

Report

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Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	28 March 2017
Report by:	Director, Health and Social Care

Subject:	In-scope Partnership Budgets 2016/2017
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the in-scope partnership budgets

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the financial position in respect of the in-scope partnership budgets highlighted in this report is noted.

3. Background

- 3.1. A report was presented to the Integration Joint Board (IJB) on 14 February 2017 detailing the in-scope partnership budgets for the financial year 2016/2017 which total £453.739m. Financial monitoring reports have been presented throughout the year on the directly managed service areas and also the hosted services led by the South Lanarkshire Partnership.
- 3.2. This report has been prepared to provide the IJB with oversight of the in-scope partnership budgets which have not been included in the financial monitoring reports to date.

4. 2016/2017 Budget Update

- 4.1. The financial position in respect of the 18 hosted services is detailed at Appendix 1. The South Lanarkshire Partnership leads on seven of these hosted services and the North Lanarkshire Partnership leads on the remaining 11.
- 4.1.1. As at January 2017, the overall position is a net underspend of £1.221m. Contained within this underspend are the following overspends:
- ◆ within the Diabetic Service (£0.157m), the overspends are due to Nursing, Dieticians and Podiatrist pay costs and equipment non-pay costs
 - ◆ the overspends in respect of the Immunisation Service (£0.160m) and also Prisoner Healthcare Services (£0.108m) are mainly due to medication costs
- 4.1.2. All other hosted services are being managed within the budget available.

- 4.2. The financial position in respect of the seven area-wide services is detailed at Appendix 2. The total Lanarkshire budgets as at September 2016 are detailed as a reference point. The up-to-date budgets as at January 2017 are also included for information. The main increase in the budget is in relation to the ring-fenced Primary Care and Mental Health Transformation Fund. As at January 2017, an overall underspend of £0.204m is reported.
- 4.3. The Family Health Services budget is mainly a non-cash limited budget for General Dental Services, General Pharmaceutical Services and General Ophthalmic Services.
 - 4.3.1. General Medical Services is a cash limited budget. Partnerships are unable to influence expenditure levels for non-cash limited budgets as these are governed by national contracts. The partnerships however do have a monitoring role.
 - 4.3.2. The Family Health Service budget for Lanarkshire totals £172m. The notional allocation for the South Lanarkshire Partnership is 49%, that is £84m. The financial position in respect of the Family Health Service budget is also detailed at Appendix 2. As at January 2017, a breakeven position is reported.

5. Employee Implications

- 5.1. There are no employee implications associated with this report.

6. Financial Implications

- 6.1. The financial position of the in-scope partnership budgets is detailed in appendices 1 and 2.
- 6.2. It is intended any underspend across the in-scope partnership budgets in 2016/2017 will be transferred to reserves in-line with the agreed strategy, further details of which will be included as part of the year-end accounting arrangements.

7. Other Implications

- 7.1. Finance guidance was issued by the Integrated Resources Advisory Group detailing advice on Partnership financial matters for health boards and local authorities. The finance guidance sets out that each IJB is responsible for managing the in-year overspends for their own areas. This also applies to hosted services.
- 7.2. There are no sustainable development implications associated with this report.
- 7.3. The performance outcomes associated with hosted and area-wide services is being monitored by each partnership.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore no impact assessment is required.
- 8.2. The Director of Finance of NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council were both consulted on the content of this report.

Val de Souza
Director, Health and Social Care

Date created: 14 March 2017

Previous References

- ◆ none

List of Background Papers

- ◆ Hosted Services – Appendix 1
- ◆ Area Services and Family Health Services – Appendix 2

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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In-Scope Partnership Budgets - Hosted Services

Appendix 1

Hosted Services	Lanarkshire Total 2016/2017
Led By South	£m
Community Dental Service	6.219
Out of Hours	5.962
Diabetic Service	2.552
Occupational Therapy Services	6.766
Palliative Care	1.695
Primary Care Services	0.623
Physiotherapy	8.326
Total Led By South	32.143

YTD Budget £m	YTD Actual £m	YTD Variance £m
5.047	4.762	0.285
4.918	4.893	0.025
2.123	2.28	(0.157)
5.649	5.437	0.212
1.413	1.329	0.084
0.521	0.469	0.052
6.9	6.912	(0.012)
26.571	26.082	0.489

Led By North	
Sexual Health Services	2.301
Continence Service	2.227
Immunisation Service	2.078
Speech and Language Therapy	4.868
CAMHS	4.892
Children's Services	9.683
Dietetics	3.239
Podiatry	3.667
Prisoner Healthcare	1.316
Blood Borne Viruses	1.543
Mental Health	57.826
Total Led By North	93.640

1.86	1.805	0.055
1.86	1.862	(0.002)
1.972	2.132	(0.160)
4.034	3.907	0.127
4.058	4.056	0.002
8.07	7.892	0.178
2.662	2.618	0.044
3.022	3.041	(0.019)
1.097	1.205	(0.108)
1.221	1.221	0.000
48.08	47.465	0.615
77.936	77.204	0.732

Total Hosted Services	125.783
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104.507	103.286	1.221
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In-Scope Partnership Budgets - Area-wide Services and Family Health Services

Appendix 2

Area Wide Services	2016/2017 Lanarkshire Total	
	As At Sept 2016 £m	As At Jan 2017 £m
Nursing Services	1.663	1.682
Health Promotion Services	5.294	5.309
Keep Well Services	0.040	0.047
Pharmacy Services	1.907	1.913
Social Inclusion Partnership / Health Improvement Fund	0.590	0.590
Primary Care Transformation Fund	1.756	3.647
Alcohol and Drug Partnership Funds	2.251	2.744
Total Area Wide Services	13.501	15.932

YTD Budget £m	YTD Actual £m	YTD Variance £m
1.416	1.260	0.156
4.104	4.104	0.000
0.013	0.013	0.000
1.595	1.547	0.048
0.398	0.398	0.000
0.510	0.510	0.000
1.542	1.542	0.000
9.578	9.374	0.204

Family Health Services Budgets	172.253	172.253
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143.487	143.487	0.000
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Report

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Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	28 March 2017
Report by:	Director, Health and Social Care

Subject:	Integration Joint Board Financial Plan 2017/2018
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the implications of the 2017/2018 grant settlement for each partner
- ◆ outline the Integration Joint Board's indicative Financial Plan for 2017/2018 including details of the budget pressures facing each partner, the key financial assumptions and key risks
- ◆ outline the indicative 2017/2018 contributions from each partner
- ◆ outline the proposed efficiency savings for 2017/2018 for each partner
- ◆ note the requirement to agree directions with each partner for 2017/2018
- ◆ note the provisions set out in the Integration Joint Board Financial Regulations in respect of the management of overspends and budget recovery plans
- ◆ note the position with regard to the potential Integrated Joint Board reserves

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) the contents of the report and the cost pressures identified by South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) be noted;
- (2) that the Integration Joint Board (IJB) Financial Plan for 2017/2018 is approved;
- (3) that the proposed efficiency savings for 2017/2018 as detailed at Appendix 2 are approved for implementation by SLC;
- (4) that the proposed efficiency savings for 2017/2018 as detailed at Appendix 3 are approved for implementation by NHSL, subject to any final adjustments which may be agreed at the NHS Health Board on 29 March 2017;
- (5) that the establishment of an earmarked reserve in respect of the return of any prescribing windfall from 2016/2017 in order to manage future volatility is approved; and
- (6) that the requirement to issue directions on behalf of the IJB is noted.

3. Background

3.1. As a result of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB has a responsibility to set a balanced budget for 2017/2018.

- 3.2. The funds for the IJB are delegated from SLC and NHSL for the purpose of delivering the delegated functions as set out in the Integration Scheme and the IJB's Strategic Plan. Additionally, the Health Board will also, 'set aside' an amount in respect of large hospital functions covered by the Integration Scheme.
- 3.3. As the delegated funds come from SLC and NHSL, the level of funding available to the IJB is heavily influenced by these organisations' grant settlements from the Scottish Government.
- 3.4. A summary of the key elements of the 2017/2018 financial settlement for Local Authorities and Health Boards which impact on IJBs is outlined at Appendix 1.

4. IJB Financial Plan 2017/2018

- 4.1. The IJB Financial Plan for 2017/2018 is comprised of the financial contributions from SLC and NHSL to the IJB. Both SLC and NHSL face challenges balancing their respective budgets due to budget pressures exceeding the provisional level of funding available. Notwithstanding these pressures, the adjustments which will be made to the IJB 2016/2017 recurring budget baselines are detailed in sections 4.2 and 4.3.
- 4.2. The SLC 2017/2018 financial assumptions which relate to the IJB are as follows:
 - 4.2.1. Additional costs totalling £2.399 million will be incurred in respect of price increases, the apprenticeship levy and pay and pension cost increases (excluding the additional costs arising from the need to pay a rate which will allow private providers to pay the living wage). SLC have approved additional recurring funding totalling £2.399 million to address these recurring costs.
 - 4.2.2. An additional £1.1 million is being invested on a recurring basis to meet inflationary cost increases as a result of low pay initiatives.
 - 4.2.3. Additional cost pressures were incurred in 2016/2017 as a result of demographic growth and the accelerated discharges from hospital. This cost pressure is expected to continue into 2017/2018.
 - 4.2.4. An additional £0.800 million is being invested on a recurring basis to meet the increase in demand for Homecare Services.
 - 4.2.5. Additional recurring funding of £3.5 million will also be added by SLC to the Social Work Resources budget. It is intended that part of this additional funding will be allocated to the in-scope partnership budget to contribute to addressing the current and future anticipated social care pressures as a result of the demographic growth and the accelerated discharges from hospital. This funding will be allocated as part of the detailed budget setting process.
 - 4.2.6. An additional allocation of £6.450 million will be transferred from NHSL to SLC to support social care. To reflect this additional support from Health Boards to Integration Authorities, the Scottish Government gave Local Authorities local flexibility to reduce their financial contributions to the IJB by up to their share of £80 million. SLC are not reducing the contribution to the IJB by their share of £80 million. A potential significant cost pressure of £4.830 million has therefore been avoided.

- 4.2.7. The proposed savings in respect of the in-scope partnership budgets delegated to SLC originally totalled £1.898 million. Following approval by the Council, the savings requirement reduced by £1.400 million from £1.898 million to £0.498 million. The remaining proposed efficiency savings are detailed at appendix 2 for approval.
- 4.2.8. A further £5 million is being allocated on a non-recurring basis towards a programme of capital funding for the replacement of care facilities. These replacements had been identified as part of the current capital programme and planned for 2017/2018 onwards. This additional funding will enhance the package to allow plans to extend to a further facility. In doing this, the replacement programme will now look to deliver three replacement facilities, an increase from the two facilities previously proposed.
- 4.2.9. It is considered that this is an appropriate step to take at this time given the continued demographic growth in the older people age group and growth in the demand for Older People Services. The replacement facilities feature as part of the next proposed capital programme for 2017/2018 to 2019/2020.
- 4.2.10. In total, including the out-of-scope social work budgets, an additional £7.301 million is being invested by SLC in 2017/2018 across all Social Care Services. The 2016/2017 baseline budgets are also being maintained, avoiding a significant cost pressure of £4.830 million. The total investment in care facilities by SLC has also increased to £17.600 million over the next three years.
- 4.3. The NHSL 2017/2018 financial assumptions which relate to the IJB are as follows:
- 4.3.1. Funding of £6.450 million is included in the 2017/2018 NHSL financial settlement which is to be transferred to the IJB to meet the projected cost increases associated with the following social care policy commitments:
- ◆ the full year effect of the payment of the living wage of £8.25 per hour to all adult care workers
 - ◆ the payment of the living wage uplift of £0.20 per hour from £8.25 per hour to £8.45 per hour, effective from May 2017
 - ◆ the impact of sleepover costs and sustainability in the care sector
 - ◆ the disregard of the value of war pensions from financial assessments for social care
 - ◆ the pre-implementation work in respect of the Carers (Scotland) Act 2016
- 4.3.2. It is recognised most IJBs are looking at ways to redesign sleepover arrangements to reduce costs. The level of need therefore requires to be established. The Scottish Government has therefore indicated that the sleepover funding will be reviewed during the year to consider its adequacy with a commitment to discuss and agree how any shortfall should be addressed.
- 4.3.3. As highlighted at Appendix 1, additional funding for NHSL will be issued during the year. These further allocations are not yet included in the NHSL settlement figures at present and more information on how this funding will be made available, what it can be spent on and the arrangements for accessing the funds are expected in due course. Approximately 87% (over £50 million) of the new in-year health money is ring fenced for areas covered by the IJBs. NHSL will seek to maximise its share and ensure the full benefit is passed to the IJB.

- 4.3.4. An estimate of £2.127 million has been included in respect of pay and supply cost increases. Pay inflation is based on a 1% cost of living increase, a 0.5% apprenticeship levy, rises through consultant discretionary points and incremental increases. Supply cost increases are based on a 2.5% increase linked to the low pound and rising oil prices which impact on imports, products using petrochemicals and transport costs. Proposed efficiency savings, which total £2.127 million, are summarised at Appendix 2.
- 4.3.5. The NHSL Health Board Financial Plan requires to be submitted to the Scottish Government by 31st March 2017. The IJB is therefore asked to approve the efficiency savings detailed at Appendix 3, subject to any final adjustments which may be agreed at the NHS Health Board on 29 March 2017. The NHSL Health Board Financial Plan will then be submitted to the Scottish Government by 31st March 2017. Any adjustments will be reported to the next meeting of the Audit and Performance Sub-Committee and the IJB, as appropriate.
- 4.3.6. Prescribing costs are being contained within the 2016/2017 budget as a result of the substantial investment in pharmacist's time and information and decision support systems alongside the GP Incentive Scheme. It is however expected that the number of items prescribed in 2017/18 will increase as the population ages and more drug treatments become available.
- 4.3.7. Following consultation with the Director of Finance of NHSL, it is proposed that reliance is placed on the outcome of the Prescribing Quality and Efficiency Programme to manage this growth. As well as a robust work programme likely to deliver substantial efficiencies, a number of drugs will come off patent in 2017/2018, bringing cost reductions.
- 4.3.8. Prescribing costs will continue to be closely monitored throughout 2017/2018.
- 4.3.9. A recurring funding solution also requires to be identified for the 2016/2017 savings not yet achieved. It is proposed the balance of the unidentified 2016/2017 savings will continue to be managed through vacancy control during 2017/2018 until recurring solutions are confirmed.
- 4.4. The IJB Financial Plan for 2017/2018 is indicative and is based upon the current assessments by SLC and NHSL of their respective financial landscapes taking into consideration the Scottish Government's 2017/2018 budget. Overall, the financial contributions of both partners have helped to address a number of significant cost pressures across health and social care services in 2017/2018.

5. Reserves Strategy

- 5.1. As at January 2017, the Partnership is projecting an underspend of £0.570 million.
- 5.2. In addition to the above projected underspend, NHSL has identified the potential for a windfall gain in prescribing in 2016/2017. The time lag in prescribing data means the figure cannot be confirmed until after the year end. In order to assist the IJB in managing future volatility in prescribing, NHSL are planning to return any windfall to the IJB for that specific purpose.
- 5.3. It is intended any underspend across the in-scope partnership budgets in 2016/2017 will be transferred to reserves in line with the agreed strategy, further details of which will be included as part of the year-end accounting arrangements.

- 5.4. As part of that strategy, the IJB is therefore asked to approve that the return of any prescribing windfall from 2016/2017 is held in an earmarked reserve to manage future volatility in prescribing as described in section 5.2.

6. IJB Directions to Partners

- 6.1. As part of the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to direct NHSL and SLC to deliver integrated service provision in line with the IJB's Strategic Plan. These directions should be adjusted to reflect the IJB Financial Plan for 2017/2018. If the directions are not adjusted, the IJB will be in breach of its legal responsibilities.
- 6.2. The directions to each partner will stipulate that services are to be delivered in line with the Strategic Plan and in line with the Financial Plan.
- 6.3. The directions will also note that, following approval by the IJB, the partners will require to implement the outcome of agreed efficiency savings to address the funding gap.
- 6.4. The directions are set out in a separate report to the IJB.

7. Employee Implications

- 7.1. It is anticipated that the employee implications associated with the proposed savings set out at Appendices 2 and 3 can be managed through the options available to each partner including anticipated natural turnover, vacant posts, the removal of temporary posts, or if necessary, a combination of redeployment and voluntary severance/early retirement.

8. Financial Implications

- 8.1. The IJB and both partners are required to achieve a balanced budget for 2017/2018. The financial implications are as detailed in Section 4 of this report. Consistent with the majority of public sector organisations, the IJB has a number of cost pressures which it needs to consider during its financial planning process. The scale of the financial challenge for 2017/2018 and future years is becoming clearer.
- 8.2. In preparing the IJB Financial Plan for 2017/2018, a range of estimates have been included that contain elements of risk and uncertainty. Reliance is placed on the financial management and budgetary control processes embedded within each partner's existing reporting arrangements. The IJB Financial Plan for 2017/2018 also remains indicative at this stage as each partner requires to conclude on the detailed budget setting processes in relation to the IJB.
- 8.3. The IJB financial strategy must ensure sustainability for the current and future years whilst recognising the significant challenges for both partners. Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformation activities. If these activities do not generate the required level of savings or if funding released from a whole system approach to IJB cost reduction activity is not passed to the IJB, then there is a risk future budgets will not be balanced.
- 8.4. The projected increase in demographic growth, linked to increasing vulnerability and complexity, will continue to place services under pressure. The strategic commissioning intentions in respect of service delivery models and service levels is therefore critical to future financial sustainability.

9. Other Implications

- 9.1. In relation to the proposed efficiency savings recommended to the IJB for approval, work has been carried out by each partner to ensure their deliverability. Through this exercise, risks which may impact on service delivery have been considered.
- 9.2. There are no sustainable development issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. The Equality Act 2010 expects that those making decisions give 'due regard' to equality considerations during the course of decision-making. The Equality Impact Assessments (EQIAs) and their outcomes should help inform board members so that their decisions have taken account of the different needs and rights of members of the community. This does not mean that difficult decisions cannot be made, but that they are made in a fair and transparent way.
- 10.2. In terms of the public sector duties under the Equality Act 2010, initial EQIA have been carried out on all the proposals which require them. Any proposal which has identified potential adverse impacts will also have mitigating actions to remove or lessen the impact on protected groups. The protected characteristics are age, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership, race, religion and beliefs and transgender identity.
- 10.3. Each partner has undertaken consultation with relevant stakeholders on the proposed efficiency savings as required.
- 10.4. The Director of Finance of NHS Lanarkshire and the Executive Director (Finance and Corporate Resources) of South Lanarkshire Council have both contributed to the development of the IJB Financial Plan for 2017/2018.

Val de Souza
Director, Health and Social Care

Date created: 15 March 2017

Previous References

- ◆ Integration Joint Board 6 December 2016

List of Background Papers

- ◆ Financial Settlement 2017/2018
- ◆ South Lanarkshire Council Proposed Efficiency Savings
- ◆ NHS Lanarkshire Proposed Efficiency Savings

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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1. The Scottish Parliament approved the Scottish Budget on 23 February 2016. The grant settlement information from the Scottish Government to Local Authorities and Health Boards refers to IJBs. The final settlement was advised on 9 March 2017.
2. The NHS Board grant settlement letter advised of the following:
 - 2.1 NHS contributions to IJBs for delegated health functions will be maintained at least at 2016/2017 recurrent budgeted allocations. The allocation is to include the total of the sum set aside for hospital services.
 - 2.2 The additional £250 million support for the IJB provided by Health Boards through the Integration Fund in 2016/2017 will be baselined from 2017/2018.
 - 2.3 An additional Social Care Fund of £107 million is to be transferred from NHS Boards to IJBs. Of the £107 million, £100 million is included in the NHS Board's baseline allocation. The balance of £7 million which relates to disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of the Carers (Scotland) Act 2016 will be allocated separately to meet social care costs.
 - 2.4 Expenditure in Primary Care and Mental Health should be maintained at 2016/2017 levels of expenditure, with any investment provided in-year to be additional to this expenditure.
 - 2.5 The Alcohol and Drugs Partnership funding and the Police custody funding will both be transferred to the NHS Board baseline budgets.
3. Further allocations, which total £74.2 million nationally, are not yet included in the NHSL settlement figures at present and more information on how this funding will be made available, what it can be spent on and the arrangements for accessing the funds are expected in due course. Approximately 87% of the new in-year health money is ring fenced for areas covered by the IJBs. The further allocations are comprised of the following:
 - 3.1 Health Visiting and Family Nurse Partnership funding has been removed from the Outcomes Framework and will be monitored separately. Additional funding of £12.2 million nationally will be allocated in 2017/2018 only if the workforce expansion target is achieved. The other Outcomes framework allocations will be confirmed during the year.
 - 3.2 An additional £27 million nationally will be available for investment in Primary Care Services in 2017/2018 on the basis of Health Board bids.
 - 3.3 An additional £11 million nationally will be available for investment in Mental Health Services in 2017/2018 partly on the basis of Health Board bids and partly in line with the NRAC allocation.
 - 3.4 Additional funding has also been identified for Transformational Change to support regional working (£15 million nationally), Trauma Networks (£5 million nationally), IVF Specialist Centres (£2 million nationally) and Insulin Pumps (£2 million nationally).

Further information on the additional funding for NHSL will be issued during the year.

4. The Local Authority grant settlement letter advised of the following:
 - 4.1 £107 million will be transferred from NHS Boards to IJBs to support the following:
 - ◆ the continued delivery of the Living Wage for social care workers and sustainability in the care sector, including sleepovers
 - ◆ the disregard of the value of war pensions from financial assessments for social care and pre-implementation work in respect of the Carers (Scotland) Act 2016
 - 4.2 The allocation includes a provision of £10 million for sleepovers. The Scottish Government will review this allocation in-year to consider its adequacy and have given a commitment to discuss and agree how any shortfall should be addressed.
 - 4.3 To reflect the additional support provided through the NHS, Local Authorities will be able to adjust their allocations to Integration Authorities in 2017/2018 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016/2017 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline).
5. It is intended that, taken together, these measures will enable Integration Authorities to ensure the collective overall level of funding for social care is maintained nationally at £8 billion.
6. A further allocation was also announced on 2 February 2017 for Local Authorities of £160 million. It was for Local Authorities to decide how to spend this additional funding.
7. The Scottish Government 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.

Proposed Efficiency Savings 2017/2018 – South Lanarkshire Council

Appendix 2

Ref.	Savings Type	Description	Employee FTE	Saving £m
IJB01 (Council Savings' Reference COR01)	Efficiency and Outturn Saving	<p>Administrative Support A proportionate reduction in associated posts and costs will be achieved through a consolidated management structure and the combining of administrative support, where appropriate, within the Council. This will include back office services and consolidated supervision and will not impact on service delivery to the public.</p> <p>The saving will be achieved by increasing management spans of control and eliminating duplication of tasks and releasing staff time. This will be managed through a combination of non-filling of vacancies, a reduction in temporary employees and some limited redeployment via SWITCH2.</p> <p>The element attributed to the IJB is £0.050m (1.9 FTE posts).</p>	2.0	0.050
IJB02 (Council Savings Reference COR03)	Efficiency and Outturn	<p>Overtime Criteria This saving is a further conversion of premium rate working to employment opportunities, building on the work carried out in partnership with the Trade Unions over 2016/2017.</p> <p>By continuing to review the overtime criteria, the amount of additional hours required to be worked will reduce, and the requirement for regular overtime will be translated into more established hours at Plain Time, reducing the cost to the Council. As part of this saving there will be engagement with the Trade Unions, and this saving will have no impact on service delivery.</p> <p>The element attributed to the IJB is £0.100m.</p>	-	0.100
IJB03 (Council Savings Reference COR04)	Efficiency and Outturn	<p>Utilities This saving is a result of a net price reduction in the cost of utilities moving from 2015/2016 into 2016/2017.</p>	-	0.017

Proposed Efficiency Savings 2017/2018 – South Lanarkshire Council

Appendix 2 (Cont.)

Ref.	Savings Type	Description	Employee FTE	Saving £m
IJB04 (Council Savings Reference SWR02)	Efficiency and Outturn	Enhanced Leave / Travel An analysis of the level of enhanced leave purchased by employees over the past 3 years has shown a consistent level of unbudgeted income. In addition, a programme of reduced travel has been implemented. The element relating to the IJB is £0.049m.	-	0.049
IJB05 (Council Savings Reference SWR03)	Efficiency and Outturn	Administration Costs and Supplies and Services Budgets Through targeting areas of non-essential spend and reviewing current service delivery requirements, a saving can be made across a number of budget lines including computer equipment purchase, printing and stationery and other administration costs. The element relating to the IJB is £0.086m.	-	0.086
IJB06 (Council Savings Reference SWR04)	Efficiency and Outturn	Furniture It is proposed to remove all furniture budget as an efficiency in 2017/2018. This budget has generally been underspent in recent years	-	0.027
IJB07 (Council Savings Reference SWR05)	Efficiency and Outturn	Training This saving will be achieved through the centralisation and review of the training budgets. Through focusing on mandatory training and reviewing training requirements in line with current service delivery, 90% of the budget can be saved in 2017/2018, with the balance moving to Corporate Personnel.	-	0.041
IJB08 (Council Savings Reference SWR06)	Efficiency and Outturn	Foodstuffs / Provisions / Food Purchases / Beverages Through reviewing the purchase methods and types of food purchases made, a saving of £0.077m will be made on this budget.	-	0.077

Proposed Efficiency Savings 2017/2018 – South Lanarkshire Council

Appendix 2 (Cont.)

Ref.	Savings Type	Description	Employee FTE	Saving £m
IJB09 (Council Savings Reference SWR07)	Efficiency and Outturn	<p>Payment to Other Bodies / Voluntary Organisations Social work currently incurs significant expenditure on payments to external bodies and voluntary organisations to provide service and support. It is proposed to reduce the payments to other bodies and voluntary organisations through prioritisation of the services required. The total saving of £0.125m represents a 3.5% reduction on a Resource budget of £3.601m.</p> <p>The element relating to the IJB is £0.051m.</p>	-	0.051
Total Savings Proposals 2017/2018 – SLC Partner			2.0	0.498

Classification	Employee FTE	2017/2018 £m
Base Budget Adjustment	-	0.342
Support Services (Non-Clinical)	-	-
Procurement	-	0.210
Workforce	-	0.016
Service Productivity	14.07	1.559
Total Savings Proposals 2017/2018 – NHSL Partner	14.07	2.127

Report

4

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	28 March 2017
Report by:	Director, Health and Social Care

Subject:	Direction from Integration Authorities to Health Boards and Local Authorities
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ confirm the arrangements through which the Integration Joint Board will issue Directions in relation to the operational delivery of the delegated functions

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the mechanism set out in relation to issuing Directions to one or both of the Health Board and Local Authority be noted; and
- (2) that the draft Directions attached at Appendix 2 for issue to South Lanarkshire Council and the NHS Lanarkshire Board to take effect from 1 April 2017 be approved.

3. Background

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on the IJB to prepare a Strategic Commissioning Plan (SCP).

3.2. The IJB is also required to confirm the Strategic Direction and intended use of integrated budgets under their control pertaining to the delegated functions outlined within Integration Schemes.

3.3. The mechanism which allows the IJB to action the intentions outlined in the SCP is provided in the Act and takes the form of binding Directions to be issued by the IJB to the Health Board and Local Authority.

3.4. The Scottish Government issued a good practice note in March 2016 entitled 'Directions from Integration Authorities to Health Boards and Local Authorities' which provides guidance on the form of the Directions. A copy is attached at Appendix 1.

4. Current Position and Proposed Mechanism for Directions

4.1. Within the South Lanarkshire Health and Social Care Partnership, there is an approved SCP in place for the period 2016-19.

- 4.2. The Plan was presented and approved by the IJB at its meeting on 29 March 2016. A more detailed Implementation Plan and Performance Framework has been developed to underpin the strategic commissioning intentions outlined in the SCP.
- 4.3. Given that the IJB required to have an approved SCP in place to allow the functions to be delegated from 1 April 2016 onwards, it is also necessary for the IJB to have an appropriate mechanism in place to issue Directions to the Council and NHS Board as referred to in 3.3 above. Importantly, these Directions should not be viewed as one off as they may be revised, revoked or superseded and must follow the format outlined below:
- ◆ the Direction must be in writing and should set out a clear framework for the operational delivery of the functions that have been delegated to the IJB
 - ◆ must specify which function of Health and Social Care they relate to
 - ◆ must include detailed information on the financial resources available to carry out the functions, including the allocated budget and how that budget should be used
 - ◆ should describe how the delivery of services will contribute to the achievement of a particular aspect of the SCP
 - ◆ should stipulate which of the Health Board or Local Authority or both is to carry out the particular function
- 4.4. The financial resource allocated to each function is a matter for the IJB to determine. However the Direction must take account of the following:
- ◆ the Direction of functions must be consistent with the agreed SCP Strategic Direction. However, a Direction (unlike the SCP) can include detailed operational instructions in relation to the particular function
 - ◆ Directions issued at the beginning of a financial year may be subsequently revoked, revised or superseded during the year in response to any changes or development
- 5. Proposed Directions from the IJB to NHS Lanarkshire and South Lanarkshire Council 2016/17**
- 5.1. Following approval of the SCP, the IJB is required to issue Directions for each financial year. In 2016/17, the first set of Directions was issued and these broadly followed the content of the SCP and statutory requirements. Similar to 2016/17, Directions need to be approved and in place for the beginning of a new financial year, which in this case is from 1 April 2017. For the purposes of 2017/18, the proposed Direction to the NHS Board and Council are attached as Appendix 2 for approval by the IJB.
- 5.2. In summary the South Lanarkshire IJB directs that from the 1 April 2017, all services related to the functions that have been delegated to the IJB by virtue of the Integration Scheme from the Council and the Health Board and as set out in Section 5 of the Integration Scheme dated 11 June 2015, shall continue to be delivered by the Council and the Health Board respectively.
- 5.3. The Health Board shall be responsible for the operational delivery of the following services:
- 5.3.1. Hospital services relating to adults and children:
- ◆ accident and emergency services provided in a hospital
 - ◆ inpatient hospital services relating to the following branches of medicine
 - general medicine
 - geriatric medicine
 - rehabilitation medicine
 - respiratory medicine

- psychiatry of learning disability
- ◆ palliative care services provided in a hospital
- ◆ inpatient hospital services provided by general medical practitioners
- ◆ services provided in a hospital in relation to an addiction or dependence on any substance
- ◆ mental health services provided in a hospital, except secure forensic mental health services
- ◆ district nursing services
- ◆ services provided outwith a hospital in relation to an addiction or dependence on any substance
- ◆ services provided by allied health professionals in an outpatient department, clinic or outwith a hospital
- ◆ the public dental service
- ◆ primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- ◆ general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- ◆ ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- ◆ pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- ◆ services providing primary medical services to patients during the out-of-hours period
- ◆ services provided outwith a hospital in relation to geriatric medicine
- ◆ palliative care services provided outwith a hospital
- ◆ community learning disability services
- ◆ mental health services provided outwith a hospital
- ◆ continence services provided outwith a hospital
- ◆ kidney dialysis services provided outwith a hospital
- ◆ services provided by health professionals that aim to promote public health
- ◆ health visiting services

5.4. The Council shall be responsible for the operational delivery of the following community services:

- ◆ social work services for adults and older people
- ◆ services and support for adults with physical disabilities and learning disabilities
- ◆ mental health services
- ◆ drug and alcohol services
- ◆ adult protection and domestic abuse
- ◆ carers support services
- ◆ community care assessment teams
- ◆ support services
- ◆ care home services
- ◆ adult placement services
- ◆ health improvement services
- ◆ aspects of housing support, including aids and adaptations
- ◆ day services
- ◆ local area co-ordination
- ◆ respite provision
- ◆ occupational therapy services

- ◆ re-ablement services, equipment and telecare

5.5. In addition to the above, there are a number of specific Directions that the IJB intends to focus on in 2017/18 and these require to be aligned to the recent Scottish Government Health and Social Care Delivery Plan objectives, whereby Health and Social Care Partnerships across Scotland were asked to submit trajectories and targets. For information, the six objectives were:

- ◆ emergency admissions
- ◆ unscheduled care bed days
- ◆ accident and emergency attendances
- ◆ delayed discharge bed days
- ◆ end of life care
- ◆ balance of care (Community vs Institutional Care)

5.6. In view of this and emerging priorities emanating from needs assessment profiling, the IJB directs the Parties as follows:

- a) directs that South Lanarkshire Council will deliver Home Care Services in terms of the new contractual framework agreement; that mobile working and efficiencies in scheduling will be introduced
- b) directs both South Lanarkshire Council and NHS Lanarkshire to complete a feasibility study which reviews existing care pathways with a particular focus on bed based resources, whilst maximising the use of existing community based alternatives
- c) directs both South Lanarkshire Council and NHS Lanarkshire to implement an integrated locality planning and management model for the Partnership which has broad consistency across each of the four localities
- d) directs NHS Lanarkshire Acute Services to work jointly with the Health and Social Care Partnership to develop proposals which more effectively supports a reduced number of A&E attendances, associated admissions and generally shifts the balance of care and reduces unplanned care requirements in a hospital setting
- e) directs NHS Lanarkshire in collaboration with the Partnership to develop alternative and sustainable models within Primary Care to address existing challenges, for example General Practitioner capacity
- f) directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, poverty and inequalities, early intervention/prevention, mental health, substance misuse, carers, unscheduled care, long term conditions and community capacity building in line with the statutory expectations

5.7 The financial implications associated with each specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with each partner as appropriate.

5.8. Each of the above areas will be aligned to key performance measures, with an expectation that the Parties report to the IJB from the viewpoint of governance, assurance and progress monitoring.

6. Employee Implications

- 6.1. The functions and services outlined in the Directions will continue to be delivered by the existing employees of the Council and NHS Lanarkshire Health Board respectively.

7. Financial Implications

- 7.1 The financial resources which will be delegated by the IJB to each partner are as follows:
 - 7.1.1 The 2016/2017 NHSL recurring budget allocations for in-scope health care services including hosted services. For indicative purposes only, the total allocation in 2016/2017 for directly managed services, including hosted services, was £283.188 million. The 2016/2017 allocation will be adjusted to remove non-recurring budgets as part of the detailed budget setting process.
 - 7.1.2 The 2016/2017 SLC recurring budget allocations for in-scope social care services. For indicative purposes only, the total allocation in 2016/2017 for in-scope social care services was £115.397 million. The 2016/2017 allocation will be adjusted to remove non-recurring budgets as part of the detailed budget setting process.
 - 7.1.3 Further funding will be delegated to SLC in 2017/2018 for in-scope social care services, the amount of which will be subject to final confirmation with SLC. This is in relation to additional investment from the Council which totals £7.799 million adjusted for efficiency savings of £0.498 million. The investment will be allocated between the in-scope and out-of-scope services within Social Work Resource as part of the budget setting process.
 - 7.1.4 The Social Care Fund of £6.450 million will be delegated to SLC for social care costs.
 - 7.1.5 Additional funding received in-year from NHSL which is ring fenced for areas covered by the IJB will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.
 - 7.1.6 SLC and NHSL will implement as appropriate the agreed efficiency savings plans.
 - 7.1.7 The acute services set-aside budget will be adjusted to reflect the 2015/2016 activity levels and the 2017/2018 price levels, in line with the Scottish Government guidance. For indicative purposes only, the 2016/2017 set-aside budget totalled £55.154 million.

8. Other Implications

- 8.2. There are no additional risk implications associated with this report.
- 8.3 There are no sustainable development issues associated with this report.
- 8.4 There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1 This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2 There was also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 15 March 2017

Previous References

Integration Joint Board 29 March 2016 (Paragraph 6)

List of Background Papers

Scottish Government Good Practice Note

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Health and Social Care Integration

Good Practice Note

Directions from Integration Authorities to Health Boards and Local Authorities

March 2016

Introduction – the wider context for directions

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a “strategic plan” (also known as a strategic commissioning plan) for integrated functions and budgets under their control.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding¹ directions from the Integration Authority to one or both of the Health Board and Local Authority.

1.4 In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB². Where the lead agency model is used, the Integration Authority *may* issue directions or may carry out functions itself.

1.5 In either case, a direction must set out how each integrated health and social care function is to be exercised, and the budget associated with that.

2 Form and content of directions

2.1 Directions must be in writing³ and should set out a clear framework for operational delivery of the functions that have been delegated to the Integration Authority.

2.2 Directions must clearly identify which of the integrated health and social care functions⁴ they relate to. The Integration Authority can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

2.3 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is payment, or an amount made available) is to be used⁵.

¹ Section 27(4).

² Section 26(1). This requirement may be removed or varied in relation to a particular Integration Joint Board if an application under section 27(7)(a) is made by the Health Board and Local Authority for the area of the Integration Joint Board.

³ Section 27(5)(b)

⁴ The functions that have been delegated by the Local Authority and Health Board, as described in the relevant Integration Scheme.

⁵ Section 27(1)(a),(b) and (c)

2.4 The exercise of each function can be described in terms of delivery of services, achievement of outcomes, and/or by reference to the strategic commissioning plan.

2.5 Directions may stipulate which of the health board or local authority is to carry out a particular function, or may require a function to be carried out jointly. The direction may also specify what the health board and/or local authority is to do in relation to carrying out a particular function.

2.6 The financial resource allocated to each function in a direction is a matter for the Integration Authority to determine. The Act makes particular provision in relation to the allocation of budgets for the sum “set aside” in relation to large hospital functions⁶, which gives flexibility for the Integration Authority to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes.

3 Process for issuing and revising directions

3.1 A direction will remain in place until it is varied, revoked⁷ or superseded by a later direction in respect of the same function.

3.2 The legislation does not set out fixed timescales for directions. This flexibility allows directions to ensure that delivery of integrated health and social care functions is consistent with the strategic commissioning plan, and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in relation to particular functions (and the associated services).

3.3 Directions issued at the start of the year should be subsequently revised during the year in response to developments.

3.4 For example, should an overspend be forecast on either of the operational budgets – for health or social care services provided by the Health Board and Local Authority – the Chief Officer will need to agree a recovery plan to balance the overspending budget (in line with the provisions in the Integration Scheme and statutory guidance⁸ for finance under integration). This may require an increase in the payment to either the Health Board or Local Authority, funded by either:

- Utilising an underspend on the other arm of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance on the general fund, if available, of the IJB.

3.5 A revision to the directions will be required in either case.

⁶ Section 28, which allows the integration authority to allocate a “specified amount” of the set-aside budget, but requires top-up payments should additional resource be required.

⁷ Section 27(5)(a)

⁸ <http://www.gov.scot/Resource/0048/00480494.pdf>



South Lanarkshire Integration Joint Board

Directions to South Lanarkshire Council and NHS Lanarkshire Board

Financial Period 2017/18

1) Purpose and Context

In accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act, 2014, Integration Joint Boards (IJBs) are required from 01st April, 2016 to issue Directions to Local Authorities and NHS Boards regarding the functions and services listed within the Act and Integration Schemes. This is set out in Sections 26 and 27 of the Act.

This document sets out the South Lanarkshire Integration Joint Board Directions to South Lanarkshire Council and NHS Lanarkshire Health Board.

2) Functions and Services to be Delivered by South Lanarkshire Council

South Lanarkshire Council are directed to continue to deliver the services specified in 2.1 below pursuant to the functions delegated to the Integration Joint Board in line with the Integration Scheme and Integration Joint Board's Strategic Plan.

This direction will remain in force until it is varied, revoked or superseded by a later direction in respect of the same function.

2.1 The Council, will be responsible for the operational delivery of the following functions:

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

3) Functions and Services to be Delivered by NHS Lanarkshire Health Board

NHS Lanarkshire Health Board are directed to continue to deliver the services specified in 3.1 below pursuant to the functions delegated to the Integration Joint Board in line with the Integration Scheme and Integration Joint Board's Strategic Plan.

This direction will remain in force until it is varied, revoked or superseded by a later direction in respect of the same function

3.1 NHS Lanarkshire Health Board will be responsible for the operational delivery of the following functions:

Hospital Services

- Accident and emergency services provided in a hospital
- Inpatient services related to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and palliative care service provided in a hospital
- Paediatrics
- Psychiatry of learning disability (Learning Disability Services)
- Inpatient hospital services provided by General Medical Practitioners
- Services in relation to addiction or dependence on substances

- Mental health services with the exception of forensic mental health services

Community Health Services

- District nursing services
- Health Visiting
- Addiction services
- Allied health professionals in an outpatient department, clinic, or outwith a hospital
- Public dental services
- Primary medical services
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Primary care out-of-hours
- Geriatric medicine
- Palliative care
- Community learning disability services
- Mental health services (including community forensic services)
- Continence services
- Kidney dialysis services
- Services provided by health professionals that aim to promote public health
- Community Paediatrics

Hosted Services

Services to be hosted by the South Lanarkshire Integration Joint Board	Services to be hosted by the North Lanarkshire Integration Joint Board
Community Dental Services	Care Home Liaison
Diabetes	Community Children's Services
Health and Homelessness	Paediatrics
Primary Care Administration	Dietetics
Palliative Care	Mental Health and Learning Disability
GP Out of Hours	Psychology
Traumatic Brain Injury	Continence Services
Occupational Therapy	Podiatry
Physiotherapy	Sexual Health
	Speech and Language
	Substance Misuse
	Prisoner Health Care

4) Specific Additional Directions for 2017/18

In addition to the above, the IJB intends to focus on a number of more specific Directions which have the strategic intention of reducing reliance on hospital, institutional and residential care. These more specific directions underpin existing needs assessment data which indicates a need to shift the balance of care and reduce the significant demand and resources within these parts of the system as well as underpinning the 6 objectives recently issued through the Health and Social Delivery Plan Guidance 2017-21. The specific directions are detailed in appendix A.

5) Delivering the Functions and Services

The Council and NHS Lanarkshire Health Board will carry out the functions and deliver services in a way which complies with and achieves the following:

- (a) The Integration Delivery Principles
- (b) The Integration Scheme
- (c) The Strategic Plan
- (d) The National Health and Wellbeing Outcomes
- (e) All legal and regulatory requirements

6) Budget Allocation for the Delegated Functions

The financial resources which will be delegated by the IJB to each partner are as follows:

- 1 The 2016/2017 NHSL recurring budget allocations for in-scope health care services including hosted services. For indicative purposes only, the total allocation in 2016/2017 for directly managed services, including hosted services, was £283.188 million. The 2016/2017 allocation will be adjusted to remove non-recurring budgets as part of the detailed budget setting process.
- 2 The 2016/2017 SLC recurring budget allocations for in-scope social care services. For indicative purposes only, the total allocation in 2016/2017 for in-scope social care services was £115.397 million. The 2016/2017 allocation will be adjusted to remove non-recurring budgets as part of the detailed budget setting process.
- 3 Further funding will be delegated to SLC in 2017/2018 for in-scope social care services, the amount of which will be subject to final confirmation with SLC. This is in relation to additional investment from the Council which totals £7.799 million adjusted for efficiency savings of £0.498 million. The investment will be allocated between the in-scope and out-of-scope services within Social Work Resource as part of the budget setting process.
- 4 The Social Care Fund of £6.450 million will be delegated to SLC for social care costs.
- 5 Additional funding received in-year from NHSL which is ring fenced for areas covered by the IJB will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.
- 6 SLC and NHSL will implement as appropriate the agreed efficiency savings plans.
- 7 The acute services set-aside budget will be adjusted to reflect the 2015/2016 activity levels and the 2017/2018 price levels, in line with the Scottish Government guidance. For indicative purposes only, the 2016/2017 set-aside budget totalled £55.154 million.

Appendix A

Aim	Direction	Lead Agency	Link to Health and Social Care Delivery Plan Objective	Budget
Strengthening community based services	Directs that South Lanarkshire Council will deliver home care services in terms of the new contractual framework agreement; that mobile working and efficiencies in scheduling will be introduced	South Lanarkshire Council	<ul style="list-style-type: none"> • Balance of Care (Community vs. Institutional) • Delayed Discharge Bed Days 	The financial implications associated with this specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with SLC.
Alternatives to acute and residential care	Directs both South Lanarkshire Council and NHS Lanarkshire to complete a feasibility study which reviews existing care pathways with a particular focus on bed based resources, whilst maximising use of existing community based alternatives	South Lanarkshire Council and NHS Lanarkshire	<ul style="list-style-type: none"> • Accident and emergency attendances • Unscheduled bed days • Balance of Care (Community vs. Institutional) • End of Life Care 	The financial implications associated with this specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with SLC and NHSL.
Creating the necessary infrastructure to support planning and decision – making at a local level	Directs both South Lanarkshire Council and NHS Lanarkshire to implement an integrated locality planning and management model for the Partnership which has broad consistency across each of the four localities	South Lanarkshire Council and NHS Lanarkshire	<ul style="list-style-type: none"> • Emergency admissions • Unscheduled care bed days • Delayed Discharge Bed Days • Accident and emergency attendances • End of life care • Balance of Care (Community vs. Institutional) 	The financial implications associated with this specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with SLC and NHSL.

Aim	Direction	Lead Agency	Link to Health and Social Care Delivery Plan Objective	Budget
Alternatives to acute and residential care	Directs NHS Lanarkshire Acute Services to work jointly with the Health and Social Care Partnership to develop proposals which more effectively supports a reduced number of A&E attendances, associated admissions and generally shifts the balance of care and reduces unplanned care requirements in a hospital setting	NHS Lanarkshire	<ul style="list-style-type: none"> • Emergency admissions • Unscheduled care bed days • Delayed Discharge Bed Days • Accident and emergency attendances • Balance of Care (Community vs. Institutional) 	The financial implications associated with this specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with NHSL.
Sustainability of Primary Care Services	Directs NHS Lanarkshire in collaboration with the Partnership to develop alternative and sustainable models within Primary Care to address existing challenges, for example General Practitioner capacity	NHS Lanarkshire	<ul style="list-style-type: none"> • Emergency Admissions • Accident and Emergency Attendances 	The financial implications associated with this specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with NHSL.
Creating the necessary infrastructure to support planning and decision – making at a local level	Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, poverty and inequalities, early intervention/prevention, mental health, substance misuse, carers, unscheduled care, long term conditions and community capacity building in line with the statutory expectations	NHS Lanarkshire and South Lanarkshire Council	<ul style="list-style-type: none"> • Emergency admissions • Unscheduled care bed days • Delayed Discharge Bed Days • Accident and emergency attendances • End of life care • Balance of Care (Community vs. Institutional) 	The financial implications associated with this specific direction will be finalised as part of the budget setting process for 2017/2018 and agreed with both SLC and NHSL.