

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>	
<b>Held on:</b>	<b>12<sup>th</sup> June 2024</b>	
<b>Agenda Item:</b>	<b>11</b>	
<b>Title:</b>	<b>Year End Financial Outturn 2023-24</b>	
<b>Summary:</b>		
The purpose of this report is to advise the IJB of the actual financial outturn for the financial year ending 31 <sup>st</sup> March 2024.		
<b>Author:</b>	<b>Lisa Duncan, Chief Finance Officer</b>	
<b>Recommendations:</b>		
It is recommended that the Integration Joint Board		
<ul style="list-style-type: none"> <li>i Note the actual financial outturn for the year ended 31<sup>st</sup> March 2024.</li> <li>ii Note the financial outturn in relation to Lead Partnership services.</li> <li>iii Note the financial outturn within the Acute Services budget and Set Aside budgets.</li> <li>iv Note the progress made towards savings in Appendix D.</li> <li>v Note the Improvement and Innovation projects approved to date in Appendix G.</li> <li>vi Approve the request to earmarking funds in Sections 4.11 – 4.11 and detailed on Appendix F.</li> <li>vii. Approve the budget virement noted in Section 14.14.</li> <li>viii. Note the key financial issues and risks for the IJB in Section 4.16.</li> </ul>		
<b>Route to meeting:</b>		
<b>Finance DMT – 30<sup>th</sup> May 2024</b>		
<b>Budget Working Group – 5<sup>th</sup> June 2024</b>		
<b>Directions:</b>		<b>Implications:</b>
1. No Directions Required <input type="checkbox"/>		Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>		HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>		Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>		Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

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## YEAR END FINANCIAL OUTTURN 2023 - 2024

### 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the IJB of the actual financial outturn for the financial year ended 31<sup>st</sup> March 2024. The report will also provide an update on progress made against approved savings and movements on the annual approved budget for 2023-24. Request for approval on budget virement, use of reserves and funds for earmarking to use in 2024-25.

### 2. RECOMMENDATION

#### **2.1 It is recommended that the Integration Joint Board**

- i. Note the actual financial outturn as at 31st March 2024.**
- ii. Note the financial outturn in relation to Lead Partnership services.**
- iii. Note the financial outturn within the Acute Services budget and Set Aside budgets.**
- iv. Note the progress made towards savings in Appendix D.**
- v. Note the Improvement and Innovation Fund projects approved to date in Appendix G.**
- vi. Approve the request to Earmark funds in section 4.11 – 4.13 and detailed on Appendix F.**
- vii. Approve the budget virement noted in section 4.14.**
- viii. Note the key financial issues and risks for the IJB in section 4.16.**

### 3. BACKGROUND INFORMATION

- 3.1 The actual year end outturn for the financial year end 31<sup>st</sup> of March 2024 is an overall underspend of £7.292m, prior to earmarking. This includes the partnerships' share of the Lead Partnership's projected outturn. The projected outturn is broken down as follows:

- Social care services delivered by South Ayrshire Council are underspent by £5.273m prior to earmarking.
- Managed services delivered by NHS Ayrshire and Arran are underspent by £0.840m, prior to earmarking.
- Lead Partnership arrangements are underspent of £1.179m, prior to earmarking. This includes our share of East Ayrshire's underspend and North Ayrshire's underspend combined with their contribution to our lead partnership services overspend.

- 3.2 The underspend of £7.292m, represents a favourable movement of £4.623m from period 9. Main changes to the projections are noted below.

Favourable movements in the following areas: -

- Social Services payroll turnover £0.661m favourable movement due to slippage in vacancies and reserve allocations including improvement and innovation fund not fully utilised in year, to be earmarked into 2024-25.
- Lead Partnership services favourable movement of £1.043m, due to allocations not fully spend and earmark exercise carried out at year end, request is made for approval in Section 4.11.1 to earmark £1.005m of Lead Partnership underspends.
- Care at Home inhouse projection favourable movement of £0.515m due to prior projection assuming more posts filled than materialised.
- Children's family favourable movement of £0.514m, mainly due to income received for Unaccompanied Asylum-Seeking Children (UASC) greater than actual spend as service provided from already established current service provision.
- Addictions favourable movement of £0.830m due to various funding allocations received from Scottish Government, IJB Reserves and Public Health which cover more than one year, these will be requested for approval to earmark to use in 2024-25.
- Individual Service Funds across all service's favourable movement of £0.600m, this is due to projection based on commitment from individual plan, with service users accessing less than planned care.
- Underspends on various earmarked funds allocated in year not fully spent, i.e.. Grow Your Own £0.203m, Policy Officer £0.082m, Support Officer posts £0.060m Practice Development £0.080m, Locality Participatory Budgeting £0.055m.

#### **4. FINANCIAL COMMENTARY**

4.1 The integrated budget for 2023-24 is £293.812m, with an actual underspend of £7.292m prior to earmarking.

4.1.2 Appendix A provides the projected financial position for the partnership and highlights the variances in service expenditure. Appendix B provides detail per partner.

4.1.3 The following sections will provide an overview of the projected financial outturn and underlying assumptions. An explanation of budget movements in year along with use of uncommitted reserves and earmarking seeking approval and progress on savings to be achieved.

#### **4.2 Community Health and Care – underspent by £1.174m**

4.2.1 Against a full year budget of £82.358m, there is an underspend of £1.174m (1.4%). The main reasons for the underspend are:

4.2.2 **Purchased Care at Home Service** underspent by £0.341m. The budget can afford 6,111 hours per week at the end of the year there were 5,722 hours commissioned per week. A reduction of 15% or 1012 hours per week since April 23.

- 4.2.3 Demand for care at home services at present exceeds the capacity available, with weekly information on unmet need collected, reviewed, and presented to Scottish Government. The service continues to invest in the in-house service to increase capacity to meet demand, along with regular reviews of care packages and a focus on early intervention and prevention services to reduce demand on care at home.
- 4.2.4 **Care at Home Employees including reablement team** underspent by £1.833m, due to vacancies filled part year. Reablement Team includes £0.052m of underspend from previously approved earmarked funds to be carried forward into 2024-25.
- 4.2.5 Appendix E highlights the trend in purchased care at home over the last twelve months along with the demand for care at home and the capacity available.
- 4.2.6 **Analogue to Digital** underspent by £0.105m, due to timing of receipt of new equipment to replace old analogue community alarms, request to earmark this underspend to ensure funding available to meet the costs in 2024-25.
- 4.2.7 **Allied Health Professionals** – underspent by £1.308m, of this £0.221m is requested to be earmarked into 24-25 relating to balances left of previously approved earmarked funds. Balance of the underspend £1.087m is mainly due to shortage of newly qualified practitioners across all AHP disciplines, this is a national issue and an effect of less university spaces being available, combined with graduates taking up posts in city locations. The shortage of AHP's this year has had a negative effect on waiting times and waiting lists.
- At the end of the financial year a Pan Ayrshire recruitment drive to engage new graduates in employment was held this included open evenings and events, this has proved successful with several vacant posts being filled. Other opportunities have been realised through increasing use of support roles, reviewing a grow your own method of training workers on the job with opportunity to further their careers, and international recruitment options to fill vacancies.
- 4.2.8 **Intermediate Care and Rehab** – underspent by £0.255m, due to slippage in filling five vacant posts, at the end of year all posts have been filled.
- 4.2.9 **Physical Disabilities** - underspent by £0.383m mainly due to an underspend in community packages including Direct Payments and Individual Service Funds.
- 4.2.10 *The above underspends have been offset with overspends in the following services:*
- 4.2.11 **Care Homes** – overspent by £1.000m. at the end of the year there was 877 residents, budget can afford 885 at an average cost of £24,635 per annum. In 2020 Pre-Covid care home placements were 67% Nursing and 33%

residential. This ratio has now changed to 75% nursing and 25% residential, this has resulted in an overspend as cost of nursing is greater than residential care. This overspend has also been compounded by a decrease in self-funders and an increase in people receiving funding from the Council. In 2020 self-funders accounted for 43% of placements, this has reduced to 40%. Council are therefore funding 60% of placements compared to 57% in 2020. There is also a number of placements also being charged at costs over and above the NCHC due to complexity of needs and additional care required. This cost pressure has been factored into the budget for 2024-25.

- 4.2.12 **Care Homes Respite** overspent by £0.137m with demand increasing back to pre-covid levels. This service is essential to support carers. Budget will be closely monitored during 2024-25.
- 4.2.13 **Income under recovery** – there was an under recovery of income of £0.488m, mainly due to less than anticipated income from care home fees within South Lodge, and day care charges not implemented and less income from charges for non-personal care.
- 4.2.14 **Biggart Hospital** – overspent by £0.404m, despite an additional non-recurring £0.835m allocated this year to fund additional 17 beds. Overspend is due to increased levels of long term and short-term sick and increased needs of patients requiring one to one support or at times 3 to one support. As at 5th of April there were 32 delayed discharges in Biggart Hospital.
- 4.2.15 The IJB Budget for 2024-25 approved £1.5m to be used to remodel Biggart Hospital and reduce the beds to 47 by April 25. The reduction of beds is dependent on an increase in community capacity allowing for reduction in Delayed Transfers of Care (DTC). The bed reduction can be achieved on a sliding scale as DTC reduce to 70, beds can close on a phased basis. As at 5<sup>th</sup> of April there was a total of 77 Delayed Transfers of Care.
- 4.2.16 **Girvan Hospital** - overspent by £0.189m due to additional staffing to meet patient acuity, complexity of care provision, end of life care and a reduction in the flow due to delays in discharges of care to the community. As at the 5<sup>th</sup> of April there was a total of four Delayed Transfers of care. Girvan has 20 inpatient beds, all of which are utilised either from admissions from home, transfers from acute or day case admissions. DTC are on average 20% of bed capacity.
- 4.2.17 **Community Nursing** – overspent by £0.326m mainly due to increased use of bank staff to cover maternity leave, long and short-term sick. Review of staffing establishment and contracts has commenced to identify potential areas to reduce financial pressure and increase efficiency of staff cover.
- 4.2.18 **South Lodge** – residential care home overspent by £0.296m within supplies and services, property, and employee costs, additional costs were incurred this year using contract cleaning company due to vacancies, running of the third floor. This has been factored into the budget for 2024-25 and approval of

funding for the top floor (Racecourse Intermediate Care Unit) has been granted on a recurring basis.

### **4.3 Children and Justice Services –underspent by £2.223m**

4.3.1 Against a full year budget of £26.720m, there is an underspend of £2.223m (8.3%), the main variances include underspends in:

4.3.2 **Family Placements** – underspent by £0.753m. The budget for 2023-24 included savings of £0.350m from this budget, reflecting the focus on early intervention and prevention approaches through Signs of Safety and the Belmont First project the need to accommodate children has reduced significantly. Underspends were as follows - Adoption placements £0.153m, adoption orders and legal fees £0.249m, kinship allowances £0.184m, fostering £0.154m, supported carers £0.002m and carers in the community £0.011m. Earmark £0.200m of adoption orders underspend for known commitment in 2024-25, timing delay in 2023-24.

4.3.3 The Scottish Government announced investment of £16m to introduce a standard national allowance for foster and kinship carers to support them in caring for the children and young people they look after. This payment means every foster and kinship carer will receive at least a standard, national allowance. The new allowance has been implemented and backdated to 1 April 2023.

4.3.4 Since 2020, the HSCP has increased fostering and kinship allowances by 13.1%. The Standard National Allowance will mean a further increase to foster and kinship carers who care for children aged 0 to 11 years old. The investment from the Scottish Government has been allocated to South Ayrshire Council who will pass through the allocation to meet this financial year's cost.

4.3.5 **Outwith Authority Placements** - underspent by £0.491m, there are currently 41 young people being supported compared to a budget of 50 placements, cost this year included four secure placements at a cost of £0.594m in the year.

4.3.6 **Health Visiting** – underspent by £0.110m due on average 3 WTE staff vacancies during the year following retirements. All posts are now filled.

4.3.7 **Unaccompanied Asylum-Seeking Children (UASC)** – underspent by £0.650m due to delay in earmarked funds being spent (£0.175m) and income received greater than cost of care as utilising current inhouse capacity to provide care (£0.475m). Currently there are 22 young UASC, and funding is provided based on age range, with higher age children receiving less income. Request to earmark £0.650m of underspend to ensure ring fenced to support UASC including committed costs for support posts within social services and education currently in recruitment process. The funds carried forward will ensure all UASC can be supported as they grow older and the income received declines.

#### **4.4 Mental Health Services – underspent by £1.805m**

4.4.1 Against a full year budget of £38.363m, there is an underspend of £1.806m (4.7%). The main reasons for the overall underspend are: -

4.4.2 **Mental Health Community Care Packages** – underspend of £0.359m in relation to all three self-directed support options. The underspend is mainly due to ability to commission mental health services in the community.

4.4.3 **Mental Health Voluntary Organisations** – underspend of £0.139m due to less than anticipated demand.

4.4.4 **Learning Disability Community Care Packages** - underspend of £1.194m in relation to all three self-directed support options.

4.4.5 **Learning Disability Health Team** – underspent by £0.104m due to slippage in filling vacancies.

4.4.6 **Community Living Change Fund** – underspent by £0.132m, request to earmark this balance for spend in 2024-25.

4.4.7 **Mental Health Community Team** – underspent by £0.080m due to slippage in filling staff vacancies.

4.4.8 **Addictions Team** – underspent by £0.840m, due to underspends within Alcohol Drug Partnership £0.193m, previously earmarked residential rehabilitation funding £0.222m, One Stop Shop post £0.084m, ADP Development Officer £0.018m, Public Health funding £0.237m, and Improvement and Innovation funding for Recovery Hub £0.077m, all underspends are requested to be earmarked into 2024-25.

*Above underspends offset with overspends in: -*

4.4.9 **Learning Disability Residential Care** – overspent by £0.548m, at the end of the year there was 47 placements.

4.4.10 **Mental Health Residential Care** – projected overspend of £0.427m at the end of the year there was 25 current placements.

#### **4.5 Support Services underspent by £1.300m**

4.5.1 Within the Council there is an underspend of £0.960m, relating to the following: -

- Payroll turnover target of £2.387m has been exceeded by £0.726m. Overall underspend in payroll of £3.113m is 7% of payroll budget. Due to vacancies in year within Children and Families (£1.064m), Admin (£0.300m), Adult Social Care Management Structure (£0.230m), Older People Social Work Teams (£0.660m), Occupational Therapy (£0.182m), Directorate Support Services (£0.295m), Learning Disabilities (£0.382m).

- Locality Planning participatory budgets were underspent by £0.055m this will be earmarked for use in 2024-25.
- Grow Your Own initiative £0.203m underspend, Fund of £0.250m approved to be spent over three years, full allocation of £0.250m in budget for 2024-25, balance to be earmarked for use to 2026-27.
- Newly Qualified Social Work posts approved prior year from reserves balance remaining of £0.050m to be earmarked for use in 2024-25.
- Improvement and Innovation funding for ageing well and VASA support has been underspent by £0.040m and will be earmarked for use in 2024-25.
- Practice Development Team underspent by £0.109m, £0.080m previously earmarked not utilised, earmark for use in 2024-25.
- Offset with a £120k overspend on Apprenticeship Levy Costs.

4.5.3 Within Health there is an underspend of £0.340m, of which £0.292m relates to admin support vacancies, £0.090m underspend in management support offset with £0.045m overspend on Apprenticeship Levy costs.

#### **4.6 Hosted Services overspend of £0.482m**

4.6.1 The Continence Team overspent by £0.134m due to an increase in volumes of purchases at new contract prices and additional staffing costs. Budget for 23-24 increased for contract pressures. Going into 24-25 staffing will reduce to budgeted levels and training will be undertaken with prescribers of products to ensure best value and keep spend in line with budget.

4.6.2 Community Equipment store overspent by £0.451m due to increase in demand particularly for mattresses and beds, and replacement of obsolete mattresses at a higher cost.

4.6.3 The Locality Manager presented an update on the store operations to SPOG on 23rd of October. This included impact of increase in demand, improvements made in response times to meet end of life care needs, replacement of equipment required rather than continued expensive repairs. A Test of change reviewed the process of repairs allocated to provider, this involved the Team Manager screening repair requested, this has reduced the repair bill from £16k per month at April 23 to £9k per month at Dec 23. However, increased the purchases on replacement equipment and increased annual servicing costs. Specific cost pressures on mattress replacement and increase in demand for mattresses and beds, cost pressure for 24-25 have been developed and approved as part of budget for 24-25,

4.6.4 Family nurse partnership underspent by £0.103m, due to additional income received from NHS Education Scotland (NES) not included in prior projections.

#### **4.7 Lead Partnerships actual underspend of £1.179m**

4.7.1 The table below shows recharges to East and North for services we host, with income of £0.331m, being their share of our £0.482m overspend, as noted in Section 4.5 Hosted Services.



4.7.2 The recharge from other Partnerships is our share of East's underspend of £1.202m and North's underspend of £1.690m, prior to any earmarking requests for approval.

	Annual Budget 23/24	Actual Outturn 23/24	Variance (Over)/ Underspend
Recharges to other Partnerships	(2,656)	(2,987)	331
Recharges from other Partnerships	57,899	57,051	848

4.7.3 The table below shows how the over and underspends have been allocated to each partner based on the NRAC shares noted in the table. These figures have been agreed by Ayrshire Finance Leads.

Host IJB	Underspend/ (Overspend) 23/24 £'000	East Ayrshire NRAC Share £'000	North Ayrshire NRAC Share £'000	South Ayrshire NRAC Share £'000	NRAC Basis
East Ayrshire	540	172	199	169	Community - East 31.9%, North 37%, South 31.1%
Primary Care Improvement Fund	662	459	0	203	PCIF Actuals
North Ayrshire	1,280	420	494	366	Mental Health - East 32.8%, North 38.6%, South 28.6%
North Ayrshire Action 15	410	244	57	110	Mental Health Actuals
South Ayrshire	(480)	(153)	(178)	(149)	Community - East 31.9%, North 37%, South 31.1%
<b>TOTAL</b>	<b>2,412</b>	<b>1,142</b>	<b>572</b>	<b>699</b>	

4.7.4 **East Ayrshire Health and Social Care Partnership lead** on Primary Care services, year-end outturn was £1.202m underspend. The main underspends are due to:

- **Primary Care and Out of Hours Services** - on a managed services basis, there is an underspend of £1.055m on the Primary Care Lead Partnership budget (prior to pan-Ayrshire earmarking £1.343m). This includes a net overall underspend of £0.662m on the Primary Care Improvement Fund which has been earmarked for carry-forward on an actual spend basis at individual IJB level, as well as Mental Health Wellbeing Funding in Primary Care funding £0.218m, which has also been carried-forward. In addition, pan-Ayrshire earmarking of sums to offset future costs in GP premises improvements £0.170m, expansion to Primary Care estates £0.148m and the Phlebotomy service £0.067m have been accounted for.
- Within the overall Primary Care underspend, there is a £0.791m underspend in Dental services that reflects that staffing numbers are running at less than establishment. Recruitment over the 2023-24 financial year is likely to impact

going-forward. A sum of £0.079m has been earmarked on a pan-Ayrshire basis to offset future expenditure on Dental Practices improvements.

- In addition, there are reduced costs within Primary Care contracting and support £1.128m, which are offset by additional Primary Medical Services costs £1.427m, as well as additional costs in Out of Hours services £0.100m, with work ongoing to re-design and mitigate going forward into 2024/25. Funding has been allocated to fully offset Urgent Care Pathway costs £1.182m, as well as Covid-19 Therapeutics costs £0.226m.
- **Allied Health Professions (Lead Partnership)** – there is an underspend of £0.210m for 2023-24 which relates to staffing savings in Physiotherapy/MSK and Podiatry services and is partially offset by increased Orthotics costs. There is a net underspend of £0.052m on the Adult Tier 3 Weight Management Service which has been earmarked on a Pan Ayrshire basis to offset future expenditure.
- **Prison and Police Healthcare (Lead Partnership)** – there is an overspend of £0.103mm due to increased costs associated with the new national medical contract, including additional opioid replacement therapy medication costs. These issues have been recognised as Pan-Ayrshire pressures as part of 2024-25 budget.

4.7.5 **North Ayrshire Health and Social Care Partnership** lead on Mental Health Services is £1.690m underspent prior to earmarking of £1.957m and £0.340m overspend after earmarking. Within this position are the following variances:

- Adult Inpatients overspent by £0.892m, due to the use of supplementary staff, staff for enhanced observations 1:1 and 2:1, staff cover due to sickness (including 2 covid outbreaks) and reduced bed sale income.
- UNPACS (Unplanned Activities) is overspent by £1.313m. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with learning disability or people with neurodevelopmental disorder. This can necessitate an (UNPACS) placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- Mental Health pharmacy overspent by £0.068m due to an increase in substitute prescribing costs.

- Learning Disability services underspent by £0.412m. During the year there was a high usage of supplementary staffing due to backfill for sickness, increased and sustained enhanced observations and vacancies. The enhanced observations are reviewed daily.
- Elderly Inpatients overspent by £0.295 mainly due to the use of supplementary staffing. There are several patients who are on enhanced observations and bank costs remain high.
- The Innovation Fund underspent by £0.200m due to slippage within some of the projects and not all of the funding was allocated.
- The Directorate cost centre – underspent by £0.923m (£1.018m favourable movement). This is due an underspend on Facilities Improvement Funding of £1.021m which was reported as online during the year as it will be earmarked for use on 2024-25. This is partially offset by an overspend of £0.049m on supplies and £0.012m of legal fees.
- Action 15 underspent by £0.410m, this was reported as on-line during the year as the underspend will be earmarked for use in 2024-25.
- Learning Disabilities Health Checks underspent by £0.120m, this was reported online during the year, underspend will be earmarked for use in 2024-25.
- CAMHS – underspent by £1.198m of which £0.803m relates to vacancy turnover savings (reported below) and £0.395m relates to the Mental Health Outcome Framework (MHOF). The MHOF underspend will be earmarked and carried forward for use in 2024-25.
- The turnover target of £0.873m for vacancy savings is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.572m. Main areas contributing to this over achievement are noted below:
  - CAMHS £0.803m
  - Addictions £0.009m
  - Adult Community Mental Health £0.101m
  - Mental Health Admin £0.345m
  - Psychiatry £0.231m
  - Associate Nurse Director £0.061m
  - Psychology £0.885m

4.7.6 **South Ayrshire Health and Social Care Partnership** lead on the community equipment store, family nurse partnership and the continence team. Included in the partnership managed budget is an overspend of £0.481m. Our share of this is £0.150m with the balance £0.331m received from the other Partnerships, reflected in the Recharges to other Partnerships line in the IJB financial report on Appendix A

## 4.8 Acute Hospitals

4.8.1 The 2023-24 annual budget for Acute Services was £427.6m, which includes areas covered in the set aside budget. The year end outturn was a £36.1m overspend. This included £9.9m spent on unfunded beds higher than the £6m anticipated.

Station 10 at UHA (University Hospital Ayr) closed on the 26 April 2023, Ward 5B at UHC (University Hospital Crosshouse) closed on the 10 of June 2023 and Station 2 closed in early September. Station 1 at UHA along with 5A, 4E and 3F at UHC remain open without funding and amount to around 96 beds. Agency nurse spend on these wards during year was £1.577m.

Pay was overspent by £23.5m, of which £13.4m was for nursing and £9m for medical cover. Supplies are £12.8 million overspent with £1.46 million over on taxis and private ambulances, £2.3 million on prescribing, £2.0 million on equipment (such as insulin pumps and continuous glucose monitors), £1.7 million on laboratory supplies and £0.5 million on radiology reporting which is in part off-set by a underspend on salaries. The overspend on surgical sundries is £3.2 million. Unachieved historical cash releasing savings were £2.3m.

4.8.3 The “Set Aside Budget” as it is referred to in the Integration Scheme, represents the direct cost of six specialities and is focussed on unscheduled activity. The six areas of are Accident and Emergency, General Medicine, Geriatric Medicine, Respiratory Medicine, Rehabilitation Medicine, and certain GP non-elective activity. The Integration Scheme makes provision for the Set Aside budget to be managed in year by the Health Board with any recurring over and underspends being considered as part of the annual budget setting process.

4.8.4 No specific set aside resource was identified as part of the budget and the set aside allocation within the 2023-24 budget monitoring reports during the year was an allocation of £30.626m. This indicative allocation is used for the purposes of this financial monitoring report.

4.8.5 Work was undertaken during the year to establish a system to calculate the baseline of resources for each partnership based on actual activity and actual cost. This information has been received on a quarterly basis as part of the Pan Ayrshire fair share’s work, however there is a delay of 8 weeks in data being available. The work undertaken and recommendations will be subject to review and creation of a commissioning plan to ensure that the delegated set aside budgets can be fully implemented during 2024-25.

4.8.6 The table below is Set Aside allocation for 2023-24 based on a baseline of average of beds days for four years prior to the pandemic (removing any variation). The total bed days have been costed at actual 2022-23 prices to provide 2023-24 allocation. South Ayrshire’s allocation compared to the NRAC share, shows we are using more than our “fair share” as determined by NRAC.

All Ayrshire IJB	2023-24 NRAC Share %	NRAC Share £	2023/24 Allocation £	2023-24 Variance £
East	32.40%	29,028,987	26,215,888	2,813,099
North	36.80%	32,971,195	35,007,962	(2,036,767)
South	30.80%	27,595,457	28,371,789	(776,332)
<b>Total</b>	<b>100%</b>	<b>89,595,639</b>	<b>89,595,639</b>	<b>0</b>

#### 4.9 **Budget Movements**

4.9.1 The budget was approved on the 15th of March 23; appendix C highlights the movement in the overall budget position from initial approval. Section 8.2.5 of the Integration Scheme states that “Either party may increase its in year payment to the Integration Board. Neither Party may reduce the payment in-year to the Integration Board nor Services managed on a Lead Partnership basis without the express consent of the Integration Board.”

4.9.2 Explanation on main budget movements:

1. Non-Recurring Budget allocation of Earmarked Reserves to this year’s annual budget
2. Recurring Scottish Government allocation for Council Pay and NHS Pay award
3. Prescribing Uplifts
4. SG Allocations – ADP, School Nursing uplift, Agenda for Change uplifts, Family Nurse Partnership, Drug Tariff increase
5. South ADP budget transfers to North for Addiction services
6. Apprenticeship Levy allocation from NHS
7. IJB funding to Acute for Hospital at Home Service

#### 4.10 **IJB Reserves Balance**

4.10.1 In the IJB annual accounts for 2022-23 reserves balance of £19.830m were approved, as noted in table below. Appendix F Details reserves position for each of the reserve allocations in the table below, with approval status of reserves, some as noted in report are underspent balances from previously earmarked reserves in 2023-24 with remaining expenditure in 2024-25 or later years.

Within Uncommitted General Reserves balance below £3.184m has been transferred during the year to Earmarked Reserves, £2m is requested to be transferred into Improvement and Innovation Fund and the £2.120m Transferred in this being the IJB uncommitted underspend for 2023-24.

Reserves	Opening Balance £'000's	Transfers Out £'000's	Transfers In £'000's	Closing Balance £'000's
Earmarked Reserves	8,529	(9,161)	8,053	7,421
Improvement and Innovation Fund	4,000	(493)	2,304	5,811
Uncommitted General Reserves	7,301	(5,184)	2,120	4,237
<b>TOTAL RESERVES BALANCE</b>	<b>19,830</b>	<b>(14,839)</b>	<b>12,477</b>	<b>17,468</b>

#### 4.11 Earmarked Reserves

Appendix F details the Earmarked Reserves position at 31<sup>st</sup> March 2024, following approval of earmark requests. Please note some requests have previously been approved with underspends to be earmarked for use in 2024-25. The IJB Budget for 2024-25 approved on the 27<sup>th</sup> of March earmarked use of reserves for specific purposes. The following sections will provide details of new earmarked requests.

##### 4.11.1 Lead Partnership Earmark Requests

As noted in Lead Partnership section 4.7 various allocations have not been fully utilised this year, requested to be earmarked for use in 2024-25.

Services delivered by North Ayrshire lead partner for mental health request is made for £0.571m to be earmarked for use in 2024-25 from the specific services as detailed in the table below.

North Lead Partnership Mental Health	£000's
Earmark Requests :	
Breastfeeding Network	19
Learning Disabilities Health Checks	34
Cosette 2023-24	3
Mental Health Infrastructure	292
CAMHS Mental Health Outcomes Framework	113
<b>Total Mental Health</b>	<b>461</b>
Action 15	110
<b>Total Action 15</b>	<b>110</b>
<b>TOTAL NORTH LEAD PARTNERSHIP EARMARK</b>	<b>571</b>

Services delivered by East Ayrshire lead partner for Primary Care request is made for £0.434m to be earmarked for use in 2024-25 from the specific services as detailed in the table below.

<b>East Lead Partnership Primary Care</b>	<b>£'000s</b>
Earmark Requests:	
Dental Practice Improvement	25
Appropriate Adult	1
GP Premises Improvements	53
Primary Care Expansion to Estates	46
Adult Tier 3 WM Service	16
Phlebotomy Service	22
MH Wellbeing in Primary Care	68
<b>Total Primary Care</b>	<b>231</b>
Primary Care Improvement Fund	203
<b>Total Primary Care Improvement Fund</b>	<b>203</b>
<b>TOTAL EAST LEAD PARTNERSHIP EARMARK</b>	<b>434</b>

4.11.2 Within the NHS side of the budget, there are several earmarked funds previously approved that have not been fully utilised in 2023-24, a total of £0.339m requires to be carried over into 2024-25, relating to Dementia Post Diagnostic Support £0.079m funding from Scottish Government to be carried forward to fund posts undertaking this work, funding out of line with recruitment of post. Staff Wellbeing fund £0.069m to continue to be carried into 2024-25 to meet commitments made from this fund. Allied Health Professionals £0.191m remaining of previously approved earmarked funds committed to be spent in 2024-25 relating to posts, training and development, IT Hardware and walking aids.

4.11.3 The balance of the Earmarked Reserves £6.076m requested for approval on Appendix F includes prior year approved earmarked balances with underspends to be carried into 2024-25, these have all been fully reviewed and funds are required for use in 2024-25.

4.11.4 New reserves requesting to be earmarked are noted in Appendix F, the most significant is £1.000m to be earmarked to create additional care at home capacity, to meet the increasing demands from an ageing population, recent analysis has highlighted an increase on average of 16% more care at home hours per week required to meet increased frailty and complexity of care in the community.

## **4.12 Uncommitted General Reserves**

4.12.1 Following approval by IJB in period 3 to use £0.854m of reserves to meet current year pressures and Budget 2024-25 approved on the 27th of March £2.330m of general reserves were earmarked for use, leaving a balance of £4.117m.

4.12.2 Approval is requested to transfer £2m from General Reserves to the Improvement and Innovation Fund, more details below in Section 4.13.

4.12.3 This leaves a balance of £4.237m in uncommitted reserves. The IJB reserves strategy recommends holding an uncommitted reserve between 2% and 4% of revenue expenditure, where revenue expenditure is classed as the following year's budget. To put this into context a 2% reserve of the 2024-25 base budget of £211.795m, would be £4.236m and 4% £8.472m. The balance therefore represents 2% of the 2024-25 base budget.

#### **4.13 Improvement and Innovation Fund**

4.13.1 At the 2023-24 year-end an improvement and innovation fund of £4m was approved to be used for services to access resources to redesign services, invest in test of change to improve services. Guidance in how to access the fund including how to measure quality improvement from the Ayrshire and Arran Improvement Foundation Skills training has been distributed to staff.

4.13.2 To date £3.167m of projects have been approved, this represents 80% of the total allocation committed in one year, with a balance of £0.833m (20%) remaining for future projects.

4.13.3 Projects include a wide range of improvements anticipated in supporting outcomes for South Ayrshire residents through increasing capacity in medication reviews, Mental Health officers, developing staff through training and leadership, additional funding to be provided to improve wellbeing of children and families, reducing waiting lists, piloting new ways of working at hospital front door, stroke beds, medically assisted treatments. Appendix G of this report provides a note of all commitments to date with description of improvements expected.

4.13.4 An Improvement and Innovation highlight report has been presented to the IJB on the 12<sup>th</sup> of June 2024. This will be a regular report to keep the IJB up to date on progress of projects with any issues highlighted.

4.13.5 A request is being made to transfer £2m from General Reserves to Improvement and Innovation Fund.

4.13.6 Of this additional contribution, £1m would be to continue investment in early intervention approaches related to improving future financial sustainability and better outcomes for individuals. Most recently focus and early stages of planning is on waiting list initiatives and polypharmacy reviews to reduce demand and ensure future financial sustainability. Formalised projects will be presented to the Budget Working Group and IJB in due course.

4.13.7 The balance of £1m will be committed to Public Health Initiatives to improve health and wellbeing of residents in South Ayrshire, enabling them to live healthier lives for longer. Formalised projects will be presented to Budget Working Group and IJB in due course.



#### **4.14 Budget Virements**

4.14.1 The Mobile Attendant service currently provides alarm response cover over 24hours 7 days per week and 365 days per year. There are 2 staff required in each van, one van available on day shift and two vans on night shift with an additional day shift worker who installs alarms and other telecare equipment. Data collected covering the last 4-year period supports an increase in number of alarms (17%) and also increased activity in installations (35%) and terminations (55%) within the service.

4.14.2 The budget working group reviewed the business to support investment of £0.161m in the service to employ an additional 4 Mobile Attendants and 1 Quality Assurance Officer. Budget Virement is requested for approval from the Individual Service Funds Budget. As noted earlier in the paper this underspend is due to recording of the commitments and has been a recurring underspend noted in the last two financial years.

#### **4.15 Savings Targets**

4.15.1 Savings targets of £2.328m were approved in the budget for 23-24 and £0.116m of savings remain from prior years, as noted in Appendix D.

4.15.2 The table below, summarises the savings by BRAG status, defined as B – Saving is complete, R – Not on Track requires action, A – Minor issues mitigation required, G – savings on track for completion.

<b>BRAG Status</b>	<b>Total Approved Efficiencies</b>	<b>Achieved 23-24</b>	<b>Projected to be achieved</b>	<b>Balance Remaining</b>
B	0.000	0.000	0.000	0.000
G	2.328	2.328	0.000	0.000
A	0.000	0.000	0.000	0.000
R	0.116	0.000	0.000	0.116
<b>Total</b>	<b>2.444</b>	<b>2.328</b>	<b>0.000</b>	<b>0.116</b>

4.15.3 The only saving within the red status requiring action is the review and implementation of a revised charging policy outstanding from prior year. Due to the pandemic this work was paused in 2020-21, as consultation process could not have been facilitated with ease. However, the Independent Review of Adult Social Care was published in February 2021 and includes recommendations to remove charging for non-residential social care support. Until we are clear on the recommendations to be taken forward this work will continue to be deferred.

#### **4.16 Financial Risks**

4.16.1 The financial risks within the IJB's delivery of health and social care services over the financial year are:

- The levels of non-recurring funding for specific policies are reducing the level of flexibility in managing the finances locally and directing to areas of specific need.
- Ability to financially plan in medium to longer term is hindered by the levels of non-recurring funding and the financial settlement from Scottish Government on an annual basis.
- Implementation of the National Care Service, uncertainty over how this will be structured including the use of corporate shared services in both NHS and Council.
- Implementation of fair shares for the Set Aside budget, South Ayrshire are using more than their current NRAC share.
- Risk that the new NHS Pay Reform is not fully funded, current funding for 24-25 has been allocated on a non-recurring basis.
- Prescribing budgets are current underwritten by NHS, there is ongoing discussions to transfer full responsibility to Ayrshire IJB's, as is the practice is throughout Scotland in other IJB's. However, IJB's financial returns have highlighted the increasing costs experienced globally on medicines with a cost pressure £70m, any transfer of the prescribing budget will be a financial risk for the IJB to manage.
- Delayed Transfers of Care within the acute hospital result in additional costs to NHS Ayrshire and Arran without an agreed fair share Set Aside budget, there is a risk that the HSCP will be requested to fund additional costs where delays relate to lack of community capacity.
- Pay Awards in both Council and NHS have not been agreed, risk these may be greater than budgeted and cost may have to be met by HSCP reserves reducing further opportunity to invest in improving services.

4.16.2 The above risks will continue to be monitored during the year through the budget monitoring process and operational performance reports. The IJB is in a position this year that reserves are available to help mitigate any financial challenges that arise, however there is a balance that needs to be achieved in utilising reserves to support transformation and to assist in longer term financial sustainability.

## **5. STRATEGIC CONTEXT**

5.1 The IJB is expected to operate within the resources available. This report contributes to the IJB Strategic Priorities “we are an ambitious and effective partnership,” and “we make a positive impact beyond services we deliver.”

## **6. IMPLICATIONS**

### **6.1 Financial Implications**

6.1.1 The financial implications for the IJB Integrated Budget are outlined within the report including financial risks.

### **6.2 Human Resource Implications**

6.2.1 There are no human resource implications arising from this report.

### **6.3 Legal Implications**

6.3.1 There are no legal implications arising from this report.

#### **6.4 Equalities implications**

6.4.1 There are no equalities implications arising from this report.

#### **6.5 Sustainability implications**

6.5.1 There are no environmental sustainability implications arising from the contents and recommendations of the report.

#### **6.6 Clinical/professional assessment**

6.6.1 The report has been completed by the IJB Chief Finance Officer in their professional role as officer to the IJB.

### **7. CONSULTATION AND PARTNERSHIP WORKING**

7.1 The details and commentary included in the report were collated through partnership working with South Ayrshire Council Finance and Ayrshire and Arran Finance Colleagues, as well as Chief Finance Officers from East Ayrshire and South Ayrshire IJB's.

### **8. RISK ASSESSMENT**

8.1 The reports detail the financial risks.

8.2 The IJB Risk Management Strategy categories the level of financial risk as high and notes mitigating actions taken to address the level of risk.

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### **APPENDICES**

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## APPENIDX A

### South Ayrshire Health & Social Care Partnership Financial Report as at 31st March 2024

Table 1	2023/24		
	Integrated		
	Budget £'000	Actual Outturn £'000	Variance (Over)/ Underspend £'000
Older People	53,512	53,363	149
Physical Disabilities	4,245	3,863	382
Biggart Hospital	6,545	6,949	(404)
Girvan Hospital	1,681	1,870	(189)
Community Nursing	4,557	4,884	(327)
Intermediate Care and Rehabilitation	1,590	1,335	255
AHPs	10,228	8,920	1,308
<b>Total Community Care &amp; Health</b>	<b>82,358</b>	<b>81,184</b>	<b>1,174</b>
C&F Social Work Services	23,354	21,274	2,080
Justice Services	24	(9)	33
Health Visiting	3,342	3,232	110
<b>Total Children and Justice Services</b>	<b>26,720</b>	<b>24,497</b>	<b>2,223</b>
Learning Disabilities	25,882	25,021	861
Mental Health Community Teams	8,056	7,952	104
Addictions	4,425	3,585	840
<b>Total Mental Health Services</b>	<b>38,363</b>	<b>36,558</b>	<b>1,805</b>
Directorate	9,508	8,825	683
Other Services	1,163	1,272	(109)
Payroll management target	726	0	726
<b>Total Support Services</b>	<b>11,397</b>	<b>10,097</b>	<b>1,300</b>
<b>Integrated Care Fund/ Delayed Discharge</b>	<b>781</b>	<b>675</b>	<b>106</b>
<b>Scheme of Assistance</b>	<b>640</b>	<b>654</b>	<b>(14)</b>
<b>Inter Agency Payments</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>
Prescribing	27,202	27,202	0
General Medical Services	18,881	18,880	1
<b>Total Primary Care</b>	<b>46,083</b>	<b>46,082</b>	<b>1</b>
Community Store	732	1,183	(451)
TEC	0	0	0
Family Nurse Partnership	2,569	2,466	103
Continence Team	554	688	(134)
<b>Total Hosted Services</b>	<b>3,855</b>	<b>4,337</b>	<b>(482)</b>
<b>PARTNERSHIP TOTAL</b>	<b>210,197</b>	<b>204,084</b>	<b>6,113</b>
<b>Recharges from other Partnerships</b>	<b>57,899</b>	<b>57,051</b>	<b>848</b>
<b>Recharges to other Partnerships</b>	<b>(2,656)</b>	<b>(2,987)</b>	<b>331</b>
<b>Acute Hospitals</b>	<b>28,372</b>	<b>28,372</b>	<b>0</b>
<b>IBJ Core Budget Total</b>	<b>293,812</b>	<b>286,520</b>	<b>7,292</b>
<b>Earmarked Primary Care</b>	<b>0</b>	<b>434</b>	<b>(434)</b>
<b>Earmarked Mental Health</b>	<b>0</b>	<b>571</b>	<b>(571)</b>
<b>Earmarked ADP</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Earmarked Reserves</b>	<b>0</b>	<b>4,168</b>	<b>(4,168)</b>
<b>Uncommitted Reserves</b>	<b>0</b>	<b>2,120</b>	<b>(2,120)</b>
<b>FINAL OUTTURN POSITION</b>	<b>293,812</b>	<b>293,812</b>	<b>0</b>

## APPENDIX B

**South Ayrshire Health & Social Care Partnership  
Financial Report as at 31st March 2024**

Table 1	2023/24 Council			2023/24 NHS			2023/24 Integrated		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	(Over)/ Underspend £'000	£'000	£'000	(Over)/ Underspend £'000	£'000	£'000	(Over)/ Underspend £'000
Older People	53,512	53,363	149	0	0	0	53,512	53,363	149
Physical Disabilities	4,245	3,863	382	0	0	0	4,245	3,863	382
Biggart Hospital	0	0	0	6,545	6,949	(404)	6,545	6,949	(404)
Girvan Hospital	0	0	0	1,681	1,870	(189)	1,681	1,870	(189)
Community Nursing	0	0	0	4,557	4,884	(327)	4,557	4,884	(327)
Intermediate Care and Rehabilitation	0	0	0	1,590	1,335	255	1,590	1,335	255
AHPs	0	0	0	10,228	8,920	1,308	10,228	8,920	1,308
<b>Total Community Care &amp; Health</b>	<b>57,757</b>	<b>57,226</b>	<b>531</b>	<b>24,601</b>	<b>23,958</b>	<b>643</b>	<b>82,358</b>	<b>81,184</b>	<b>1,174</b>
C&F Social Work Services	23,354	21,274	2,080	0	0	0	23,354	21,274	2,080
Justice Services	24	(9)	33	0	0	0	24	(9)	33
Health Visiting	0	0	0	3,342	3,232	110	3,342	3,232	110
<b>Total Children and Justice Services</b>	<b>23,378</b>	<b>21,265</b>	<b>2,113</b>	<b>3,342</b>	<b>3,232</b>	<b>110</b>	<b>26,720</b>	<b>24,497</b>	<b>2,223</b>
Learning Disabilities	25,334	24,582	752	548	439	109	25,882	25,021	861
Mental Health Community Teams	4,508	4,485	23	3,548	3,467	81	8,056	7,952	104
Addictions	2,895	2,065	830	1,530	1,520	10	4,425	3,585	840
<b>Total Mental Health Services</b>	<b>32,737</b>	<b>31,132</b>	<b>1,605</b>	<b>5,626</b>	<b>5,426</b>	<b>200</b>	<b>38,363</b>	<b>36,558</b>	<b>1,805</b>
Directorate	5,774	5,431	343	3,734	3,394	340	9,508	8,825	683
Other Services	1,163	1,272	(109)	0	0	0	1,163	1,272	(109)
Payroll management target	726	0	726	0	0	0	726	0	726
<b>Total Support Services</b>	<b>7,663</b>	<b>6,703</b>	<b>960</b>	<b>3,734</b>	<b>3,394</b>	<b>340</b>	<b>11,397</b>	<b>10,097</b>	<b>1,300</b>
Integrated Care Fund/ Delayed Discharge	528	450	78	253	225	28	781	675	106
Scheme of Assistance	640	654	(14)	0	0	0	640	654	(14)
Inter Agency Payments	(19,950)	(19,950)	0	19,950	19,950	(0)	(0)	(0)	(0)
Prescribing	0	0	0	27,202	27,202	0	27,202	27,202	0
General Medical Services	0	0	0	18,881	18,880	1	18,881	18,880	1
<b>Total Primary Care</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46,083</b>	<b>46,082</b>	<b>1</b>	<b>46,083</b>	<b>46,082</b>	<b>1</b>
Community Store	0	0	0	732	1,183	(451)	732	1,183	(451)
TEC	0	0	0	0	0	0	0	0	0
Family Nurse Partnership	0	0	0	2,569	2,466	103	2,569	2,466	103
Continence Team	0	0	0	554	688	(134)	554	688	(134)
<b>Total Hosted Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,855</b>	<b>4,337</b>	<b>(482)</b>	<b>3,855</b>	<b>4,337</b>	<b>(482)</b>
<b>PARTNERSHIP TOTAL</b>	<b>102,753</b>	<b>97,480</b>	<b>5,273</b>	<b>107,444</b>	<b>106,604</b>	<b>840</b>	<b>210,197</b>	<b>204,084</b>	<b>6,113</b>
Recharges from other Partnerships				57,899	57,051	848	57,899	57,051	848
Recharges to other Partnerships				(2,656)	(2,987)	331	(2,656)	(2,987)	331
Acute Hospitals				28,372	28,372	0	28,372	28,372	0
<b>IJB Core Budget Total</b>	<b>102,753</b>	<b>97,480</b>	<b>5,273</b>	<b>191,059</b>	<b>189,040</b>	<b>2,019</b>	<b>293,812</b>	<b>286,520</b>	<b>7,292</b>
Earmarked Primary Care			0		434	(434)	0	434	(434)
Earmarked Mental Health			0		571	(571)	0	571	(571)
Earmarked ADP			0			0	0	0	0
Earmarked Reserves		3,829	(3,829)		339	(339)	0	4,168	(4,168)
Uncommitted Reserves		1,444	(1,444)		676	(676)	0	2,120	(2,120)
<b>FINAL OUTTURN POSITION</b>	<b>102,753</b>	<b>102,753</b>	<b>0</b>	<b>191,059</b>	<b>191,059</b>	<b>0</b>	<b>293,812</b>	<b>293,812</b>	<b>0</b>

## APPENDIX C PARTNERHSIP BUDGET MOVEMENTS

<u>Council</u>	<b>Permanent or Temporary</b>	<b>£'000</b>
<b>Approved Budget</b>	P	<b>96,349</b>
Justice Grant		(2,462)
Aids and Adapts	T	640
<b>Transferred from Reserves:-</b>		
Earmarked Reserves Transferred to Budgets	T	4,465
Improvement Reserves Transferred to Budgets	T	546
SG Pay Allocation for 23-24	P	953
Fleet Management - Insurance	T	28
Kinship/Foster Care recommended allowance	T	172
ADP Allocation	T	577
Transfer to Finance Resources	T	(212)
SG Pay Allocation for 23-24	P	627
Housing uplift	T	(5)
Kings Coronation	T	40
SDS	T	5
Car Lease	T	(58)
Non Domestic Rates	P	14
Enhanced Leave	T	(2)
Insurance	T	177
Finance order charges		(62)
HR Resource	T	(35)
Insurance - late allocation		109
Transfer from Reserves	T	887
<b>Budget as at Period 12</b>		<b>102,753</b>

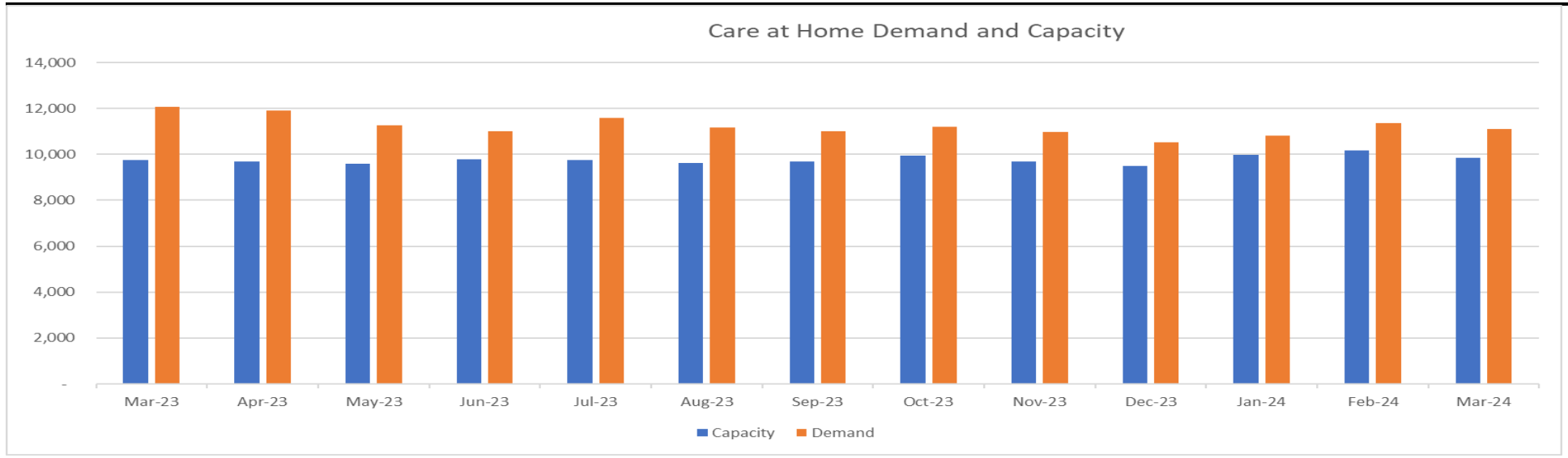
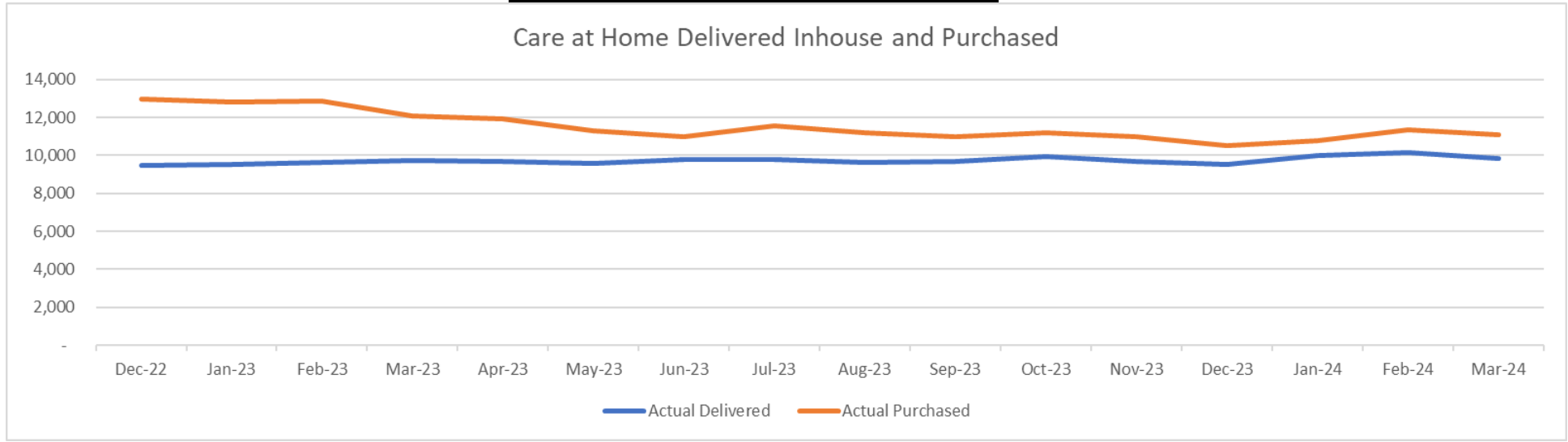
<b>NHS</b>	<b>Permanent or Temporary</b>	<b>£'000</b>
<b>Approved Budget</b>	<b>P</b>	<b>101,072</b>
Set Aside	T	28,372
Lead Partnerships	P	55,243
Pay Award 23-24	P	1,459
NR Pay Award	T	405
District Nursing	P	46
Trak post to North	P	(17)
Prescribing Uplift	T	3,676
Child Death Review	P	(14)
Adult Weight Management	P	(77)
Long Covid Support	T	131
ADP Mat Standards Post to Public Health	T	(67)
Community Phlebotomy Admin	P	(27)
Prison Service	P	(18)
Appropriate Adult	P	(2)
NEST Admin	P	(10)
MAT Drug Costs	P	(62)
Orthotics to East	P	(11)
Admin to North	P	(19)
Community Equip Store - North & East Share	P	34
Continence Service - North & East Share	P	62
Band 2-4 Uplift	P	45
Lymphoedema Top Slice	P	16
Long Covid Funding to East	T	(33)
Diabetes Prevention	P	61
ADP PFG Uplift	P	382
ADP / NM Tranche 1+AFC uplift	P	669
School Nursing Uplift	P	107
Breastfeeding	P	(57)
District Nursing Pay Award	P	23
MDT Pay Increase	P	109
RX Prescribing Adjustment	T	(343)
Drug Tariff Increase	T	432
Apprenticeship Levy	P	90
Medical pay award	P	4
FNP 21/22 return	P	(1,682)
FNP 22/23 Tranche 1	P	1,107
Hospital at Home to Acute	P	(335)
Community Phlebotomy top up	P	(11)
South ADP to North Psychiatry	P	(32)
South ADP to North naloxone kits	P	(2)
South ADP to North pay uplift & psst support	P	(19)
Community Store to DEL	T	(350)
TEC Team	P	(75)
Family Nurse Partnership	T	460
RX Prescribing Adjustment	T	2
Maternal Infant Nutrition Funding	T	20
BBV (Blood Borne Virus)	T	134
Front Door Funding AHP's	T	32
Marie Curie contribution	T	(4)
PDS Dementia	T	79
FNP Additional	T	28
Long Covid Support	T	12
Foxgrove	T	(107)
Veterans First	P	(61)
ADP Tranche 2	T	251
Multi Disciplinary Team	T	196
Adults Brain Injury	T	(5)
RX Prescribing Adjustment	T	(304)
Front Door AHP return to Board	T	(35)
Mental Health Supp - Caring for Ayrshire	T	8
Public Health Mat Stds Post for cfwd	T	70
<b>Budget as at Period 12</b>		<b>191,059</b>

### APPENDIX D SAVINGS SCHEDULE

	£			£	£		
Saving Title	Partner	Approved	BRAG Status	Efficiencies	Achieved 23/24	Balance remaining	Comments
Day care charging	SAC	2019-20	R	(116,000)	0	(116,000)	Not implemented - on hold awaiting the outcome of the Scottish Government recommendation to remove community charges.
Staff Turnover	NHS	2023-24	G	(500,000)	(500,000)	0	Based on current underspends this savings has been achieved for this year
Staff Turnover	SAC	2023-24	G	(500,000)	(500,000)	0	Based on current underspends this savings has been achieved for this year
Current Level of Spend - Family Placement Team	SAC	2023-24	G	(350,000)	(350,000)	0	Achieved Prior Year through early intervention and prevention practices e.g. Signs of Safety Belmont Family First consistent reduction in FPT numbers since 2020
Adult Community Care Packages	SAC	2023-24	G	(700,000)	(700,000)	0	Achieved Prior Year through introduction of Core and Cluster supported accommodation and focus on person centred support options
Promotion of Self Directed Support Options	SAC	2023-24	G	(180,000)	(180,000)	0	users opting for SDS option1 and 2 to meet social care needs including respite, day activities offering more choice
Debt Payback Budget	SAC	2023-24	G	(98,000)	(98,000)	0	Budget allocated to achieve 23-24 balanced budget
<b>Efficiencies</b>				<b>(2,444,000)</b>	<b>(2,328,000)</b>	<b>(116,000)</b>	



**APPENDIX E CARE AT HOME ACTIVITY**



## APPENDIX F RESERVES

Description	Balance as at 31st March 2023	Transfers Out 23-24	Transfers In 23-24	Balance as at Period 12	Approval Status
	£000's	£000's	£000's	£000's	
<b>Earmarked Reserves</b>					
East Lead Partnership PCIF	65	(65)	203	203	23-24 Underspend for approval
East Lead Partnership Primary Care Other	304	(304)	231	231	23-24 Underspend for approval
North Lead Mental Health	809	(809)	461	461	23-24 Underspend for approval
Action 15	0	0	110	110	23-24 Underspend for approval
ADP	423	(423)	193	193	23-24 Underspend for approval
Covid- 19 Remobilisation	700	(700)		0	
Community Living Fund	371	(371)	132	132	Previously Approved
Adoption Orders Delayed	172	(172)	200	200	Request approval commitment in 24-25
Fostering - Advertising for Carers	20	(20)	15	15	Previously Approved
Practice Development	80	(80)	80	80	Previously Approved
Community Care Assistant Post in Reablement Team	32	(32)		0	
SG Care at Home Additional Capacity	885	(885)		0	
Unaccompanied Asylum Seeking Children National Transfer Scheme	175	(175)	650	650	23-24 Underspend for approval - £175k previously approved
SG Hospital at Home Funding	466	(466)		(0)	
SG 9 month Funding for AHP Front Door	198	(198)		0	
Dementia Post Diagnostic Support Posts	59	(59)	79	79	23-24 Underspend for approval
SG Staff Wellbeing Funding	69	(69)	69	69	23-24 Underspend for approval
AHP Team	420	(420)	191	191	Previously Approved
Intermediate Care Team	8	(8)		0	
Student Health Visitors	71	(71)		0	
Tec (Analogue to Digital)	282	(282)	105	105	Previously Approved
Reablement	89	(89)	41	41	Previously Approved
Newly Qualified Social Worker (NQSW) Support	63	(63)	50	50	Previously Approved
Care Leavers phone app	33	(33)	6	6	Previously Approved
Internal refurbishing works for McAdam House	37	(37)		0	
Occupational Therapy	113	(113)	113	113	Previously Approved
Social Care Finance Support Team	40	(40)		0	
Horizons Research	48	(48)		0	
Locality Planning - Small Grants	66	(66)	55	55	23-24 underspend for approval
Unpaid Carers PPE	3	0		3	Previously Approved
Support for Women Scoping Study ADP	20	(20)		0	
Navigator Service Addictions	36	(36)		0	
DTOC - Biggart Hospital	835	(835)		0	
DTOC - Interim Care	530	(530)		0	
DTOC - South Lodge Interim Beds	250	(250)		0	
Mental Health - Primary Care Posts	211	(38)		173	Previously Approved
Learning Disability Lead Practitioner	42	(42)		0	
Public Protection Policy Officer	57	(57)		(0)	
ADP Development Officer	54	(54)	18	18	23-24 underspend for approval
Absence Management Officer	5	(5)		0	
The Promise posts	30	(30)		0	
Penumbra - Distress Brief Intervention	24	(24)		0	
Grow Our Own - Social Work Qualifications	250	(250)	203	203	Previously Approved
Addictions One Stop Shop Post	84	(84)	84	84	Previously Approved
Corporate Finance Resource	172	(172)		0	
Residential Rehabilitation	577	(577)	222	222	23-24 underspend for approval
Mental Health Admin Support	46			46	Previously Approved
Backfill PA to Director	24	(24)	5	5	Previously Approved
Corporate Recruitment Resource	35	(35)		0	
Premises Programme Manager	130			130	Previously Approved 24-25 Budget
Secure Placements	700			700	Previously Approved 24-25 Budget
Biggart Hospital	1,500			1,500	Previously Approved 24-25 Budget
Near Me System Support Officer			28	28	Request to Earmark
Signs of Safety			15	15	Request to Earmark
Mobile Attendant backfill ill health retiral			15	15	Request to Earmark
Care at Home Capacity			1,000	1,000	Request to Earmark
Temp Corporate Finance Team Support			42	42	Request to Earmark
Hillcrest Refurbishment			17	17	Request to Earmark
Addictions - MAT Non-Recurring funding			91	91	Request to Earmark
Addictions Public Health START and MAT funding			145	145	Request to Earmark
<b>TOTAL EARMARKED</b>	<b>11,713</b>	<b>(9,161)</b>	<b>4,869</b>	<b>7,420</b>	
<b>GENERAL RESERVES UNCOMMITTED</b>	<b>4,117</b>	<b>(2,000)</b>	<b>2,120</b>	<b>4,237</b>	Approval requested to Transfer £2m to Improvement and Innovation Fund

Description	Balance as at 31st March 2023 £000's	Transfers Out 23-24	Transfers In 23-24	Balance as at Period 12	Approval Status
<b>IMPROVEMENT AND INNOVATION FUND</b>	<b>4,000</b>				
<b>Approved</b>					
CAP Tech Post for Care at Home	25	(25)	20	20	Previously Approved
VASA - Attendance Allowance/Blue Badge support	15	(15)		0	Previously Approved
Supported Decision Making (SDM) Resource	75	(75)		0	Previously Approved
VASA - DTOC Support	23	(23)	23	23	Previously Approved
MHO Training - Backfill Posts	95			95	Previously Approved
Health Walks Co-ordinator	14			14	Previously Approved
Ageing Well Strategy	30	(30)	17	17	Previously Approved
Band 6 Nurse - Girvan	62			62	Previously Approved
Recovery Ayr Premises Contribution	80	(80)	77	77	Previously Approved
Reablement Supervisor	85	(85)	85	85	Previously Approved
Children's Locality Groups	100			100	Previously Approved
Free Stagecoach Travel for Care Experienced young people	20	(20)		0	Previously Approved
Micro Enterprises Extension	53	(53)		0	Previously Approved
Policy Officer	87	(87)	82	82	Previously Approved
Digital Assistant	56			56	Previously Approved
Quality Improvement	64			64	Previously Approved
Speech and Language Therapy - Adult Singing Intervention	28			28	Previously Approved
Speech and Language Therapy - Children and Young People Communication Friendly Environments	114			114	Previously Approved
Speech and Language Therapy - Children and Young People Waiting List	132			132	Previously Approved
Care Home Review Team - Community Care Assistant Resource	89			89	Previously Approved
Front Door AHP's	127			127	Previously Approved
MAT Standards Pilot	40			40	Previously Approved
Primary Care Occupational Therapy Assistants	312			312	Previously Approved
Programme Manager - Focus on Frailty and Ageing Well	80			80	Previously Approved
Gadget Match Cards	10			10	Previously Approved
LD Senior Nurse Temp (TOC)	60			60	Previously Approved
Hospital SW Team - Community Care Assistant Resource	44			44	Previously Approved
Microenterprise	114			114	Previously Approved Budget 24-25
Neurodiversity	300			300	Previously Approved Budget 24-26
Stroke Bed Pilot	187			187	Previously Approved Budget 24-27
Digital Strategy	500			500	Previously Approved Budget 24-28
Living with Dementia Early Intervention	16			16	Approval Requested
Getting It Right For North Ayrshire	130			130	Approval Requested
Balance of Innovation Fund	<b>833</b>			833	
<b>New Allocation to Innovation Fund</b>			<b>2,000</b>	<b>2,000</b>	
<b>IMPROVEMENT AND INNOVATION FUND</b>	<b>4,000</b>	<b>(493)</b>	<b>2,304</b>	<b>5,811</b>	
<b>TOTAL RESERVES BALANCE</b>	<b>19,830</b>	<b>(11,654)</b>	<b>9,293</b>	<b>17,468</b>	

## APPENDIX G – Improvement and Innovation Projects

Improvement and Innovation Fund	Approved £'000's	Improvement
CAP Tech Post for Care at Home	25	Additional Capacity to support with medication reviews in Care at Home
VASA - Attendance Allowance/Blue Badge support	15	Increase the number of people eligible for benefits through assistance in completing forms - An additional 220 local people having increased weekly income to spend on services to support them with every day living, increasing health and wellbeing
VASA - DTOC Support	23	Rate of readmission to hospital reduced. Funding to provide resources at Hospital site to assist in providing information and preparing for home discharge e.g. Key safes, shopping, benefits maximisation
Supported Decision Making (SDM) Resource	75	Train staff in hospitals on supported decision making reducing bed days and providing a 7 day SDM service
MHO Training - Backfill Posts	95	Funding for backfill costs to allow 2 FTE social workers to be released from their current posts to take up MHO training. Increase MHO capacity within HSCP
Health Walks Co-ordinator	14	Early Intervention and Prevention to increase number of health walks funding to support Healthy walks co-ordinator post within the Council
Ageing Well Strategy	30	To support implementation of the Ageing Well Strategy , including promotion through art, video, local media to reframe language and stereotyping of older people and visibility in local media and re-framed imagery of older people in press
Reablement Supervisor	85	To provide additional resource to ensure safe staffing levels, and adequate cover for annual leave, training, staff turnover. Out of Hours review will determine staffing establishment to meet future needs.
Girvan Hospital - Band 6 Nurse	62	To enhance clinical leadership at Girvan hospital delivering on training and development in the minor injury unit. Reduction in locality use of acute sites, increase in positive patient opinion
Recovery Ayr Hub - Premises Contribution	80	To match fund lottery funding to contribute to premises costs to create a community base for those recovery from addiction to improve their wellbeing through social activities and functions
Children's Locality Groups	100	Creation of locality budgets to be used to support children and their families, in each locality area, where multidisciplinary partners will work together in a coordinated manner, reducing duplication and ensuring that all those children in need have access to proportionate and timely supports. To mitigate the impact of poverty, enhance children and families wellbeing.
Free Stagecoach Travel for Care Experienced young people	20	Test of change to extend existing free bus transferred offered to all 16 to 21 year olds in Scotland through Young Scot cards, to offer to Care Experienced Young People age 22 to 30 to improve social isolation and job opportunities. Funding for 1 year to evaluate uptake and benefits
Policy Officer	87	To support increased demand in supporting development of new strategies and refresh of existing strategies, as well as providing resources to provide project support across the quality improvement agenda and transformation and improvement work.
Digital Assistant	56	Resources to create content on the website that educates the community on preventative measures, self management, enabling the community to make informed decisions about their health and wellbeing.
Speech and Language Therapy - Adult Singing Intervention	28	Creation of a supportive singing intervention for people with acquired neuro communication difficulties. This support will positively impact the wellbeing of participants and enhance their communication skills. Reduce the amount of one to one specialist speech and language therapist intervention, reducing waiting list numbers and waiting time.
Quality Improvement	64	Resource to work within SAHSCP Transformation Team to support implementation of the Partnerships Quality Improvement Framework, and more specifically to look at measuring the impact of improvement work across the Partnership and the outcomes being delivered. Additionally, the role will support work to build the Partnership's quality improvement capacity through supporting the roll out of Foundation and Practitioner Level QI Training, and in particular NHS A&A's Arran Improvement Foundation Skills training (AAIFS).
Speech and Language Therapy - Children and Young People Communication Friendly Environments	114	Development of communication friendly environments in for example GP Practices, shops, businesses to support the language and communication needs of all children, young people
Speech and Language Therapy - Children and Young People Waiting List	132	Reduce the current waiting list of 115 children Ensure waiting lists are cut from 28 weeks to 12 weeks and maintained at under 16 weeks.

## APPENDIX G – Improvement and Innovation Projects

Improvement and Innovation Fund	Approved £'000's	Improvement
Care Home Review Team - Community Care Assistant Resource	89	Additional capacity to reduce overdue care home reviews, allow social workers to focus on statutory work and improving meeting timescales, improve service delivery
Front Door AHP's	127	Test of Change to have three AHP (Occupational Therapist, Speech and Language Therapist and Dietician) at the Combined Assessment Unit in Ayr Hospital to reduce hospital admission, reduce length of stay and cost of hospital beds.
MAT Standards Pilot	40	Pilot to assess the demand for supporting Medicated Assisted Treatment (MAT) within primary care services. The pilot will assess the best way forward to meet MAT Standards 7 - requirement to offer medication and support through primary care this may include GP or community pharmacist.
Primary Care Occupational Therapy Assistants	312	Three Band 6 OT's to be recruited into GP's to ensure all practices in South Ayrshire have this service. Improve ageing well and self management, sustain people at work or earlier return to employment, reduce falls and fractures, increase number of individuals will wellness plans, improve quality of life and functional ability
Programme Manager - Focus on Frailty and Ageing Well	80	Ageing Well Strategy published with implementation having started with impact across agencies. Complete delivery on all other Focus on Frailty workstreams (measurement plan available).
Gadget Match Cards	10	A facilitation tool to explore different technologies that can support diverse and common challenges in older age. Improving early intervention and reducing need for mainstream care at home services
LD Senior Nurse Temp (TOC)	60	0.5 WTE Senior Nurse for Learning Disability Services. Improve services for LD services users, embed self-evolution increase leadership and visibility, equity with MH Nursing Team
Hospital SW Team - Community Care Assistant Resource	44	To provide additional resource to reduce number of overdue reviews, reduce unallocated cases within the team, reduction in length of stay prior to allocation, reduction in overall length of stay
Microenterprise	114	Establishment of Microenterprises, through outreach, engagement and marketing support.
Neurodiversity	300	Funding to be used in developing new pathways for support and guidance and access to assessment for children with neurodevelopmental concerns.
Micro Enterprises Extension	53	Extension of current project funding resources in Ayrshire Independent Living Network and Ayrshire Beats to provide support to people setting up as social care providers in local communities. Conversations have commenced with Economic Development and Community Wealth Building to ensure from 1 April 24 support can be provided from these teams.
Stroke Bed Pilot	187	Phase 2 of Stroke Rehabilitation model, to improve stroke pathway quality, reduce the length of stay in acute wards, by commissioning three beds from the private care home sector.
Digital Strategy	500	Funding to be used to meet actions with the HSCP Digital Strategy aiming to enhance accessibility and efficiency through use of digital tools to make health and care services more accessible to improve health and care outcomes
Coaching and Digital Intervention for carers of people living with Dementia	16	Uplift 2 @ Band 3's to Band 4 within the Community Mental Health Elderly Team to get involved with research undertaken by University of East Anglia and Exeter, delivering a new intervention called CareCoach
Getting It Right For North Ayrshire Health Inclusion	130	Recruit 2 Band 6 nurses to work within Ayr North Multi-Disciplinary Team, to develop early intervention and prevention approach, improving health and social care outcomes, allowing to develop learning and development within the team and implement robust pathways to services.
<b>TOTAL ALLOCATED</b>	<b>3167</b>	