service.

Equalities Impact Assessment:

An EIA has not yet been fully completed at board level and work is ongoing in partnership to review this against the national report for school nursing review to ensure GGC are compliant in their service provisions and the aspects of care are provided. The School Nursing Review Group ("the Group") will link national policy on school age children services to HSCP activities.

The Group will plan and coordinate school age children services.

The Group will coordinate the network of child public health, health improvement and inequalities to improve the health and wellbeing of school age children NHSGGC.

The Group will embed inequalities sensitive practice in the planning and delivery of school age children services

The Group will explore services available through 3rd sector organisations and the possibility of matched funding.

The Group will provide leadership and accountability for Board-wide Review which will be required to deliver a service for school age children in line with the Children and Young People (Scotland) Act 2014 requirements.

The impact on service users will be the greatest risk and this will not be fully realised immediately but could be incidious over time. One aspect of health surveillance is the Heights and weights done routinely p1, school health then review children with parent permission and give advice etc., we will refer on to dietician when required. We at times get referrals from school for overweight / underweight children and with permission see in school. School nurses continue to do healthy eating as part of any screening, surveillance and assessment. It can be discussed at drop in school clinics in Inverclyde or with any group / individual work with children and YP. We are still involved when possible at health and wellbeing days / inputs and work with community nutritionist at planned events. Health and long term consequences could be projected into adulthood. for the age group 5-12 this may be the only weight support that is available in Inverclyde. ACES has ceased in the area and Weigh to go is targetted at over 12s. with national data and inverclyde data on this, impact negatively could be anticipated as no early intervention and promotion will be taking place.

Full Equalities Impact Assessment Required.	Yes
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2017/18 Budget



Saving Option - Health Services

Reference No: H17-026

Service: Mental Health & Addictions

Team/Section: MH Inpatients

Saving Title Reduce number of management posts

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	37,000	74,000	-	1

Saving Summary Reduce number of MH Inpatient management posts by 1 Lead Nurse, vacancy following retirement of current service manager and restructure of remaining service.

Implementation Date 30/09/2017

Savings Detail

Reduce number of MH Inpatient management posts by 1 Lead Nurse, vacancy following retirement of current service manager and restructure of remaining service.




Estimated Employee Impacts

1 WTE reduction through removal of a vacant post following retirement

Anticipated Impacts

Lead nurse responsibility will be incorporated into the service manager role.

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

Risks arise from the clinical leadership demands from inpatient services, and this will be mitigated by incorporating this within service manager role and review of the infrastructure support roles in inpatient services.

Equalities Impact Assessment:

No impact on protected groups

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H17-029

Service: Planning & Health Improvement

Team/Section: Health Improvement

Saving Title: Redesign Health Improvement Team

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	65,000	130,000	-	3

Saving Summary: Redesign the Health Improvement Team with an anticipated reduction in the number of staff required by 3 WTE and a small reduction in associated supplies budgets

Implementation Date: 30/09/2017

Savings Detail

Full review of the cost/benefits of the Health Improvement service locally to reduce investment in areas which are no longer having a significant impact on outcomes. In previous years it was essential to continue this investment in order to meet HEAT targets but this is no longer required, allowing the service to be reviewed on the basis of value added in terms of positive outcomes for the people of Inverclyde.

This will link closely with the GG&C wide PHI work and complement what is happening within Acute and other Partnerships




There is an anticipated reduction in the number of local PHI staff required of 3 WTE and a small reduction in associated supplies budgets

Estimated Employee Impacts

There are no vacancies therefore all affected staff will require to be redeployed

Anticipated Impacts

Change in role and function of HSCP HI Team to become more strategic

Overall Savings Impact	 Minimal/Manageable Impact on Service Delivery	X
	 Significant Impact on Service Delivery	
	 Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

Not required

Full Equalities Impact Assessment Required. No

2017/18 Budget

Saving Option - Health Services

Reference No: H17-031

Service: Planning & Health Improvement

Team/Section: Business Support

Saving Title Reduce the Business Support Team

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	70,000	79,000	-	3.1

Saving Summary Reduce the Business Support Team by 3.1 WTE vacant or soon to be vacant posts.

Implementation Date 01/04/2017

Savings Detail




There are a number of posts within Business Support currently vacant or where the post holder has reduced their hours. It is proposed to remove these posts/part posts.

Estimated Employee Impacts

3.1 WTE of already vacant or soon to be vacant posts to be removed

Anticipated Impacts

It will reduce the overall service cover and will make it more difficult to respond quickly to ad hoc/one off work pressures across the service, however the impact will be manageable.

Overall Savings Impact	 Minimal/Manageable Impact on Service Delivery	X
	 Significant Impact on Service Delivery	
	 Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H17-033

Service: Health & Community Care

Team/Section: Adult Community Services

Saving Title Reduce Non Pay Spend

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	12,000	12,000	-	-

Saving Summary Cancel additional contribution to Marie Curie and revert to paying the usual amount

Implementation Date 01/04/2017

Savings Detail




Cancel additional contribution to Marie Curie and revert to paying the usual amount

Estimated Employee Impacts

None

Anticipated Impacts

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

As the work will be absorbed within District Nursing, there is no significant risk to service from this proposal.

Equalities Impact Assessment:

None.

Full Equalities Impact Assessment Required. No

2017/18 Budget

Saving Option - Health Services

Reference No: H18-001

Service: Management

Team/Section: Management

Saving Title Reduce the Resource Transfer Uplift applied for 2017/18

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	109,100	109,100	-	-

Saving Summary Reduce the Resouce Transfer uplift applied for 2017/18 from £159k to

Implementation Date 01/04/2017

Savings Detail

Reduce the Resouce Transfer uplift applied for 2017/18 from £159k to £109k. This money

Estimated Employee Impacts

None

Anticipated Impacts

No anticipated impact on current service delivery

Overall Savings Impact

<input checked="" type="checkbox"/>	Minimal/Manageable Impact on Service Delivery	X
<input type="checkbox"/>	Significant Impact on Service Delivery	
<input type="checkbox"/>	Undeliverable	

Risk Summary

No significant risk to the current service

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required.

2017/18 Budget

Saving Option - Health Services

Reference No: H18-002

Service: Mental Health & Addictions

Team/Section: MH Mental Health

Saving Title Additional Income

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	169,500	339,000	-	-

Saving Summary Additional income anticipated in relation to MH Inpatient End Point Resource Transfer for the new Orchard View facility

Implementation Date Orchard View due to open Sept 2017

Savings Detail

Additional funding for 10 care home beds - £260k
Additional funding for 2 Mental Health Officers - £100k
Additional funding for Social Work cover 3 posts - £135k

Partially offset by additional costs not already budgeted for elsewhere in IJB budget - £156k

None

Anticipated Impacts

This would help to save other front line services

Overall Savings Impact

<input checked="" type="checkbox"/>	Minimal/Manageable Impact on Service Delivery	X
<input type="checkbox"/>	Significant Impact on Service Delivery	
<input type="checkbox"/>	Undeliverable	

Risk Summary

Risk of delayed opening of new facility reducing the PY funding.

Equalities Impact Assessment:

No impact on protected groups

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No:	H18-004
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Service:	Mental Health & Addictions
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Team/Section:	MH Inpatients
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Saving Title	Reduced Bank/Agency use
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Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	50,000	50,000	-	-

Saving Summary	Reduce overtime, Bank and Agency staff usage by reducing levels of absence and special observations where possible
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Implementation Date	01/04/2017
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Savings Detail

Through the work done in 2016/17 to address historic overspends it is possible to reduce spend on overtime, Bank and Agency staff usage by reducing levels of absence and special observations
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Estimated Employee Impacts

None - all costs are ad hoc not contractual

Anticipated Impacts

None - improvements to staff rostering, and work with the bank has enabled appropriate use of additional staff where required.
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Overall Savings Impact

■	Minimal/Manageable Impact on Service Delivery	X
■	Significant Impact on Service Delivery	
■	Undeliverable	

Risk Summary

Risks arise from unanticipated demands for enhanced observations not reflected in baseline budget for inpatient staffing levels. Mitigated by rostering system; investment in bed management; improved absence management process and monthly monitoring of position.

Equalities Impact Assessment:

No impact on protected groups

Full Equalities Impact Assessment Required.	No
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2017/18 Budget

Saving Option - Health Services

Reference No: H18-005

Service: Mental Health & Addictions

Team/Section: MH Community

Saving Title: Review of Support Staffing

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	25,000	25,000	-	1

Saving Summary: Review of Support staffing across social work and Health services within Mental Health. This will result in savings to both council and NHS budget.

Implementation Date: The review will be complete by September 2017.

Savings Detail

Anticipated efficiencies through reductions in the number of support staff required following a review of support staffing within Mental Health Services

Estimated Employee Impacts

Anticipated reduction in support staff posts which will be confirmed once the review is concluded

Anticipated Impacts

The review will consider the core functions of support staff roles, and it is anticipated that this will identify some posts which can be reduced or removed and improve targeted service interventions to support recovery.

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

The capacity of the community mental health service to manage the care of people experiencing acute mental health problems may be reduced. This will be mitigated by prioritisation of use of the clarified role across the range of staff within the teams.

Equalities Impact Assessment:

No anticipated impact on protected groups.

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H18-007

Service: Health & Community Care & Mental Health Services

Team/Section: Various

Saving Title AHP Review

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	70,000	140,000	-	???

Saving Summary Review of AHP Services across the HSCP

Implementation Date Review complete 31 May 2017 implementation thereafter

Savings Detail

Review of AHP Services across the HSCP expected to lead to a proposed reduction in the number of posts to improve the efficiency of integrated services.




Estimated Employee Impacts

Anticipated reduction in staffing - number not known until review complete. Displaced staff will require to be redeployed

Anticipated Impacts

Improved integration of AHPs across the service will maximise economies of scale whilst maintaining appropriate professional input.

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H18-009

Service: Mental Health & Addictions

Team/Section: Addictions

Saving Title: Review of Alcohol and Drug Services Structure

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	???	???	-	???

Saving Summary
 The Alcohol & Drug Services teams have been fully integrated for a number of years. It is proposed that the structure of the services be reviewed to further identify opportunities for further integration of functions including the future management structure of the service.

Implementation Date
 The review will be undertaken in two parts: Recovery pathway review; structure review. This will be fully completed by January

Savings Detail

The service is reviewing the recovery pathway incorporating the outreach team and moving through service. The counselling provision is being reviewed in context of development of psychological therapies. The savings are proposed to be taken from within this group of staff based on reduction in staff hours [27 in total]; and the vacant Alcohol Project Worker [37 hours]. All these posts are employed within the council, funded from historic streams of money including previously discreet ADP funds.




Estimated Employee Impacts

Anticipated reduction in posts which will be confirmed once the review is concluded. No immediate impact on existing employees.

Anticipated Impacts

It is anticipated that the review will identify changed models of service delivery, with increased integration between the drug and alcohol service teams for the recovery pathway; and potentially a rationalisation of senior posts which can be reconfigured and reduced to improve the effective integrated functions of the team without impacting on the overall service delivery.

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

Risk to service delivery, increase in waiting times for counselling services; mitigated by flexible use of existing staff team, and planned approach to review implemented in phases.

Equalities Impact Assessment:

No anticipated impact

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H18-012

Service: Health & Community Care

Team/Section: Older People Services

Saving Title Review of Continuing Care Beds

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	???	???	-	???

Saving Summary Review of Continuing Care Beds - review to be completed by December 2017

Implementation Date 01/01/2018

Savings Detail

The introduction of new guidance on Complex Care and the review of use of Continuing Care Beds has led to a Board-wide review of this area of service. The changes have already resulted in increased demand for Care Home Beds, and been absorbed by Council pressures monies enabling resources released in due course to address savings.




Estimated Employee Impacts

Unknown until review complete

Anticipated Impacts

Clients previously cared for within Acute services will move to HSCP care.

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H18-013

Service: Health & Community Care

Team/Section: Adult Community Services

Saving Title Removal of vacant post

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	33,700	33,700	-	0.5

Saving Summary Removal of a vacant Band 8A 0.5 WTE post following the departure of the current post holder.

Implementation Date 01/04/2017

Savings Detail

Removal of a vacant Band 8A 0.5 WTE post following the departure of the current post holder. No backfill required




Estimated Employee Impacts

0.5 WTE Vacant post to be removed

Anticipated Impacts

Minimal as work will be absorbed within the team.

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H18-015

Service: Management

Team/Section: Various

Saving Title Reduce VAT liability relating to staff recharges

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	33,300	33,300	-	-

Saving Summary Clarification received from Ernst & Young confirms that there is no liability for staffing coming from Council or Health within the HSCP provided the budget is realigned and no invoice is required to be raised. This will result in a small saving from 2017/18 following appropriate budget realignments

Implementation Date 01/04/2017

Savings Detail

Clarification received from Ernst & Young confirms that there is no liability for staffing coming from Council or Health within the HSCP provided the budget is realigned and no invoice is required to be raised. This will result in a small saving from 2017/18 following appropriate budget realignments




Estimated Employee Impacts

None

Anticipated Impacts

None

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required. No

2017/18 Budget



Saving Option - Health Services

Reference No: H18-016

Service: Integrated Care Fund

Team/Section: Integrated Care Fund

Saving Title Reduce Spend on the Integrated Care Fund

Net Saving	PY 2017/18	FY 2017/18	2018/19	WTE
	100,000	100,000	-	-

Saving Summary Propose to use some of the recurrent ICF funds to offset the overall Health Savings required for 2017/18

Implementation Date 01/04/2017

Savings Detail

As in previous years it is proposed to use some of the ICF funding to offset the Health savings required.




Estimated Employee Impacts

None

Anticipated Impacts

This will slightly reduce the amount available to invest through ICF but it is considered that this is manageable and preferable to other service reductions which would be required in place of this option

Overall Savings Impact

	Minimal/Manageable Impact on Service Delivery	X
	Significant Impact on Service Delivery	
	Undeliverable	

Risk Summary

There is no significant risk to the service through this proposal

Equalities Impact Assessment:

None

Full Equalities Impact Assessment Required. No