



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 June 2018
Agenda Item	15
Title	Budget Update 2018/19
<p>Summary</p> <p>To provide the Integration Joint Board with a summary update on the 2018/19 budget and confirm the NHSGGC budget offer.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Approve the revenue budget contribution of £66.669 million from NHS Greater Glasgow and Clyde excluding set aside ▪ Note the content of the report 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> IT </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 June 2018

Report by Chief Financial Officer

BUDGET UPDATE 2018/19

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board (IJB) with a summary update on the budget for 2018/19 and confirm the formal revenue contribution offer from NHSGGC of £66.669 million.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Approve the revenue budget contribution of £66.669 million from NHS Greater Glasgow and Clyde excluding set aside
 - Note the content of the report

BACKGROUND

3. This report is a continuation in the series of budget reports to the IJB with the last report on 4 April 2018 where the IJB approved the budget, subject to confirmation of the revenue budget contribution from NHSGGC.
4. This report provides confirmation of the NHSGGC budget offer and sets out a summary update on the 2018/19 budget and financial planning for future years.

REPORT

5. The 2018/19 budget agreed on 4 April 2018 was based on an agreed revenue contribution of £48.175 million and Housing Aids and Adaptations of £0.550 million from East Renfrewshire Council. The NHSGGC offer £66.698 million was subject to formal confirmation. This has now been received and detailed at Appendix 1.
6. The IJB will note the NHSGGC offer is £66.669 million which is £0.029 million less than the indicative budget agreed in April. This is not of concern as this adjustment relates to two specific items:
 - a. £0.054 million SLA income from NHS Highland is now included as an income budget within the Specialist Learning Disability Service. The NHS Highland SLA income was previously held centrally by NHSGGC and for 2018/19 this is now allocated to the relevant HSCPs. This will have a minimal impact in 2018/19 however there may be some fluctuation in future years as this is billed on a three year average.
 - b. The FHS budgets have been increased by £0.025 million and this does not impact the bottom line.
7. The set aside budget for large hospital services is yet to be confirmed for 2018/19 and as last reported this will be shown at the 2017/18 value whilst the working group progresses the move to actual activity and costs.

8. The adjustments set out above do not impact on the savings challenges to the IJB as last reported:
- a. Fit for the Future change programme: as we reported in April (paragraph 41 of the 4 April report to the IJB) the remaining balance of the 2017/18 saving that we needed to achieve on a recurring basis as at the end of March 2018 was £0.954 million. The phased implementation continues and we expect to achieve part and full year savings as set out below from the three tiers encompassing Band 7 / Grade 11 and above. Our reserves strategy will allow the continued and planned phased implementation.

	2018/19 Part Year £million	2019/20 Full Year £million
Achieved and Firm Plans to date Band 7 / Grade 11 and above	0.406	0.705
Balance from remaining workforce (should yield savings in the current year and will achieve full saving next year but most prudent / pessimistic position is to assume nil in the interim)	TBC	TBC
Maximum possible draw from reserve	0.548	0.240

- b. NHS funding gap remains unchanged at £0.185 million resulting from a prudent view on prescribing pressures. The IJB agreed a prescribing contingency to manage this position given the volatility in prescribing. The latest intelligence suggests the pressure may not be as high as the 5% we set the budget on so we are well placed at present.
- c. ERC current year savings requirement remains unchanged at £0.412 million and plans are in place to achieve this in full.
9. The IJB will recall that we took the decision to minimise the impact on front line services, namely care packages when looking at our budget planning with ERC over the Council three year budget cycle. This leaves us with a potential £7 million funding gap over 2019/20 and 2020/21. This recognises that it will take time to reduce demand and in the meantime we continue to identify efficiencies and work as effectively as we can to minimise the impact on care package budgets.
10. The NHS future cost pressures will in the main be pay and prescribing so similar to this year. There is also specific pressure which may arise within the Specialist Learning Disability Service relating to out of area and forensic costs. These will be reported as and when they crystallise.
11. Given the 2018/19 budget settlement from the Scottish Government was an improved position on that anticipated and the continued recognition of the pressures within the Health and Social Care system we would hope that the future year budget settlements will reflect this. The Scottish Government have given a commitment to the Chief Financial Officer's Section that future year planning assumptions will be agreed, allowing us to forward plan with a better degree of certainty.
12. In the meantime we continue to develop savings proposals for the future years that are prioritised and scalable. We engaged KPMG to undertake research, identify gaps and weaknesses in our management information, develop a scenario planning tool and facilitate workshops to inform this prioritisation. From the workshops held at the end of March the top 5 scenarios were:

13.

	FOR ILLUSTRATION	£m possible saving
1	Further development of community led support	1.097
2	Strengthening of digital monitoring via telecare and telehealth	0.358
3	Enterprise Mobility; agile working	0.383
4	Enhancement of support for falls and frailty	0.356
5	Prescribing	0.115
	Total Illustrative Scenarios	2.309

The detail of each scenario is included at Appendix 2 for information.

14. We recognise that the potential savings identified will be overstated as we will already have undertaken some of this work, however the principles agreed for developing and modelling scenarios will stand us in good stead for our future planning. We are also developing a Management Information Strategy to ensure we are able to robustly capture and report on our management and performance information.
15. We are continuing to work through these scenarios, develop others and refine the long list of savings options previously discussed with the IJB when looking at financial challenges and scenarios (8 September 2017). Our proposed approach to Individual Budgets will allow us to achieve some cost reduction in care package costs.
16. The intention is to bring future scenarios, our commissioning strategy and savings proposals to the August and / or September IJB and this will subsequently inform discussion with our partners.
17. We will continue to review our staffing establishment, although opportunities will be limited given the radical restructure we are undergoing. However continuous improvement, skills mix and digital opportunities will always be explored.
18. In addition to our core revenue funding we have now received notification of our share of specific funding initiatives for 2018/19:

	£ m
Primary Care Improvement Fund *	0.714
Mental Health Strategy Action 15	0.172

* Note: £0.120m already in baseline funding, so new funding is £0.594 m.

19. The implications of each funding source is being worked on and will be separately reported to the IJB and incorporated into future financial reporting. We will be required to report progress against each fund to the Scottish Government.
20. The Primary Care Improvement Plan is out for consultation and will be reported separately to the IJB. It should be noted that there are strict criteria applied to the use of the Primary Care Improvement Fund which will be released in two tranches, with tranche 2 funding (30%) dependant on fully spending tranche 1.
21. The Mental Health Strategy funding is specifically for action 15 of the strategy to provide resource to deliver 800 mental health workers nationally. This will be delivered in conjunction with the Primary Care Improvement Fund to support sustainable mental health and primary care redesign. It is helpful that we have funding confirmed for action 15 for 2019/20 of £0.265 m, 2020/21 of £0.375 m and 2021/22 of £0.499 m so we can plan ahead with some certainty.

22. In addition to action 15 the five year Mental Health Strategy is collectively being progressed by all six HSCPs within NHSGGC and progress on this, as well as on our local plans will be reported separately to the IJB.

FINANCE AND EFFICIENCY

23. We will achieve the 2018/19 new savings challenges on a recurring basis and have a reserves strategy in place to allow us to fully deliver the remaining Fit for The Future savings on a structured and phased basis.
24. The financial planning work for future years continues and will be reported along with our commission strategy in August and September.
25. All other financial implications are included in the report.

CONSULTATION AND PARTNERSHIP WORKING

26. The CFO continues to work closely with the Council's Section 95 Officer and NHSGGC Assistant Director of Finance.

IMPLICATIONS OF THE PROPOSALS

Risk

27. There are a number of risks in relation to the current and future years, including:
 - a. Future year financial plans and ideally a jointly agreed future year plan
 - b. Delivery of the Fit for the Future change programme
 - c. Managing impact of fair work practices
 - d. Winter pressures, out of area costs, forensic transfer
 - e. Continuing Care bed funding model implemented
 - f. Delivering targets and outcomes such as delayed discharge and waiting times
 - g. Managing demand and the impact of legislation changes (e.g. carers)
 - h. Managing prescribing volatility
 - i. Implications from consumption of hosted services – currently no cash impact
 - j. Changes to the GP contract and compliance with other funding initiatives
28. There are no implications in relation to policy, staffing, legal, property/capital, equalities, or IT.

CONCLUSIONS

29. The confirmed budget contributions for 2018/19 are in line with the budget agreed on 4 April 2019.
30. The current year budget will now be monitored through the regular revenue budget monitoring report to the IJB.
31. The future year's financial planning will continue to be reported to the IJB.

RECOMMENDATIONS

32. The Integration Joint Board is asked to:
- Approve the revenue budget contribution of £66.669 million from NHS Greater Glasgow and Clyde excluding set aside
 - Note the content of the report

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk
0141 451 0746

27 June 2018

Chief Officer, HSCP: Julie Murray

BACKGROUND PAPERS

IJB 04.04.2018 – Item 7: Proposed Budget 2018/19
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22100&p=0>

IJB 14.03.2018 – Item 12: Budget Update Report
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21804&p=0>

IJB 29.11.2017 – Item 12: Budget Update and Financial Planning
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21469&p=0>

IJB 29.03.2017 – Item 10: Budget Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19794&p=0>

IJB 16.08.2017 – Item 11: Budget Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=20680&p=0>

BLANK PAGE

Greater Glasgow and Clyde NHS Board

JB Russell House
 Gartnavel Royal Hospital
 1055 Great Western Road
 GLASGOW
 G12 0XH
 Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 1st May 2018
 Our Ref: MW/JH

Enquiries to: Mark White
 Direct Line: 0141-201-4610
 E-mail: Mark.White@ggc.scot.nhs.uk

Dear Julie

2018/19 Devolved Budget Allocation to East Renfrewshire Health & Social Care Partnership

I am writing to set out the Board's allocation to the Health and Social care partnership for 2018/19. This proposal has been approved by the NHS Board at its meeting on 17 April 2018. The financial details of the allocation are included in appendix 1 to this letter.

The proposition, which has been agreed in principle with Chief Officers, has been drafted around the following key areas:

Legacy Unachieved Savings

The budget allocation is made on the basis that the HSCP will deliver recurrently its agreed share of the unachieved HSCP savings from 2015/16.

Annual Uplift

The budget allocation includes a 1.5% uplift on 2017/18 base budgets and any proportionate full year effect additional pay, mental health and alcohol and drug funding uplifts from Scottish Government for 2018/19. In addition, a further uplift for the Agenda for Change pay settlement will be confirmed in due course but a prudent indicative estimate is included in the financial schedule in appendix 1.

Prescribing

As previously agreed in 2017/18, the prescribing risk sharing arrangement will terminate with effect from 1st April 2018. The HSCPs have worked on this basis in planning for 2018/19 and the prescribing budgets will be allocated on the existing basis to HSCPs.

The Board will work together with Chief Officers to mitigate this, and more widely reduce the costs of drugs, through a series of actions including collaborating with other HSCPs across Scotland to proactively engage with the Scottish Government with the clear aim of establishing plans to reduce overall drug costs in 2018/19. This will include a clear focus on testing how improved national procurement can generate a cost advantage in year; and consideration of drug availability in 2018/19 in Scotland / locally with the joint aim that patient need is met, patient safety assured, effectiveness and evidence are prioritised but costs are reduced.

Joint Working

Shifting the balance of care remains a key commitment of the Board and the Integration Joint Boards. As such, Chief Officers will continue to work with the Board's Executive and Senior Management teams to identify any plans for delivery in 2018/19 that will appropriately accelerate service redesign and change as part of the emerging Moving Forward Together Health and Social Care Transformation Programme.

This programme is centred on ensuring a balanced and effective future system of health and social care services. These changes must sensibly and pragmatically connect the policy intentions set out in the Scottish Governments National Clinical Strategy, Health and Social Care Delivery Plan, link to the emerging West of Scotland Regional Plan, to the emerging NHSGGC whole system Mental Health Strategy, to the

implementation of the new GP contract and the local HSCP Primary Care Improvement Plans and to the NHSGGC Unscheduled Care Action Plan.

Set Aside Budget

The 2018/19 Set Aside Budget for unscheduled care services consumed by your HSCP in Acute hospitals will be advised to you in due course as the calculations are currently being updated. The Board is currently working with HSCPs and Scottish Government colleagues to review the basis for calculation using current activity levels and actual budgets and to agree details of how it will work in practice. This will remain a notional budget in 2018/19.

Corporate Recharges

The following items will continue to be recharged to the HSCP during 2018/19:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2018/19.

Yours sincerely

Mark White
Director of Finance

Appendix 1 – Financial Allocation

Spend Categories	East Renfrewshire Hscp
	£000s
Prescribing incl contingency& central methadone	15,384.0
Drugs	116.3
Non Pay	3,258.1
Pay - AFC	14,094.5
Pay- Sen Mgrs & Med & Dental	1,272.9
Purchase Of Healthcare	840.2
Resource Transfer	11,131.6
Savings	(152.0)
Family Health Services *	23,073.1
Total Expenditure	69,018.7
Fhs Income*	(1,378.6)
Other Income	(1,848.2)
Total Income	(3,226.8)
Net Total budget	65,791.9
Budget Eligible for HCH uplift	44,097.4
Uplifts - to be confirmed	
SG allocation to Boards @ 1.5%	661.5
AFC Pays uplift consequentials - TBC	215.6
Total expected Uplift (TBC)	877.1
Budget Allocation	66,669.0

BLANK PAGE

Scenario 1: Further development of community-led support ⁶¹

62%

Proportion of cohort who reduced their GP attendances under the Wigan Deal

This was based on the provision of a link worker service. GP attendances were reduced by an average of one third for this group, although for some clients, GP visits did increase.

£900,000

Annual saving to health and local authority in Cornwall in a joint pilot with the third sector

Older people with at least two long-term conditions (e.g. diabetes or memory loss) were referred to Age UK whose trained volunteers co-ordinated health and social care services and more informal community-based support. The volunteers worked as part of a local integrated care team based around the GP practice.

95%

Proportion of people moving on from a step-down service who avoided moving to residential care under Homes from Hospital

The Homes from Hospital step-down service provides accommodation for elderly individuals who are not ready to immediately return to their own home. The scheme provides ten step-down beds and acts as a short term reablement service.

Up to £4

Value per £1 invested through a Thurrock community support pilot

Local Area Coordination (LAC) is an asset-based approach that aims to help vulnerable individuals to find flexible community-based solutions, either in addition to or instead of, traditional and statutory services; they do not require referral and are not subject to eligibility criteria. Social care demand fell as a result.

£1,097,321

Combined saving if the Calderdale, Kent, Cornwall and Birmingham programmes were locally applied

This is an outline estimate based on the population size of East Renfrewshire relative to each named area. There are a number of other projects with less defined cashable savings; this also takes no account of social value, as accounted for in the Thurrock pilot for example.

64%

Hospital admissions that could be avoided on the day, according to the Local Government Association

The remaining third (36%) would have required early identification and prevention prior to the point of attendance to avoid admission.

97.2%

Proportion of clients assisted in Calderdale without requiring a full social care assessment

The 'Gateway to Care' is a joint service for health and social care that offers a single point of contact for the public and other professionals (particularly GPs) to address their social care concerns. It generated £1.2m in savings per year and the number of older people in residential care fell by 13%.

34%

Reduction in long-term bed placements arising from the roll-out of a Kent pilot

This approach involved hospital teams being encouraged to constructively challenge cases where a discharge into residential care was proposed. They worked closely with social workers who offered their expertise and acted as the catalyst for change. Short-term placements were also reduced, by 36%.

£2,000,000

Estimated annual saving to Birmingham City Council through its Shared Lives programme

Service users are matched with a compatible carer who uses their own home to provide that person with longer-term support or a short-term break. Only 173 service users, most with learning disabilities, are covered by the programme; additional future savings could be up to £1.3m per year.

Scenario 2: Strengthening of digital monitoring via telecare and telehealth ⁶²

£661,974

Annual saving on care home and hospital stays in a Renfrewshire telecare pilot

This breakdown was made up of a £512,589 saving on care home stays and a £149,385 saving on hospital stays. This pilot covered only dementia patients.

43%

Reduction in occupied bed days already achieved by East Renfrewshire through telecare expansion

The number of occupied bed days from 3,433 to 1,958 between 2015/16 and 2016/17.

33%

Proportion of local authority telecare managers who say that telecare is informed by research evidence

The findings of a 2016-17 national survey of local authority demonstrate the opportunities to deliver better telecare through the numerous best practice examples that exist.

72%

Reduction in hospital stays year-on-year in a new commissioning plan in Calderdale. Hospital bed use and emergency admissions also fell

The Quest for Quality in Care Homes pilot was developed, which aims to address the variations in practice across care homes, supporting the delivery of consistent, efficient, proactive care by upskilling and empowering staff.

£357,859

Potential annual saving on care home and hospital stays in East Renfrewshire

Based only on the application of the Renfrewshire telecare pilot; a broader application of the available successful research could result in even greater savings.

£2,400

The cost of providing a year of telemedicine support, according to the Airedale pilot

By comparison, a single urgent hospital admission was considered to cost £2,500, meaning that only one visit needed to be diverted per year per recipient to more than reclaim the cost of providing support.

59%

Decline in hospital bed days for patients from adult nursing and care home populations in an Airedale telehealth pilot

The service allows patients with existing conditions to have medical consultations from the comfort of their own home via a video link, avoiding the hassle of travelling to a hospital as well as the risk of unnecessary admissions.

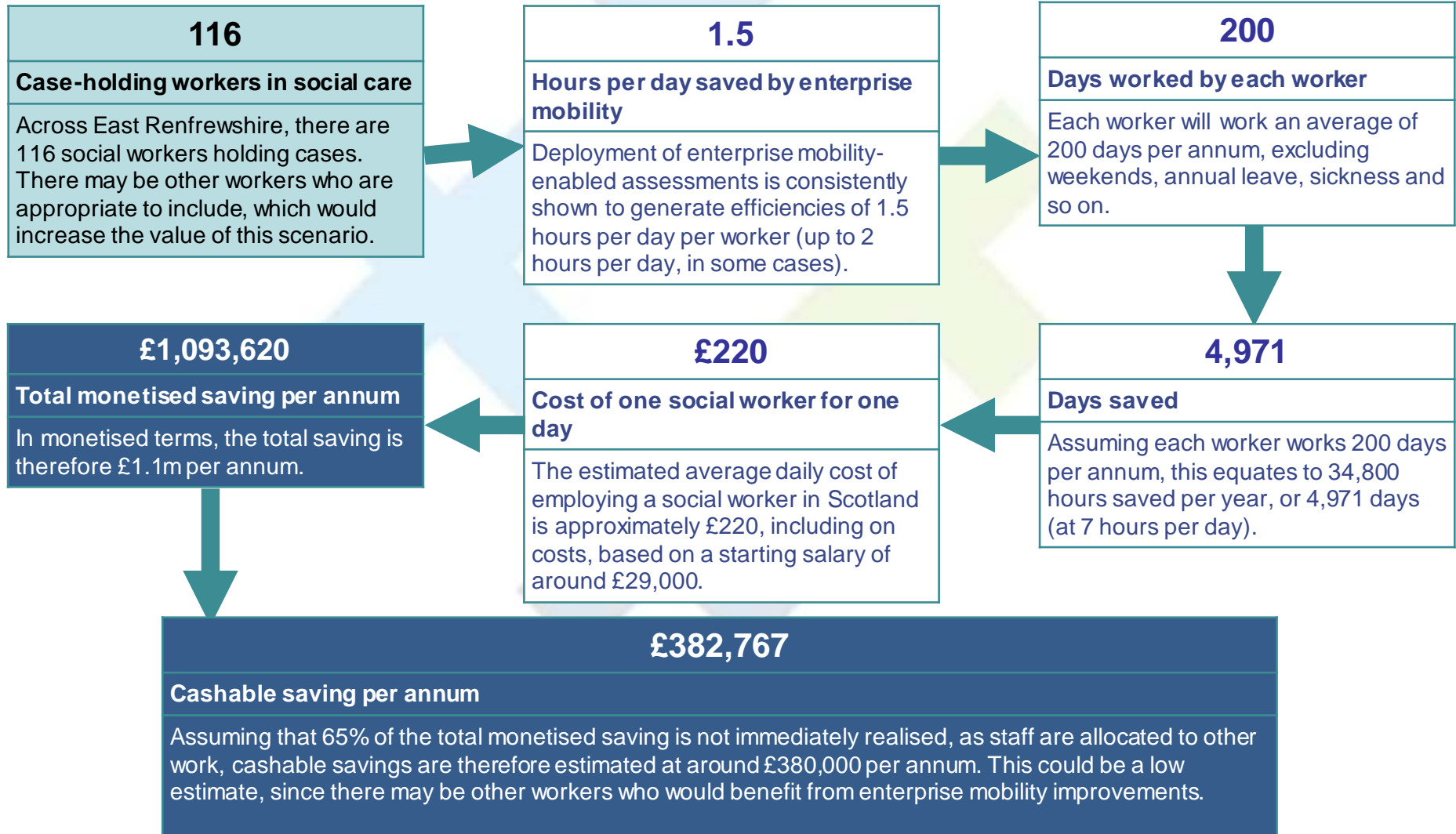
18%

Reduction in residential care admissions in a major expansion of telecare in Blackburn with Darwen

A 'hearts and minds' change programme for stakeholders was conducted, identifying barriers to the successful implementation of the telecare service and putting in place plans to overcome them. Telecare and reablement were also integrated.

Scenario 3: Enterprise mobility enhances operational efficiency ⁶³

The average caseworker only spends about 18 percent of their time in face-to-face contact with children and families. Over 33 percent of their time is spent preparing documentation. Seven percent of their time is spent preparing for, appearing, or waiting to appear in court, and over 12 percent of their time is spent travelling (National Association of Social Workers)



Scenario 4: Enhancement of support for falls and frailty

8.5%

Proportion of women aged 65-74 who were determined to be frail in a 2010 UK study

The figure was 4.1% in men. This was based on an approach examining a group of patient characteristics (unintentional weight loss, reduced muscle strength, reduced gait speed, self-reported exhaustion and low energy expenditure) which, if present, can predict poorer outcomes.

21

Falls per 1,000 people aged 65 or over

East Renfrewshire's rate is similar to Scotland's at 22, which represents good performance given the older age profile of the area's population.

21%

Proportion of 'front door' service users who were classified as 'avoidable acute hospital admissions'

This was based on LGA analysis of 'front door' service users in London and also highlighted that, of these, one third would have been avoided by early identification and preventative measures. The most common type of preventative service 'missed' was falls prevention.

10%

Reduction in overall hospital admissions for frail elderly people enjoying enhanced preventative support

This study by the Nuffield Trust, centred on empowering paramedics to provide greater levels of care focused on the frail elderly in the community for common causes of A&E visits such as falls, also reduced A&E admissions (for this population) by 10%.

£356,361

Potential saving in East Renfrewshire if all older residents at risk of falling were proactively referred to physiotherapy

The falls prevention economic model outlines potential savings of £250m across the UK based on the scaling up of a number of pilots, of which East Renfrewshire's share (based on population) would be about £350,000 per year - potentially even higher given the area's age profile.

57%

Reduction in falls in care homes in a single year

Of the areas studied, Greenwich had the most comprehensive use of falls prevention service. Their approach involved a bespoke multidisciplinary team, managed by a dedicated falls coordinator. Whilst they initially focused on referrals to social care, they broadened their area of focus to include those presenting at A&E.

28.2%

Reduction in length of unplanned hospital stay experienced by nursing home residents where the Red Bag initiative is in place

The Red Bag initiative was a Sutton pilot designed to ensure that residents living in care homes received safe, coordinated and efficient care should they need to go into hospital in an emergency. For residential home residents, the stay was reduced by 6.8%.

7th

Position in which East Renfrewshire would be if the reduction in its falls rate equalled that of the Sutton pilot (16%)

East Renfrewshire is currently 20th (of 32 authorities) for Integration Indicator NI 16, on falls per 1,000 people aged 65 or over.

Less than 5%

Proportion of local authority service users were identified as having 'missed out' on falls prevention support in Greenwich

This compares to a UK average of more than 20%.

Scenario 5: Exploration of options for reducing cost in prescribing

£200,000+

Anticipated annual savings from the roll-out of a medicines optimisation pilot in Bath and North-East Somerset (BANES), reported in March 2018

The most common recommendation was to switch from one medication to another, followed by removal of medication, reducing the quantity on the prescription and reducing the frequency of prescribing. Removal of medication achieved the biggest savings.

£4.53

Savings per £1 invested in community pharmacies

This was based on the findings of the Bath and North East Somerset project, and excluded any potential savings arising from the changing or ceasing of medication unless they were agreed by pharmacists.

£300,000,000+

Annual cost of wasted medicines in the NHS, according to a 2010 study (reviewed in 2015 by its authors and considered to still be valid)

Categories of waste consist of one or more of the following: the patient doesn't take (all of) the medicine prescribed, stops taking it, forgets to take it, has a surplus of it (for example, by dying or getting better) or stockpiles it.

97.4%

Proportion of the prescribing funding gap that could be covered by locally applying medicines optimisation in care homes and avoidance of over-the-counter prescriptions

A number of pilots have focused on medicines optimisation, so potential savings are even greater in this area. However, with care home residents likely to increase in number in coming years, this is an area of particular local relevance.

£542,000

Funding gap for prescribing in East Renfrewshire, as outlined in IJB budget papers in April 2018

Across the wider Greater Glasgow and Clyde area, an overspend of £8m was estimated as at January 2018.

£115,473

Annual saving if a Northumberland pilot focusing on medicines optimisation was applied in East Renfrewshire

The project looked to carry out individual medication reviews to optimise medicines use, and was very successful, leading to a saving of £183 per care home resident. With 631 adult care home residents in East Renfrewshire as at March 2018, there is the potential for significant annual savings.

20

It can be up to 20 times more expensive to process a prescription for an over-the-counter medication than it is for the patient to buy

This figure comes from a publicity campaign being conducted by North Tyneside to reduce avoidable prescriptions, such as those for allergies, stomach upsets, travel sickness and aches and pains.

£412,664

Average annual spend in East Renfrewshire in 2015-17 on GP prescribing of some of the most common medicine categories available to purchase over the counter

These consist of oral ibuprofen, oral paracetamol, laxatives, anti-inflammatory gels, and antispasmodics & peppermint.

£183

Savings from the medicine for each care home resident who was subject to medication review in a Northumberland programme

The pharmacist undertook a medication review using primary care records. The results were discussed at a multidisciplinary team (MDT) meeting with the care home nurse, GP and local psychiatry of old age service (where appropriate).

Contacts

Name	Contact Details
Eric Applewhite <i>Engagement Leader</i>	[Redacted]
David Fogg <i>Senior Manager</i>	[Redacted]
Richard Walker <i>Senior Manager</i>	[Redacted]
Chris Hyde <i>Manager</i>	[Redacted]
Megan McCluskey <i>Consultant</i>	[Redacted]

