

OFFICIAL



**Item No: 10**

**Meeting Date: Wednesday 23<sup>rd</sup> June 2021**

## **Glasgow City Integration Joint Board**

**Report By: Jacqueline Kerr, Assistant Chief Officer, Adult Services and North West Locality**

**Contact: Jacqueline Kerr**

**Phone: 0141 314 6250**

### **Mental Health Recovery and Renewal Programme**

**Purpose of Report:**

The purpose of this paper is to set out phase 1 of the proposals for improving Mental Health services and preventing poor Mental Health to meet the conditions set out by Scottish Government in their letters to Chief Executives and Chief Officers dated 24<sup>th</sup> March 2021 and 5<sup>th</sup> May 2021 (Appendix 1 and 2). The paper also seeks approval to delegate authority to the Chief Officer, Chair and Vice Chair of the IJB to agree a programme of work to utilize the Scottish Government funding allocation.

**Background/Engagement:**

The Scottish Government wrote to Chief Executives and Chief Officers on 24<sup>th</sup> March 2021 with an outline of new recurring and non-recurring funding for the Mental Health Recovery and Renewal Programme. The letter indicated a further £120million for Mental Health Services across the country, but emphasised that at this point funding was for one year only. The letter identified a number of key areas which Boards and Integration Authorities were to concentrate on as part of this renewal programme and focused on 4 broad overarching themes:

- Promoting and supporting the conditions for good Mental Health and wellbeing at a population level.
- Providing accessible signposting to help, advice and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

OFFICIAL

## OFFICIAL

<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) delegate authority to the Chief Officer; Chair and Vice Chair of the IJB to agree a programme of work that does not exceed the allocated Scottish Government Funding.
-------------------------	--

<b>Relevance to Integration Joint Board Strategic Plan:</b>
The Mental Health Strategy is a key element of the IJB's Strategic Plan and strategic priorities and the service developments to be implemented as part of the funding allocations outlined in this report will contribute to delivering the strategic priorities of the IJB.

<b>Implications for Health and Social Care Partnership:</b>
---

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The report refers to services which have specific relevant to National Health and Wellbeing Outcomes 3,4,5,7,& 9.
--	---

<b>Personnel:</b>	None
-------------------	------

<b>Carers:</b>	The reduction in waiting times for services may have a positive impact on people with caring responsibilities.
----------------	--

<b>Provider Organisations:</b>	None
--------------------------------	------

<b>Equalities:</b>	None
--------------------	------

<b>Fairer Scotland Compliance:</b>	None
------------------------------------	------

<b>Financial:</b>	The funding allocation and requirements on how the funding must be spent is stipulated within the report and in the appendices.
-------------------	---

<b>Legal:</b>	None
---------------	------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Sustainable Procurement and Article 19:</b>	None
--	------

<b>Risk Implications:</b>	None
---------------------------	------

<b>Implications for Glasgow City Council:</b>	None
---	------

OFFICIAL

**OFFICIAL**

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
--	------

<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

## **1. Purpose of Report**

- 1.1 The purpose of this paper is to set out proposals for improving Mental Health services and preventing poor Mental Health to meet the conditions set out by the Scottish Government and; seek approval to delegate authority to the Chief Officer, Chair and Vice Chair of the IJB to agree a programme of work to utilize the Scottish Government funding allocation.

## **2. Background**

- 2.1 The Scottish Government wrote to Chief Executives and Chief Officers on 24<sup>th</sup> March 2021 (Appendix 1) and 5<sup>th</sup> May 2021 (Appendix 2) with an outline of funding for the Mental Health Recovery and Renewal Programme across the country. The letter of 24<sup>th</sup> March indicated a further £120million for Mental Health Services, but emphasised that at this point funding was for one year only. This presents a risk to the IJB and all expenditure associated with this funding will be on a one-year non-recurring basis until recurring funding is put in place by the Scottish Government. There are ongoing discussions with Chief Officers; Mental Health Programme Board; CMT and the Scottish Government in relation to the funding and the time constraints in developing a sustainable programme of work.
- 2.2 The letter of 24<sup>th</sup> March identified a number of key areas which Boards and Integration Authorities were to concentrate on as part of this renewal programme and focused on 4 broad overarching themes:
- Promoting and supporting the conditions for good Mental Health and wellbeing at a population level.
  - Providing accessible signposting to help, advice and support.
  - Providing a rapid and easily accessible response to those in distress.
  - Ensuring safe, effective treatment and care of people living with mental illness.

This letter outlined specific areas/services where this funding was to be directed to:

- Child & Adolescent Mental Health Services (CAMHS) Improvement
- CAMHS/Psychological Therapies Waiting List
- Primary Care
- Community Services

**OFFICIAL**

## OFFICIAL

- 2.3 The second letter from the minister dated 5<sup>th</sup> May 2021 concentrates on Phase 1 of the allocation of the proposed funding to Greater Glasgow and Clyde.
- 2.4 The Board's first allocation is **£7,205,516** is to be used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 years and year 1 of 2 year funding to support clearing waiting times backlogs for CAMHS and Psychological Therapies. The Scottish Government emphasised this must be treated as additional funding.

### 3. Mental Health Remobilisation

- 3.1 As part of the Board's remobilisation programme, a detailed piece of work has been developed in Mental Health to support the overarching programme and in line with the Mental Health Strategy. NHS Greater Glasgow and Clyde have submitted this plan to the Scottish Government. The Mental Health Section of this plan highlighted key areas for development/improvement which included:

- Expansion of Digital Mental Health Services
- Development of Unscheduled Care Services including the establishment of the Mental Health Assessment Units (MHAUs)
- Improving access and pathways to Community Mental Health Teams and Specialist Community Services
- Improving access and waiting times for Psychological Therapies including Primary Care Mental Health Teams (CMHTs)
- Developing a model for Mental Health approach in Primary Care and promoting Early Intervention and Prevention Services
- Improving performance in CAMHS
- Development of Recovery Orientated Services
- Increase in Social Care Commissioned Services.

### 4. Mental Health Strategy

- 4.1 These priorities connect with the refresh of the board-wide Mental Health Strategy 2017/2022 which has at its core:
- Promoting positive Mental Health in Primary Care
  - Shifting the Balance of Care from inpatient care to community-based services
  - Developing Recovery Services and Pathways for patients and service users
  - Developing efficient unscheduled care services in Mental Health
  - Developing new workforce models across the system.
- 4.2 The strategy has identified a number of areas for transitional/recurring funding to support the overarching aims of the strategy. This will form the programme of work for the next phase of the strategy and the recovery and renewal funding allocated from the Scottish Government will assist with the modernisation and renewal of Mental Health Services. A further report on the detail of this programme will be presented to a future IJB

## OFFICIAL

### 5. Phase 1 Proposals

5.1 The letter of 5<sup>th</sup> May outlines to Boards and IJBs where the Phase 1 allocation of the Renewal Funding has to be targeted. The letter specifies the following amounts for each service area:

NHS Board	CAMHS Spec	CAMHS to age 25	CAMHS Waiting List	Psychological Therapies Waiting List	Total Allocation
GGC	£3,286,109	£1,876,899	£938,449	£1,104,059	<b>£7,205,516</b>

5.2 A detailed programme of work will be developed on each of these areas outlined in the Scottish Government letter and will be presented to the Mental Health Programme Board and the appropriate management structures for approval. Once the programme has been agreed this will be submitted to the Scottish Government.

### 6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) delegate authority to the Chief Officer, Chair and Vice Chair of the IJB to agree a programme of work that does not exceed the allocated Scottish Government Funding.

Minister for Mental Health  
Clare Haughey MSP



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Chief Executives, NHS Boards  
Chief Executives' Assistants, NHS Boards  
NHS Board Chairs  
Mental Health Leads, NHS Boards  
Directors of Finance, NHS Boards  
Medical Directors, NHS Boards  
Chief Officers of Integration Authorities  
Chief Finance Officers of Integration Authorities  
Mental Health Stakeholder Group  
COSLA, ADES and SOLACE

## DL (2021) 10

24 March 2021

Dear colleague,

### MENTAL HEALTH RECOVERY AND RENEWAL FUND

I am writing to provide some additional detail on the Government's £120 million Recovery And Renewal Fund for Mental Health, as announced by the Cabinet Secretary for Finance on 16 February.

Colleagues will appreciate that, at this stage, we continue to work within the overall context of a one year budget. In addition, the £120 million Fund, allocated as a result of Barnett Covid-19 consequential funding, is currently non-recurring. We acknowledge that there will be recurring elements of spend, and we will work to address this as service delivery plans are progressed, and through the next Spending Review.

Notwithstanding these constraints, this letter aims to provide some further clarity about our priorities and intentions. I fully recognise that some investments will ultimately need to be made on a recurring basis if the Recovery And Renewal Fund is to have the transformational impact we all want it to.

In terms of our headline priorities for the Recovery and Renewal Fund, I hope the following additional detail is helpful.

#### Transition and Recovery Plan Delivery

Our [Mental Health Transition and Recovery Plan](#) lays out a comprehensive set of actions to respond to the mental health need arising from the pandemic. The Fund will be used to implement and deliver on these actions, and to benefit our full agenda for mental health and wellbeing, in line with the four areas of key need the Plan sets out:

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



INVESTORS  
IN PEOPLE

Accredited  
Until 2020



1. Promoting and supporting the conditions for good mental health and wellbeing at population level.
2. Providing accessible signposting to help, advice and support.
3. Providing a rapid and easily accessible response to those in distress.
4. Ensuring safe, effective treatment and care of people living with mental illness.

### **CAMHS Improvement**

We intend to make around **£40 million** available to take forward dedicated packages of CAMHS improvement work, based on a gap analysis undertaken as part of implementation of the CAMHS Service Specification. These packages will include capacity building to meet expected increases in demand, provide specialist neurodevelopmental assessments, and to respond to the findings of the ongoing review of adolescent Intensive Psychiatric Care Provision. An essential part of this investment will be funding for a clinical director for each CAMH service to drive forward change.

### **CAMHS and Psychological Therapies Waiting Lists**

We will invest **up to £15 million** in clearing backlogs in CAMHS and Psychological Therapies waiting lists. On the Psychological Therapies element of this work, an essential part of this investment will be funding for a Director of Psychology for each Board. This will ensure equitable leadership of Psychological Therapies.

Although we would anticipate that this funding will be non-recurring, it is possible that some of it may form part of a two-year commitment. We also recognise that the recruitment of Directors of Psychology will require to be undertaken in a sustainable fashion.

### **Primary Care**

Our intention is to make significant investment available to deliver the recommendations made by a Primary Care Short Life Working Group in December 2020, including establishment of a Primary Care Mental Health Development Programme. This will oversee the phased introduction of a multi-disciplinary MH Team in every GP cluster.

We recognise that this investment would need to be recurring over a period of four or five years, and will consider that as part of the next Spending Review.

### **Community Services**

We will make significant investment in an expansion of community support services. This will build on the children and young people's services currently being rolled out across Scotland, and the introduction of adult support services. We will supply more detail on this funding in due course.

### **Other Investments**

Whilst the above headline themes highlight some of the early priorities for the Recovery and Renewal Fund, there will be scope for further investments from the £120m total. We will continue to consider potential investments over the course of financial year 21/22, and my officials will work closely with colleagues in coming months on the detail of initial allocations.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

## **Workforce**

We are aware of the current challenges in growing and sustaining the mental health and care workforce. By working with NES, and others, to develop and increase workforce supply in key areas of demand, including new mental health roles, and also working with and learning from NHS Boards and HSCPs, we are confident that we can both support the existing workforce and improve capacity for clinical care. That may involve, for example, improving digital capacity and improving business support, while also increasing the workforce supply in priority areas such as applied psychology roles, advanced practice roles in nursing, applied pharmacy and allied health professionals. We will also wish to expand the supply of those in non-clinical support roles.

This growth in the workforce will also involve further development of skills and competencies. As the largest provider of clinical assessment, treatment and care, Mental Health Nurses and AHPs will play a key role within this. This includes the development of extended and advanced Nurse and AHP Practitioners at all levels. It is therefore our intention to further enhance the infrastructure within Boards to enable Senior Nursing, Senior AHP and Practise Development capacity required to develop and grow this workforce and to implement new models of care into practise. Further information will be provided in due course.

## **General Principles for Investment**

We know the pandemic has had wide-ranging impacts on the mental health and wellbeing of the population. Many will be able to manage this through self-help as we emerge from the pandemic. Reflective of our headline priorities, we want the Fund to make a transformational difference in terms of our focus on prevention and early intervention, as well as concentrating on improving specialist services.

However, some people will require support, care and treatment from specialist mental health services, especially given that the full impact on the nation's mental health is likely to emerge over the course of several years. This investment to transform services is made with a view to ensuring the needs of our population are met effectively, safely, and in a timely fashion.

It is therefore essential that NHS Boards and Integrated Joint Boards should continue to prioritise the development and delivery of Mental Health Services. Relevant funding from the Recovery And Renewal Fund should be fully allocated to mental health services. Current mental health funding should not decrease, including uplift, from previous year. However, this should not prevent NHS Boards and IJBs passing on any further investment to mental health services received in light of other rises to the health budget in the current or next financial year.

I hope that this letter has been helpful, and I look forward to the Recovery And Renewal Fund resulting in transformational change for the mental health of the people of Scotland.

I would be grateful if you could pass this letter on to any relevant interests within your organisations.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



Accredited  
Until 2020





**Clare Haughey MSP  
Minister for Mental Health**

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



Accredited  
Until 2020



Mental Health Division  
The Scottish Government

T: 0300 244 4000

E: [MentalHealthStrategyandCoordinationUnit@gov.scot](mailto:MentalHealthStrategyandCoordinationUnit@gov.scot)



NHS Greater Glasgow and Clyde Chair -  
[JJBrown@ggc.scot.nhs.uk](mailto:JJBrown@ggc.scot.nhs.uk)  
NHS Greater Glasgow and Clyde Chief Executive -  
[jane.grant@ggc.scot.nhs.uk](mailto:jane.grant@ggc.scot.nhs.uk)  
NHS Greater Glasgow and Clyde Director of  
Finance -  
[mark.white@ggc.scot.nhs.uk](mailto:mark.white@ggc.scot.nhs.uk)  
NHS Greater Glasgow and Clyde Mental Health  
Leads -  
[jacqueline.kerr@glasgow.gov.uk](mailto:jacqueline.kerr@glasgow.gov.uk)  
[Karen.lamb@ggc.scot.nhs.uk](mailto:Karen.lamb@ggc.scot.nhs.uk)

5 May 2021

Dear colleague,

## **2021-22 MENTAL HEALTH RECOVERY AND RENEWAL FUND ALLOCATIONS**

Following on from the letter of 24 March you received from the Minister for Mental Health, I am writing to confirm initial 2021-22 allocations from the Scottish Government's Mental Health Recovery and Renewal Fund.

The Fund supports the delivery of actions set out in the [Mental Health Transition and Recovery Plan](#) to respond to the mental health need arising from the pandemic, and will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan.

As the Minister said in her previous letter, colleagues will appreciate that we continue to work within the overall context of a one year budget. In addition, the £120 million Fund, allocated as a result of Barnett Covid-19 consequential funding, is currently non-recurring. We acknowledge that there will be recurring elements of spend, and we will work to address this as service delivery plans are progressed, and through the next Spending Review.

We recognise that if this funding is to be truly transformational, some investments will ultimately need to be made on a recurring basis. We would, therefore, encourage you to plan on the basis that funding for staff will become recurring at a future date, recognising that there may need to be some reprioritisation in the event this was not fully achieved in the next Spending Review.

The remainder of this letter provides details of allocations, as well as requirements for monitoring and reporting on the impact of this spend to ensure the delivery of best value.

OFFICIAL

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

αβχδε αβχδεφγ α

## OFFICIAL

### Overall allocation

Your 2021-22 allocation is **£7,205,516**. This is to be used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and PT. It must be treated as additional funding.

Funding has been allocated using the National Resource Allocation Committee (NRAC) mechanism. With regard to implementation of the CAMHS specification, additional funding is included for Island Boards to provide a 'critical floor' for CAMHS based on the minimum staff level required to provide the range of expertise, cover and resilience needed to provide a safe and effective CAMHS service.

### Purpose of Funding

The purpose of each element of funding and expectations around delivery are set out below. Funding should be fully allocated for these purposes.

- 1) **Full implementation of the Child and Adolescent Mental Health Service (CAMHS) Specification – Community CAMHS.**
- 2) **Expansion of community CAMHS from age 18 up to the age of 25 years old for targeted groups and those who wish it.**
- 3) **Clearance of any backlogs on waiting lists for CAMHS.** Clearing the backlog in some Board areas may take up to two years, with funding provided for year 1 in 2021-22. This element also includes funding for a fulltime Clinical Director for each CAMHS service across Scotland to work alongside business managers to ensure equitable access and clinical accountability for delivery of targets for CAMHS.
- 4) **Clearance of any backlogs on waiting lists for Psychological Therapies.** Again, it is recognised that clearing the backlog may take up to two years and the amount specified in this letter relates to year 1. We recognise that additional investment will be required and further planning around this will be considered in year 2 and linked to the development of psychological therapies national standards and capacity planning.

It is expected that a full-time Director of Psychology will be in place for all mainland Boards to ensure effective clinical governance and delivery of PT and psychological care across all clinical pathways of care. It is expected that these Directors will report at Executive level directly to NHS Boards and associated Integrated Joint Boards, with the majority of their time spent on leadership and operational management to ensure governance and stewardship of funding and delivery of quality performance. The Scottish Government Professional Advisors network can provide further guidance about the Director of Psychology and CAMHS Clinical Director posts as required.

Further details of allocations are provided in **Annex A**.

OFFICIAL

## OFFICIAL

### Governance and accountability

In her letter of 23 November 2020, the Minister set out key areas of focus for Enhanced Improvement Support. If your Board is in receipt of this support, your tailored programme of enhanced support and your recovery plan will incorporate a range of actions to improve the delivery of CAMHS and Psychological Therapies. Ongoing work with Mental Health Division Performance Unit's Board Liaison Lead and Professional Advisers on CAMHS and PT will support continuous improvement and provide evidence of the impact of the funding allocation and leadership as detailed in this letter. This will include the analysis of waiting list and capacity data and the impact that activity is having on backlog clearance and waiting times performance.

In addition, all Boards are being asked to develop local improvement plans covering CAMHS, Neurodevelopmental and PT specifications, and access standards. Mental Health Division's Performance Unit will provide assistance and advice on the development of these plans, which will include workforce and budget forecasting and monitoring to ensure delivery is aligned to agreed financial plans.

Progress will be discussed via Mental Health Division Performance Unit's regular programme of engagement with Mental Health Leads in Boards.

This will complement and be co-ordinated as part of wider arrangements which support scrutiny and reporting, including local governance arrangements, workforce planning, Annual Operating Plans and board review processes.

### Financial reporting

**This funding is provided for the current financial year, 2021-22.** If an underspend arises or is expected to arise in this financial year, this must be notified to Mental Health Division as soon as possible so we can consider whether this should be returned to Scottish Government. The funds should be used entirely for the purpose outlined above and should not be top sliced or used for any other purpose.

Updates on the financial position will form part of regular engagement discussions.

### Summary of funding and allocation mechanisms: Financial Year 2021-22

Objective	Total Amount	Allocation Mechanism
Implementation of CAMHS Specification – Community CAMHS	£16.40 million	NRAC+ Includes additional funding for Island Boards to introduce staff 'critical floor' of 14 wte
Increase of CAMHS age range to 25 for targeted groups and those that wish it	£8.50 million	Board allocations based on NRAC
Clearing the CAMHS waiting list backlog over 2 years	£4.25 million (year 1)	Board allocations based on NRAC
<b>CAMHS sub-total</b>	<b>£29.15 million</b>	

OFFICIAL

**OFFICIAL**

Support to clear the Psychological Therapies waiting list backlog over 2 years	£5.00 million (year 1)	Board allocations based on NRAC
<b>PT sub-total</b>	<b>£5.00m</b>	
<b>Total</b>	<b>£34.15 million</b>	

**Further investment**

There is a huge opportunity for the Mental Health Recovery and Renewal Fund to make a transformational difference in improving and supporting specialist services, and to support a wider focus on prevention and early intervention. We are currently considering a range of options for investment of the remainder of the £120 million fund, which will include a whole systems approach to psychological wellbeing and mental health linked to outcomes. This will support the delivery of other priorities highlighted in the Minister’s letter of 24 March, including investment in:

- Delivering the recommendations made by the Primary Care Mental Health Short Life Working Group in December 2020 to improve mental health services in primary care settings.
- The expansion of community support services. This will build on the children and young people’s services currently being rolled out across Scotland, and the introduction of adult support services.

Work is also underway to develop a National Psychological Therapies and Wellbeing Standard, as well as a Neurodevelopmental Standard, which are likely to be linked to future funding allocations.

As a first step, it is crucial that significant progress is made to stabilise services by clearing waiting time backlogs and that robust plans are put in place to ensure that these backlogs do not build up again in the future.

In the medium to long-term, to address demand for services and make the difference we want to make to people who are experiencing difficulties with their mental health, we need to invest in a whole system approach, where people can access the right support at the right time in the right place. There will always be a need for specialist clinical services, but investing in a whole-system approach will support a reduction in demand and ensure that demand can be met at the earliest possible stage. Achieving this will not only require a focus on Boards, IJBs and others on working across boundaries to deliver prevention, early intervention and post-clinical support, but also a focus on public expectation of the offer from clinical services and signposting to wider preventative and complementary supports outside NHS and clinical provision.

Further decisions on allocations will be taken following the election and subsequent formation of a new Government.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

**OFFICIAL**

**OFFICIAL**

If you have any questions, please contact Susan Ferguson in the Scottish Government's Mental Health Division at [susan.ferguson@gov.scot](mailto:susan.ferguson@gov.scot).

**Hugh McAloon**  
Deputy Director, Mental Health Division, Scottish Government

**ANNEX A**

**NRAC+ FUNDING ALLOCATION BY BOARD**

<b>NHS Board</b>	<b>CAMHS Spec</b>	<b>CAMHS to age 25</b>	<b>CAMHS Waiting List</b>	<b>Psychological Therapies Waiting List</b>	<b>Total allocation</b>
Ayrshire & Arran	£1,091,463	£623,402	£311,701	£366,707	<b>£2,393,273</b>
Borders	£318,385	£181,849	£90,925	£106,970	<b>£698,129</b>
Dumfries & Galloway	£443,555	£253,342	£126,671	£149,024	<b>£972,592</b>
Fife	£1,013,619	£578,940	£289,470	£340,553	<b>£2,222,582</b>
Forth Valley	£807,760	£461,361	£230,681	£271,389	<b>£1,771,191</b>
Grampian	£1,460,414	£834,132	£417,066	£490,666	<b>£3,202,278</b>
GGC	£3,286,109	£1,876,899	£938,449	£1,104,059	<b>£7,205,516</b>
Highland	£990,711	£565,856	£282,928	£332,856	<b>£2,172,351</b>
Lanarkshire	£1,812,865	£1,035,439	£517,719	£609,082	<b>£3,975,105</b>
Lothian	£2,238,111	£1,278,322	£639,161	£751,954	<b>£4,907,548</b>
Orkney	£706,800	£43,804	£21,902	£25,767	<b>£798,273</b>
Shetland	£556,320	£42,415	£21,208	£24,950	<b>£644,893</b>
Tayside	£1,166,588	£666,310	£333,155	£391,947	<b>£2,558,000</b>
Western Isles	£507,300	£57,929	£28,964	£34,076	<b>£628,269</b>
<b>Scotland</b>	<b>£16,400,000</b>	<b>£8,500,000</b>	<b>£4,250,000</b>	<b>£5,000,000</b>	<b>£34,150,000</b>

**OFFICIAL**