**AGENDA**

**TAGRA – 26th MEETING – 25TH AUGUST 2016**

**13:00 – 16:00, Conference Room 7, Waverley Gate, Edinburgh**

1. Welcome and apologies
2. Minutes of last meeting and updates on actions
3. Development of the NRAC formula
4. Acute MLC review final report – **TAGRA(2016)06**
5. SAF review Workload model final report – **TAGRA(2016)07**
6. SAF review Unit Cost report – **TAGRA(2016)08**
7. A.O.B. and date of next meeting

**Core Criteria**

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| Equity | The primary consideration should be to achieve the greatest possible accuracy in capturing the cost implications of variations in need between population groups andacross the country, in order to develop a formula that delivers the greatest possible equity of access to health services. |
| Practicality | Use should be made of good-quality, routinely-collected data, in order to produce an administratively feasible formula that can be readily updated. |
| Transparency | The rationale informing the formula’s methodology should be explicable and any judgements should be made explicit, although this should not lead to over-simplification of details which might add precision to the methods. |
| Objectivity | The formula should as far as possible be evidence-based, using as necessary the full range of available robust data. |
| Avoiding perverse incentives | The formula should guard against perverse incentives and any negative consequences which might threaten the integrity of the data. |
| Relevance | There is a need to avoid the dangers of extrapolation and to make explicit where hard information is being used about one aspect of a service to make some assumption about an area where information is less good or absent. |
| Stability | There should be a reasonable degree of year-to-year stability in the data sources feeding in to the formula. |
| Responsiveness | The formula should result in shifts in the allocation of resources in response to changes in the need for healthcare services. |
| Face validity | The outcome of any changes to the formula should be subjected to a 'common-sense' check. |

**Agenda Annex – Parliamentary Questions and Committee transcripts relating to the NRAC formula**

The following annex summarises parliamentary business related to the NRAC formula that has occurred over the period 7th May 2016 – 18th August 2016.

Over this time there has been one Parliamentary Question (Part A), no mentions in the Health and Sport Committee and no mentions in the Public Audit Committee.

**Part A: Parliamentary Questions**

1. Question S5W-01545: Anas Sarwar, Glasgow, Scottish Labour Party, Date Lodged: 15/07/2016

To ask the Scottish Government how the £250 million announced for social care by the Cabinet Secretary for Health and Sport on 26 February 2016 will be allocated.

Answered by Aileen Campbell (26/07/2016):

The Scottish Government is distributing the £250m to Health Boards via their annual allocations, using the same allocation formula as was used for distribution of the Integrated Care Fund. This approach takes account of funding formulae used for the NHS and local government, using a 1:1 ratio of the National Resource Allocation Committee (NRAC) formula for the NHS and Grant Aided Expenditure formula for local government.