

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>	
<b>Held on:</b>	<b>11<sup>th</sup> June 2025</b>	
<b>Agenda Item:</b>	<b>11</b>	
<b>Title:</b>	<b>Year End Financial Outturn 2024-25</b>	
<b>Summary:</b>		
The purpose of this report is to advise the IJB of the actual financial outturn for the financial year ending 31st March 2025.		
<b>Author:</b>	<b>Lisa Duncan, Chief Finance Officer</b>	
<b>Recommendations:</b>		
<b>It is recommended that the Integration Joint Board</b>		
<ul style="list-style-type: none"> <li><b>i. Note the actual financial outturn for the year ended 31<sup>st</sup> of March 2025.</b></li> <li><b>ii. Note the financial outturn in relation to Lead Partnership services.</b></li> <li><b>iii. Note the financial outturn within the Acute Services budget and Set Aside budgets.</b></li> <li><b>iv. Note the progress made towards savings in Appendix D.</b></li> <li><b>v. Approve the request to use reserves in Section 4.11.</b></li> <li><b>vi. Approve the request to Earmark Funds in Sections 4.11 and detailed in Appendix G</b></li> <li><b>vii. Note the year end Reserves Funds Position in Section 4.12 and detailed in Appendix G.</b></li> <li><b>viii. Approve the allocation of Improvement and Innovation Fund in Section 4.14.2</b></li> <li><b>ix. Note the Improvement and Innovation Projects approved to date in Appendix H and balance remaining in the fund.</b></li> <li><b>x. Note the key financial issues and risks for the IJB in Section 4.16</b></li> </ul>		
<b>Route to meeting:</b>		
<b>DMT circulated by email</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 2024-25

### 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 2025. The report will also provide an update on progress made against approved savings and movements on the annual approved budget for 2024-25. Including any request for approval on use of reserves, and any requests for funding from the Improvement and Innovation fund, and budget virements for approval.

### 2. RECOMMENDATION

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

- i. Note the actual financial outturn for the year ended 31st of March 2025.**
- 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. Approve the request to use reserves in Section 4.11.**
- vi. Approve the request to Earmark Funds in Sections 4.11 and detailed in Appendix G**
- vii. Note the year end Reserves Funds Position in Section 4.12 and detailed in Appendix G.**
- viii. Approve the allocation of Improvement and Innovation Fund in Section 4.14.2**
- ix. Note the Improvement and Innovation Projects approved to date in Appendix H and balance remaining in the fund.**
- x. 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 2025 is an overall overspend of £2.340m, after earmarking<sup>1</sup> specific underspends derived from specific allocations, that relate to commitments in future years. The outturn is broken down as follows:

- Social care services delivered by South Ayrshire Council overspend of £1.867m after earmarking of £1.964m netted of an underspend of £0.097m, Earmarked funds include underspends in specific allocations for Alcohol and Drug Partnership, Improvement and Innovation Fund projects, and income for Unaccompanied Asylum-Seeking Children (UASC).
- Services delivered by NHS Ayrshire and Arran overspend of £0.473m, after earmarking of £1.579m netted of an underspend of £1.106m. Earmarked funds include: -
- Allied Health Professionals £0.134m earmarked from Scottish Government wellbeing fund and underspends on improvement and innovation projects.

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<sup>1</sup>Earmarking – to hold sums of money in reserves to meet a known or predicted requirement or for a specific purpose as per Scottish Government funding allocation.

- Lead Partnership earmarking of £1.445m, which is our share of specific earmarking in lead partnership services delivered by East Ayrshire and North Ayrshire IJB's, detailed information in Section 4.11.2.
- 3.2 The overspend of £2.340m will be met this year from uncommitted general reserves. The purpose of uncommitted general reserves is to provide a contingency to cushion the impact of unexpected events. The reserves position is detailed in Section 4.12.
- 3.3 In period 10 Budget Monitoring report there was an anticipated underspend of £0.961m, this is an adverse movement from period 10 of £1.379m and is mainly attributed to the following areas not included in prior projections:
- Learning Disabilities Residential care packages adverse movement of £0.525m, this movement relates to prior year accruals understated with costs incurred in 2024-25 and delays in financial assessments impacting on additional costs from prior years being charged to 2024-25. Action will be taken by finance to ensure future years projections include any impact of prior years costs.
  - Individual Service Fund adverse movement of £0.460m, projection assumed 25% variance to commitment, based on prior years actual care delivered and invoiced less than committed cost of the care package. This variance materialised in all services except for Learning Disabilities. This is mainly due to a significant increase in the numbers of ISF care packages for day care opportunities and one high-cost care package of £0.228m.
  - Lead Partnership adverse movement of £0.360m, following review of specific funding allocations and earmarking.
  - Older people employee costs adverse movement of £0.318m care at home and care homes, a significant increase in last two months of the year in overtime costs, prior projection was based on average 10months costs continuing to the end of the year. During the winter period there was increased staff absence within the care homes and care at home due to respiratory illnesses as a result overtime increased to cover and maintain capacity.

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

- 4.1 The integrated budget for 2024-25 is £314.857m, with an overspend after earmarking of £2.340m or (0.74%).
- 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 budget virements seeking approval. Progress on savings to be achieved.

#### **4.2 Community Health and Care – overspend of £1.811m**

- 4.2.1 Against a full year budget of £78.230m, there is an overspend of £1.811m (2.31%). An adverse movement of £0.183m from period 10. The main reasons for the overspend are:

- 4.2.2 **Income from charging** – under recovery of £0.580m, related to day care charging of £0.075m not implemented due to commitment from Scottish Government in 2020 to remove non-residential charging. Income from Adults community care charges £0.177m less income from charges in relation to non-personal care support. Income under recovery of £0.259m from contributions to care home costs, due to our own care homes facilitating temporary admissions where charges are waived to facilitate delayed transfers of care. A new Charging Policy and increase in charges was approved as part of the Budget for 2025-26.
- 4.2.3 **Care Homes** – overspent by £0.152m, at the end of the year there were 924 residents in care homes. The budget was temporary increased by £0.550m from reserves to meet increased number of placements. Demand pressures have been approved in the Budget for 2025-26. This year's trend highlighted an increase in placements as noted in Appendix F.
- 4.2.4 The budget can afford 870 beds at an average cost of £37,800 nursing and £31,300 residential. The current proportion of nursing care is 74% and 26% residential additional funding of £0.900m was added to the budget for 2024-25 to meet cost pressures from increase in nursing beds.
- 4.2.5 **Community Nursing** – overspent by £0.263m mainly due to increased use of bank staff to cover maternity leave, long and short-term sick and weekend working shifts. Team have taken actions to manage the budget including review of bank use and weekend working, spend did reduce towards the end of the year.
- 4.2.6 **Transport** – overspent by £0.528m, due to increase in care at home staff using council fleet and hire cars additional costs incurred in repairs and maintenance of hire cars and overspend in staff mileage costs. Review of use of current vehicles being undertaken and analysis of costs to assess ongoing financial impact.
- 4.2.7 **Biggart Hospital** – overspent by £0.364m, budget includes non-recurring funding of £1m to fund additional 17 beds. Overspend mainly in non-pay budget for supplies is £0.264m. Staff overspend of £0.082m 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, along with mandatory training attendances. As at 31st of March there was 23 delayed transfers of care in Biggart Hospital a reduction from 35 at 31<sup>st</sup> January and an improvement on prior year average 32. This year's average DTOC was 28.
- 4.2.8 A Rehabilitation Service Strategic Learning Review (RSSLR) is being led by Tim Eltringham, Director of SAHSCP. The aim of the RSSLR is to understand better the current arrangements for rehabilitation, the interface between services and how they operate within a wider system. The key questions will be to understand how our current model might evolve to best meet the needs of the population. The first phase will focus on pathways for older people (frailty) and for orthopaedics, the second phase will explore stroke pathways.

The Biggart Hospital Budget for 2025-26 can only afford 60 beds, therefore a reduction in beds is necessary to remain in line with budget, this will have implications on the wider system. Teams are working in collaboration with acute services to reduce any adverse impact.

- 4.2.9 **Girvan Hospital** overspent by £0.105m. Increased use of bank staff to meet patients' needs in terms of complexity and environment of the ward contributing to £0.032m of the overspend. The balance of £0.073m is due to overspend in supplies budget, A

number of actions have been put in place to mitigate costs increasing such as compliance with absence management policy, completion of workload tool, limiting use of block bank use to where it is absolutely appropriate, and transforming roles to support future service delivery and understanding roles across the community including hospital and minor injuries unit. As at 31<sup>st</sup> March there was 3 delayed transfer of care an increase of 2 from 31<sup>st</sup> January. This year average DTOC was 5 compared to prior year of 6.

4.2.10 **Care at Home Employees** including reablement team overspent by £0.453m, due to overspend in provision of out of hours service including emergency response team. Care at Home are in the process of employing 50 additional posts, with £1m approved in reserves for this purpose to increase capacity to meet delayed transfers of care, at year end there was a net increase of 16 employees at a cost of £0.180m met from reserves. The balance of £0.820m in reserves will be utilised as posts are filled, expectation is the funding will continue to be earmarked for use in 25-26.

4.2.11 **Community Care Packages** overspent by £0.005m, Direct Payments were £0.121m overspent with 105 care packages at end of year, offset with Individual Service Funds underspend of £0.116m with 107 older people now in receipt of Individual Service Funds to direct their care and support.

*The above overspends have been offset with underspends in the following services:*

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4.2.12 **Physical Disabilities** underspent by £0.061m. Community care packages underspent by £0.128m, there was 6 packages at the of the year, the budget can afford 9. This underspend was offset with an overspend in residential placements of £0.082m, current 18 placements at the end of the year, budget increased in year by £0.650m from reserves. Permanent budget can afford 9 residential placements. This increase in demand will be factored into the budget pressures for 25-26 Budget.

4.2.13 **Intermediate Care and Rehabilitation Team** – underspent by £0.209m due to staffing budget greater than current establishment this has been factored into savings for budget 2025-26.

4.2.14 **Purchased Care at Home Service** underspent by £0.244m. The budget of £6.820m can afford 6,000 hours per week with projection based on approximately 5,800 hours commissioned per week.

4.2.15 Demand for care at home services at present exceeds the capacity available, the gap is closing, as can be seen in Appendix E. 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.

4.2.16 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.

### **4.3 Allied Health Professionals underspend of £0.699m**

4.3.1 Against a full year budget of £10.973m, there is an underspend of £0.699m (6.4%), favourable movement of £0.221m from period 10, the main variances within services are explained below: -

- 4.3.2 Underspends in the following teams, Dietetics £0.242m, Occupational Therapists £0.284m, Speech and Language Therapy £0.051m, Podiatry £0.054m due to vacancy slippage in year. Physiotherapy underspend of £0.205m due to vacancies partially offset with use of agency posts. AHP Management Team overspend of £0.195m due to £0.104m of savings still to be allocated to specific area and 1.45 WTE extra to establishment.
- 4.3.3 Included in the underspend is £0.055m of improvement an innovation funding within Speech and Language Therapy and AHP Front Door projects to be earmarked for use in 2025-26, also £0.019m of Attainment Funding included in Speech and Language budget to be earmarked for use in 2025-26 and Scottish Government Staff Wellbeing Funding of £0.060m to be earmarked for expenditure commitments in 2025-26.
- 4.3.4 Recruitment challenges have been mitigated through work on a Pan Ayrshire basis with open evenings, school careers fayres, collaboration with the higher education institutes (HEI's) and events to engage new graduates into employment, along with other opportunities for support roles and international recruitment options. This year recruitment has been successful in all disciplines.
- 4.3.5 AHP Front Door Team is funded from improvement and innovation and consists of a Dietician, Occupational Therapist and Speech and Language Therapist based at combined assessment unit (CAU) at Ayr Hospital. The principle of the team is to assess and intervene in patient care as soon as they enter the emergency department and/or CAU to get them home as quickly as possible either negating an admission to hospital or reducing their hospital stay and lowering risk of repeated admissions. Early evaluation of the team has shown on average AHP input is responsible for 22 hospital discharges per week, with 87% discharged on day one. The overall length of stay (excluding delayed discharges) at UHA has fallen from average 6.3 days to 6.1 days.
- 4.3.6 All GP practices in South Ayrshire now have Occupational Therapists (OT) as part of their Multi-Disciplinary Team, offering easier and earlier access to OT, improving people's health and wellbeing regardless of age and diagnosis. Occupational Therapist's aim to improve an individual's ability to carry out everyday tasks and promote independence. For example, supporting people at work or those who require adjustments to return to work or promoting positive self-management advice when experiencing early indicators of frailty.

#### **4.4 Children and Justice Services –underspend of £1.875m**

- 4.4.1 Against a full year budget of £27.156m, there is an underspend of £1.875m (6.9%), favourable movement of £1.063m from period 10, the main variances include underspends in:
- 4.4.2 **Family Placements** – underspend of £0.448m. The budget for 2024-25 included savings of £0.500m, reflecting the focus on early intervention and prevention approaches through Signs of Safety and the Belmont Family First project the need to accommodate children has reduced significantly. Adoption allowances £0.043m underspend, there were 47 placements at the end of the year. Adoption orders £0.208m underspend including income received from other Local Authorities, kinship allowances in line with budget there were 105 placements at the end of the year. Fostering allowances £0.162m underspend there were 84 placements at the end of the year, supported carers £0.023m underspend there were 10 placements at end of the year, carers in the community underspend of £0.012m, there were 12 placements at the end of the year.

4.4.3 **Unaccompanied Asylum-Seeking Children (UASC)** – net income receipt of £0.648m, to be earmarked for use in 2025-26. During the year children were supported in our own children’s houses and our own supported living accommodation at a total cost of £0.853m, already included in our budget. As a result, funding may be required to support South Ayrshire children and young people in other placements due to lack of capacity in our own children’s houses and supported living accommodation that is being used to support UASC.

4.4.4 At the end of the year 32 young people were being supported. Income received to support UASC was £1.208m and total costs of £1.413m including £0.853m within our own children’s houses and supported living accommodation.

4.4.5 The following services are being used to support UASC: -

- Our own Children’s houses supported 9 young people during the year. The costs of running the houses are incorporated in our base budget. Based on unit cost of £4,243 per week for Sundrum View and £4,740 per week for Cunningham Place. The costs for the young people supported by our own children’s houses would be **£0.650m**. The impact of using the houses to provide this support, means there is less capacity available to provide accommodation for South Ayrshire young people on a timely basis and may have to purchase residential care from out with authority should the need arise.
- Our Supported Living Accommodation provides support to 8 young people, during the year 7 UASC were supported in this provision, at an cost of **£0.203m**.
- During the year our own foster carers provided care and support to 5 young people at an annual cost of **£0.106m**
- Twenty-five young people have been provided with independent living accommodation including two young people supported to live with family and friends at a cost of **£0.324m**.
- A team of staff to support UASC have been recruited with cost this year of **£0.130m**, partially funded from UASC reserves brought forward from last year.

4.4.6 **Children with Additional Support Needs** underspend of £0.657m. Over the course of the last two years there has been a significant number of young adults transitioning to the adult social care team. As a result, Children’s Community care packages underspent by **£0.436m** based on 7 current package at an average cost of £0.011m, budget an afford 55 packages. Direct Payments underspent by **£0.104m** based on 32 current packages at an average cost of £0.008m. Individual Service Funds underspent by **£0.067m** based on 45 current packages at an average cost of £0.004m. Shared Care and Day Care underspent by **£0.050m**.

4.4.7 **Secure placement** – underspend of £0.015m, one placement ended in March 2025.

4.4.8 **Improvement and Innovation Fund** – underspend of £0.284m to be earmarked for use in 2025-26 for Pre 5 Young Carers £0.098m, Family First Locality Fund £0.097m, Neurodiversity project £0.089m.

*Above underspends offset with overspends in the following areas: -*

4.4.8 **Outwith Authority Placements** - overspend of £0.347m. The Budget for 2024-25 approved savings of £0.550m from this budget. At the end of the year there were 35 young people being supported, 8 in fostering, 9 in residential, 7 in residential

education, 5 receiving day education and 6 classroom support. The budget allows for 41 placements, based on average cost of placements. Since the start of this financial year 2 placements started at a higher-than-average annual cost.

- 4.4.9 **Transport** – overspend of £0.064m due to costs incurred to ensure children who are placed in fostering, kinship placements remain at the same school where appropriate, shared transport costs with education approved by Senior Manager.
- 4.4.10 **Children’s Houses** - overspend of £0.075m due to increased costs for food, holidays, and transport costs.
- 4.4.11 **Health Visiting** – overspent by £0.030m this year due to student placements not included in the staffing budget establishment offset with underspend in childcare packages.

#### **4.5 Mental Health Services – overspend of £1.045m**

- 4.5.1 Against a full year budget of £39.760m, there is an overspend of £1.045m (2.63%). The main reasons for the overall overspend are: -
- 4.5.2 **Mental Health Residential Care** – overspend of £0.429m based on 28 current long term residential placements and two short term respite placements. Last year there was a net increase of 9 residential placements (56%), with full year costs impacting this year’s spend, as well as an additional 5 new placements from period 3. The budget of £1.275m can afford 18 placements an average cost of £70k per annum. Demand pressure from residential placements has been approved in the budget for 2025-26.
- 4.5.3 **Learning Disability Residential Care** – overspend of £0.704m, at the end of the year there was 53 placements. Budget can afford 55 placements at an annual cost of £82k. Current average is £88k per annum. Demand pressure from residential placements has been approved in the budget for 2025-26.
- 4.5.4 **Learning Disability Community Care Packages** – overspend of £0.511m in relation to all three self-directed support options. Traditional community care packages £0.104m underspend at the end of the year there was 201 current packages at an average cost of £63,681 per annum. Purchased Day Care underspent by £0.203m, based on transfer of care to another provider and increase in individual service funds. Direct Payments overspent by £0.039m there was 31 packages at an average cost of £27,834 per annum, Individual Service Funds overspent by £0.779m at the end of the year there was 103 packages (28% increase in year) at an average cost of £28,200 per annum.
- 4.5.5 **Mental Health Community Care Packages** – overspend of £0.031m, Commissioned Community Care Packages underspent by £0.046m at the end of the year there was 77 packages at an average cost of £13,912 per annum. Direct payments underspent by £0.033m at the end of the year there was 9 placements at an average cost of £9,547 per annum and Individual Service funds overspent by £0.110m, at the end of the year there were 40 placements at an average cost of £14,302 per annum.
- 4.5.6 **Learning Disability income recovery** – under recovery of £0.131m due to income from day care charging not implemented and shortfall on day care income received from other local authorities using Girvan Opportunities.

- 4.5.7 **Learning Disability Transport Costs** – overspend of £0.068m, contract approved for new vehicles, budget is sufficient for lease costs in 2025-26.

*Above overspends offset with underspends in: -*

- 4.5.8 **Learning Disability Health Team** – underspent by £0.067m all staffing in post, underspend due to new posts at lower end of pay scale.
- 4.5.9 **Mental Health Community Team** – underspent by £0.145m due to slippage in filling staff vacancies and underspend in pharmacy budget. Budget to be utilised in 2025-26 to fund the Mental Health Primary Care posts.
- 4.5.10 **Addictions Team** – underspent by £0.473m, all of which is to be earmarked for use in 2025-26. The Scottish Government have created an Additional Placement Fund for Residential Rehabilitation, to meet the national mission to increase access to and provision for residential rehabilitation. This fund is welcomed and will be utilised by the ADP team to access additional funding for placements. The current budget provided for residential rehabilitation is £0.112m this can afford on average six placements for a 12-week period.
- 4.5.11 In 2022-23 the IJB approved funding of £0.577m from reserves to meet the demand of 40 residential rehabilitation placements, and underspend of £0.102m will be earmarked for use in 2025-26 to support ongoing care of those in recovery following their residential rehabilitation placement funded from the new Additional Placement Fund.
- 4.5.12 The following specific addictions funding will be earmarked for use in 2025-26 ADP Baseline £0.025m, National Drugs Mission £0.094m, One Stop Shop £0.047m, MAT funding £0.199m and Cora Funding £0.006m.
- 4.5.13 **Mental Health Voluntary Organisations** – underspent by £0.036m, mainly in Ardgowan supported living and Three Sixty.

#### **4.6 Support Services underspend of £1.054m**

- 4.6.1 Within the Council there is a total projected underspend of £0.922m. Pressure funding set aside of £0.417m for out with authority contract uplifts, admin review investment full costs not expected to be incurred this year and level 12 finance post not required. Improvement and Innovation projects underspend of £0.453m in Digital Strategy fund to be earmarked for use in 2025-26 and beyond.
- 4.6.2 Payroll turnover target for the year is £2.399m with £2.399m achieved.
- 4.6.3 Within Health there is an underspend of £0.132m, due to £0.197m of funding for Foxgrove not required in year, offset with a £0.050m overspend on Apprenticeship Levy costs.

#### **4.7 Hosted Services overspend of £0.598m**

- 4.7.1 The Continence Team have overspent by £0.145m of these supplies were overspent by £0.069m work ongoing with provider and District Nurse teams to reduce spend, rebate to be received from provider the value is unknown and not included in the year end outturn, benefit will be realised in 2025-26. Staffing overspends of £0.076m due

to 2 posts included part year that are extra to the budgeted establishment, one post left, one currently on redeployment list.

4.7.2 Community Equipment store overspent by £0.454m based on demand and new contract prices. Budget pressures of £0.275m were cited in the 24-25 Budget in relation to increase in demand and costs of mattress and beds, this pressure was not approved as a Pan Ayrshire pressure. Within the budget for 2025-26 all HSCP's have contributed to the budget pressures, this will ensure the budget is sufficient for demand.

4.7.3 Within the moving and handling budget there is an overspend of £0.134m due to an increase in demand for specific items. One being Stand aids, which have increased from 6 purchased in 2022 to 100 estimated this year £0.071m, the increase in demand is to facilitate hospital discharge and reduce demand on double carers. Additional costs with this equipment include 6 monthly and annual maintenance. Other items have seen an increase of cost by 30% such as Repose foot protectors £0.029m overspend. New orders for mattress cushion sets due to tissue viability concerns £0.120m overspend.

4.7.4 Transport costs overspend of £0.045m due to wait on NHS lease vans coming into use, transport was procured from hire vehicle company at a higher cost for part of the year.

#### **4.8 Lead Partnerships underspend of £1.139m prior to earmarking**

4.8.1 The table below shows recharges to East and North for services we host, with income of £0.412m, being their share of our £0.598m overspend, as noted in Section 4.7 Hosted Services.

4.8.2 The recharge from other Partnerships is our share of East's underspend of £2.119m and North's overspend of £0.658m.

	<b>Annual Budget 24/25</b>	<b>Actual Outturn 24/25</b>	<b>Variance (Over)/ Underspend</b>
Recharges to other Partnerships	(2,733)	(3,145)	412
Recharges from other Partnerships	64,005	63,278	727

4.8.3 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) 24/25 £'000	East Ayrshire NRAC Share £'000	North Ayrshire NRAC Share £'000	South Ayrshire NRAC Share £'000	NRAC Basis
East Ayrshire	1,028	328	380	320	Community - East 31.9%, North 37%, South 31.1%
Primary Care Improvement Fund	1,091	409	46	636	PCIF Actuals
North Ayrshire	(1,145)	(376)	(442)	(328)	Mental Health - East 32.8%, North 38.6%, South 28.6%
North Ayrshire Action 15	487	253	135	100	Action 15 Actuals
South Ayrshire	(597)	(191)	(221)	(186)	Community - East 31.9%, North 37%, South 31.1%
<b>TOTAL</b>	<b>863</b>	<b>423</b>	<b>(102)</b>	<b>542</b>	

4.8.4 **East Ayrshire Health and Social Care Partnership** lead on Primary Care services, and are underspent by £2.119m prior to earmarking, with £2.001m to be earmarked resulting in an underspend of £0.118m. The main variances are as follows: -

- **Primary Care and Out of Hours Services** underspend of £1.857m prior to Pan Ayrshire earmarking of £2.001m, resulting in an overspend of £0.144m. Earmarking includes the net overall underspend of £1.091m on the Primary Care Improvement Fund (PCIF) which has been earmarked for carry-forward on an actual spend basis at individual IJB level, as well as specific PCIF Phased Investment Funding £0.819m, which has also been carried-forward to offset expenditure commitments on a pan-Ayrshire NRAC basis. . In addition, pan-Ayrshire earmarking of sums to offset future costs in GP premises improvements £0.007m, and Appropriate Adult funding £0.005m have been accounted for on a NRAC basis.
- **Primary Care Contracting and Support** £0.087m overspend due to a number of variances. These include additional Diabetic Retinopathy costs £0.021m, additional Consultant costs £0.080m and additional costs at Community Hospitals £0.114m. These additional costs are partially offset by reduced Primary Care administration costs £0.136m. Primary Medical Services have overspent £0.556m, due to additional staffing costs, including increased pension, maternity, paternity and sickness cover costs. There are additional costs in Ayrshire Urgent Care Services of £0.064m, with work ongoing to re-design the service to mitigate pressures going forward. Funding has been allocated to fully offset Urgent Care Pathway costs £0.977m, as well as Covid-19 Therapeutics costs £0.202m.
- **Dental Services** are underspent by £0.654m this reflects staffing numbers less than establishment. A sum of £0.079m has been earmarked on a pan-Ayrshire NRAC basis to offset future expenditure on Dental Practices improvements.
- **Prison and Police Healthcare** - £0.024m overspend largely relates to increase in staffing costs and prescribing costs.
- **Allied Health Professions** - £0.391m underspend on AHP services hosted by East Ayrshire which mainly relates to staff savings in Physiotherapy/MSK and Podiatry services and is partially offset by increased Orthotics costs.

- **Other Lead Services** - £0.105m overspend due to increased Area Wide Evening Services, mainly due to additional staffing costs including high use of bank staff, which will need to be addressed going forward.

4.8.5 **North Ayrshire Health and Social Care Partnership** lead on Mental Health Services and are overspent by £0.658m, prior to earmarking £1.978m, resulting in an overspend of £2.636m. The main variances are as follows:

- **Adult Inpatients** overspent by £0.150m, due to the use of supplementary staff for enhanced observations (1:1 and 2:1) and use of bank staff. There is a favourable impact from the opening of the adult mental health assessment hub which has seen the adult inpatient areas with reduced occupancy. There has also been a continuing reduction in bank costs.
- **UNPACS (Unplanned Activities)** overspent by £1.143m based on current placements. UnPACS 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 a 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 change 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. A new group has been established to review the UnPACS budget and placements with a wider service representation.
- **Learning Disability Services** underspent by £0.212m. This position is after recharging other areas on a cost basis for two outwith authority placements which have incurred additional costs in relation to usage of supplementary staffing due to sustained enhanced observations. There is a risk in relation to recovering this income as the two areas receiving the charges are currently refusing to pay and legal advice is being sought. The projected income due from prior and the current year is £2.308m.
- **Elderly Inpatients** overspent by £0.447m mainly due to the use of supplementary staffing. The elderly mental health wards continue to operate at full occupancy and at times with waiting lists, with several patients who are on enhanced observations and bank costs remain high.
- **Enhanced Mental Health Outcome** framework underspent by £0.642m all of which will be earmarked and carried forward for use in 2025-26 to cover legacy cost for projects and posts that are discontinuing and continued pressures within the Lead Partnership.
- **Eating Disorders** overspent by £0.107m due to the staffing level being higher than the funding allocation. This will be considered alongside the overall resource allocation for future years.

- **Psychiatry** overspent by £0.495m due to the use of agency staff and junior doctors. A mitigation plan has been developed to reduce this overspend in 2025-26.
- **MH Pharmacy** overspent by £0.675m due to increased demand and cost of medicines, and particularly the cost of Buvidal. Further detail on this area of pressure has been shared at the Finance Working Group. There is a Pan Ayrshire investment in this area for 2025-26.
- **The Innovation Fund** is underspent by £0.104m due to slippage within some of the projects and not all of the funding was allocated.
- **Action 15** underspent by £0.487m, all of which will be earmarked and carried forward for use in 2025-26.
- There is also an underspend in MH Infrastructure of £0.322m which will be earmarked and carried forward for use in 2025-26.
- The turnover target of £1.116m for vacancy savings is held within the Lead Partnership as this is a Pan-Ayrshire target. There is an over-recovery of the vacancy savings target of £0.479m.

4.8.6 **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 a projected overspend of £0.598m. Our share of this is £0.186m with the balance £0.412m received from the other Partnerships, reflected in the Recharges to other Partnerships line in the IJB financial report on Appendix A.

#### 4.9 Acute Hospitals

4.9.1 The Board did not meet the statutory requirement to breakeven and posted a deficit of £51.1 million in 2024-25.

Cumulative brokerage due to be repaid to Scottish Government is £78.5 million at the end of 2023-24. This comprises deficits of £14.7 million from 2019-20, £25.4 million from 2022-23 and £38.4 million from 2023-24. This will now become £129.6 million.

The Board was required to deliver recurring efficiency savings of £26.5 million 3% of baseline recurring funding. Delivery against the £26.5 million target was £26.8 million.

4.9.2 The 2024-25 annual budget for Acute Services is £462.606m, which includes areas covered in the set aside budget. The year end overspend was £36.852m. The Board did not meet the statutory requirement to breakeven and posted a deficit of £51.1 million in 2024/25. The overspend is in relation to: -

- Nursing Pay overspend of £13.5m, of which £9.1m was on unfunded beds, nursing agency within acute was £7.85m.
- Medical Pay overspend of £7.7m, in part due to locum costs of £5.8m and Glasgow bank costs £1.5m, new controls for requesting medical locums for additional duty hours are now in place with executive approval required.
- Supplies overspend of £12.9m, surgical sundries £4.2m, diagnostic supplies are £1.3m overspent, acute medicines £2.5m overspent.
- Purchase of healthcare is £1.0m overspent, mainly due to outsourcing of medical imaging for out of hours services and to meet waiting list demand.

- 4.9.2 Station 1, Ward 5A, Ward 4E and 3F remained open during January, February and March, although originally planned to close. Station 3 at Ayr was vacated by Vascular patients when the inpatient service moved to Hairmyres Hospital. However, it has had to reopen over Winter for medical patients.
- 4.9.3 Operational challenges in December have carried on into the final quarter. Ayr had 24 additional beds open between Station 8 and Station 12 every day and an average of 13 on Station 11. Crosshouse continued with 78 unfunded beds open in March, and in addition 24 full capacity beds were open each day on average. The SAFER programme in Crosshouse is progressing well and early indications show a reduction in Length of Stay (LoS) across two wards by 2.5 days each. The cohorting of patients in the active wards is also demonstrating a reduction in LoS in other areas. However, the patients in active wards have their discharge delayed awaiting social care provision.
- 4.9.3 The key contributors to the unfunded beds are: -
- The non delayed average length of stay in NHS Ayrshire and Arran is higher than national benchmarks. Steps are being progressed to reduce the average length of stay in 2024-25.
  - The number of beds occupied by delayed discharges. HSCP teams are focused on managing delays and work in partnership with acute teams through integrated discharge hubs. Improvement work is also ongoing.
- 4.9.4 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.
- 4.9.5 Work was undertaken in 2023-24 to establish a system to calculate the baseline of resources for each partnership based on actual activity and actual cost. 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 in the future.
- 4.9.6 The table below is Set Aside allocation for 2024-25 based on a baseline of average of beds days for four years prior to the pandemic (removing any variation). The total bed days are for 2023-24 (due to time lag in real time data for 2024-25) and have been costed at actual 2024-25 prices to provide 2024-25 allocation. The set aside allocation is notional there has been no agreement to transfer the financial risk to the partnership. From the table below we are using more than our baseline beds allocation.

All Ayrshire IJB	Agreed			Over/(Under) 2024/25 Variance £
	2023/24 Bed Days	Baseline @ 24- 25 Prices £	2024/25 Allocation £	
East	68,060	28,182,780	31,869,955	3,687,175
North	84,886	37,807,212	39,965,941	2,158,729
South	74,446	31,246,547	34,488,109	3,241,562
<b>Total</b>	<b>227,392</b>	<b>97,236,539</b>	<b>106,324,005</b>	<b>9,087,466</b>

#### **4.10 Budget Movements**

4.10.1 The budget was approved on the 27th of March 24; 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.”

4.10.2 Explanation on main budget movements:

1. Non-Recurring Budget allocation of Earmarked Reserves to this year’s annual budget.
2. Allocated from Reserves to Improvement and Innovation fund projects.
3. Justice Services Grant.
4. Aids and Adaptations budget delegated from Council
3. Scottish Government allocation of Children’s Social Care Commissioned Services Pay Uplift
4. Movements in Prescribing budgets, uplifts and CRES allocated
5. Scottish Government allocation of Alcohol and Drug Partnership funding
6. IJB share of Scottish Government top up allocation of Pay Award funding for Council employees
7. Council transport overhead allocation
8. Allocation of non-recurring funding for NHS Pay Reform – reduced working week
9. Allocation of NHS Agenda for Change Pay Award
10. Funding for Post Diagnostic Dementia Support.
11. Council year end Pension Budget.

#### **4.11 Request to Earmark**

4.11.1 Appendix G details the Earmarked Reserves position at 31<sup>st</sup> March 2025, following approval of earmark requests. Please note some requests have previously been approved. Improvement and Innovation Fund projects have been approved and any underspends in year, earmarked for spend in future years as noted on Appendix F.

#### **4.11.2 Lead Partnership Earmark Requests**

As noted in Lead Partnership section 4.8 various allocations have not been fully utilised this year, and request to be earmarked for use in 2025-26. These have been reviewed and agreed by Ayrshire Finance Leads.

Services delivered by North Ayrshire Health and Social Care Partnership as lead for Mental Health Services, £0.526m is to be earmarked for use in 2025-26, for the specific areas as shown in the table below, the full underspend and South’s share of the underspend based on Actual spend or NRAC allocation.

Earmarked Funds	24-25 Underspend to be carried forward	Basis of Allocation	South
Mental Health Action 15	486,955	Actuals	99,889
Breast Feeding Network	93,212	NRAC	26,659
MH Outcome Framework	624,472	NRAC	178,599
Early Intervention in Psychosis	238,275	NRAC	68,147
MH Infrastructure	321,623	NRAC	91,984
LD funds	212,000	NRAC	60,632
<b>TOTAL</b>	<b>1,977,537</b>		<b>525,910</b>

Services delivered by East Ayrshire Health and Social Care Partnership as lead for Primary Care Services, £0.919m is to be earmarked for use in 2025-26, for the specific areas as shown in the table below, the full underspend and South's share of the underspend based on Actual spend or NRAC allocation.

Earmarked Funds	24-25 Underspend to be carried forward	Basis of Allocation	South
Primary Care Improvement Fund	1,091,431	Actuals	636,134
Primary Care Improvement Fund IP	818,804	NRAC	254,648
GP Premises Improvements - tranches 1 and 2	7,144	NRAC	2,222
Dental Practice Improvement	78,864	NRAC	24,527
Appropriate Adult Scheme	4,537	NRAC	1,411
<b>TOTAL</b>	<b>2,000,780</b>		<b>918,942</b>

## 4.12 IJB Reserves Balance

4.12.1 Appendix G shows reserves position for each of the reserve allocations in the table below including earmarking.

4.12.2 **General Reserves uncommitted** at the start of the year was £4.237m, the budget for 2025-26 approved £1m to be used to meet the budget gap, this is a temporary solution and longer-term savings will need to be identified. The in year overspend of £2.340m must be funded from uncommitted reserves.

4.12.3 The Budget for 2025-26 was approved on the 12th of March, this included savings of £1.3m, to reduce the beds at Biggart Hospital from 83 to 60 beds. The current budget can only afford 60 beds to remain open. Work has progressed with health and social care partnership working in collaboration with acute colleagues.

4.12.4 The IJB agreed in principle to allocate £0.300m from uncommitted general reserves to finance the transition period to enable the reduction to 60 beds. The Budget Working Group met on the 8th of May and reviewed the operational plan to reduce

the beds based on reducing the length of stay at Biggart, reducing delayed transfers of care at Biggart and ensure that any acute waits for Biggart do not exceed 10 people.

4.12.5 Request for approval to transfer £0.300m from uncommitted general reserves to meet the transitional costs of Biggart Hospital to reduce beds to the budgeted level of 60. This will reduce the balance of General Reserves uncommitted to £0.597m.

4.12.6 The IJB reserves strategy recommends holding an uncommitted reserve between 2% and 4% of revenue expenditure, put this into context a 2% reserve of the 2025-26 original base budget of £216.877m, would be £4.338m and 4% £8.676m. The balance of £0.597m therefore represents 0.28% of the 2025-26 approved original base budget.

4.12.7 **Earmarked Reserves** at the end of the year are £5.819m, as shown in Appendix G, this includes £1.445m of Lead Partnership reserves for services delivered on a Pan Ayrshire basis by North and East HSCP's. Alcohol and Drug Partnership specific Scottish Government ring fenced funding of £0.119m, UASC funding £1.180m that will be used in 2025-26, and £1m earmarked to balance the budget in 2025-26 Biggart Hospital £0.300m to support transition to reduced beds to the budgeted level.

4.12.8 **Improvement and Innovation Fund Reserves** at the end of the year are £4.646m, as shown in Appendix G, of this £3.376m is the financial commitment for approved projects, with a balance of £1.270m remaining to support improvement and innovation work.

#### **4.13 Budget Virements**

4.13.1 None this period.

#### **4.14 Improvement and Innovation Fund**

4.14.1 The total investment of £6m is 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.

4.14.2 Request for approval of £0.150m to be allocated to Connects physical hubs set up costs, the HSCP plans to have physical hubs in each of the six localities. The first hub was set up in Sandgate, Ayr in collaboration with VASA. The £0.150m is an estimate of costs to implement a hub in each of the other locations, Ayr, Prestwick, Troon, Maybole and Girvan.

4.14.3 To date £4.730m of projects have been approved (inclusive of request above). Appendix G provides a note of all commitments to date with description of improvements expected.

4.14.4 Total spend in 2024-25 on improvement and innovation was £1.164m, combined with 2023-24 spend of £0.189m, an overall total of £1.353m has been spent on Improvement and Innovation, with £4.646m earmarked for use in 2025-26 and beyond, of this £1.270 remains available for future projects.

#### **4.15 Savings Targets**

4.15.1 Savings targets of £2.571m were approved in the budget for 2024-25, full detail of savings noted in Appendix D. Most savings were achieved last year through

transformation in Children’s services and implementation in Adults Services of Core and Cluster accommodation along with an increase in individual service funds for care provision rather than traditional commissioned services.

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.

4.15.3 Savings identified as amber are CM2000 efficiency to be carried forward to 2025-26 included in review of out of hours support and balance of £0.044m still to be achieved from review of specific sleepover provision.

<b>BRAG Status</b>	<b>Total Approved Efficiencies</b>	<b>Achieved 24-25</b>	<b>Balance Remaining</b>
<b>B</b>	0.000	0.000	0.000
<b>G</b>	2.233	2.233	0.000
<b>A</b>	0.338	0.140	0.198
<b>R</b>	0.000	0.000	0.000
<b>Total</b>	<b>2.571</b>	<b>2.373</b>	<b>0.198</b>

#### 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;
- 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 now been settled. The Council passed on an allocation from Scottish Government that mostly met the cost of the increase between budgeted pay award and agreed pay award.
- Agenda for Change Pay Reform with the NHS includes reduction to the working week, protected learning time, and regrading of Band 5 to Band 6. Full financial impact this year has been based on information provided by services. Recurring funding will be required to meet future years Pay Reform financial pressures.
- The Scottish Government have reduced the funding for the Mental Health Outcome Framework 2024-25 by 4.5% from 2023/24 funding allocation, this equates to a £0.450m reduction. North Ayrshire lead on this service and have

reviewed service delivery to reduce the impact on this year's budget and following years.

- Funding for Multi-Disciplinary Teams has also been reduced by an estimated 18%, this being removal of the Agenda for Pay Awards, with funding to be allocated based on the original allocation from 2021-22.
- The depletion of reserves this financial year and use of reserves to balance the budget next year, is a significant risk to the financial sustainability of the IJB, work will need to be progress in 2025-26 to reduce spend and request contributions from partners to meet the increasing demand of health and social care.

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 have been 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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**BACKGROUND PAPERS**

1<sup>st</sup> June 2025

## APPENDIX A

### South Ayrshire Health & Social Care Partnership Financial Report as at 31st March 2025

Table 1	2024/25		
	Integrated		
	Budget	Actual Outturn	Variance (Over)/ Underspend
	£'000	£'000	£'000
Older People	57,988	59,355	(1,367)
Physical Disabilities	5,084	5,023	61
Biggart Hospital	7,042	7,389	(347)
Girvan Hospital	1,843	1,948	(105)
Community Nursing	4,811	5,073	(262)
Intermediate Care and Rehabilitation	1,669	1,460	209
<b>Total Community Care &amp; Health</b>	<b>78,437</b>	<b>80,248</b>	<b>(1,811)</b>
Allied Health Professionals	10,973	10,274	699
<b>TOTAL Allied Health Professionals</b>	<b>10,973</b>	<b>10,274</b>	<b>699</b>
C&F Social Work Services	23,600	21,716	1,884
Justice Services	111	90	21
Health Visiting	3,445	3,475	(30)
<b>Total Children and Justice Services</b>	<b>27,156</b>	<b>25,281</b>	<b>1,875</b>
Learning Disabilities	27,464	28,774	(1,310)
Mental Health Community Teams	8,218	8,529	(311)
Addictions	4,008	3,432	576
<b>Total Mental Health Services</b>	<b>39,690</b>	<b>40,735</b>	<b>(1,045)</b>
Directorate	10,832	9,778	1,054
Other Services	-	0	0
Payroll management target	0	0	0
<b>Total Support Services</b>	<b>10,832</b>	<b>9,778</b>	<b>1,054</b>
<b>Integrated Care Fund/ Delayed Discharge</b>	<b>812</b>	<b>870</b>	<b>(58)</b>
<b>Scheme of Assistance</b>	<b>670</b>	<b>650</b>	<b>20</b>
<b>Inter Agency Payments</b>	<b>(1)</b>	<b>(1)</b>	<b>0</b>
Prescribing	27,679	27,679	0
General Medical Services	18,881	18,953	(72)
<b>Total Primary Care</b>	<b>46,560</b>	<b>46,632</b>	<b>(72)</b>
Community Store	752	1,206	(454)
TEC	0	0	0
Family Nurse Partnership	2,652	2,651	1
Continence Team	563	708	(145)
<b>Total Hosted Services</b>	<b>3,967</b>	<b>4,565</b>	<b>(598)</b>
<b>PARTNERSHIP TOTAL</b>	<b>219,097</b>	<b>219,032</b>	<b>64</b>
Recharges from other Partnerships	64,005	63,278	727
Recharges to other Partnerships	(2,733)	(3,145)	412
Acute Hospitals	34,488	34,488	0
<b>IJB Core Budget Total</b>	<b>314,857</b>	<b>313,653</b>	<b>1,203</b>
Earmarked Primary Care	0	919	(919)
Earmarked Mental Health	0	526	(526)
Earmarked ADP	0	0	0
Transfer to Earmarked Reserves	0	2,098	(2,098)
<b>FINAL OUTTURN POSITION</b>	<b>314,857</b>	<b>317,196</b>	<b>(2,340)</b>
Transfer from Reserves	0	(2,340)	2,340
<b>Outturn (after use of Reserves)</b>	<b>314,857</b>	<b>314,856</b>	<b>0</b>

## APPENDIX B

### South Ayrshire Health & Social Care Partnership Financial Report as at 31st March 2025

Table 1	2024/25 Council			2024/25 NHS			2024/25 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	57,988	59,355	(1,367)	0	0	0	57,988	59,355	(1,367)
Physical Disabilities	5,084	5,023	61	0	0	0	5,084	5,023	61
Biggart Hospital	0	0	0	7,042	7,389	(347)	7,042	7,389	(347)
Girvan Hospital	0	0	0	1,843	1,948	(105)	1,843	1,948	(105)
Community Nursing	0	0	0	4,811	5,073	(262)	4,811	5,073	(262)
Intermediate Care and Rehabilitation	0	0	0	1,669	1,460	209	1,669	1,460	209
<b>Total Community Care &amp; Health</b>	<b>63,072</b>	<b>64,378</b>	<b>(1,306)</b>	<b>15,365</b>	<b>15,870</b>	<b>(505)</b>	<b>78,437</b>	<b>80,248</b>	<b>(1,811)</b>
Allied Health Professionals	0	0	0	10,973	10,274	699	10,973	10,274	699
<b>TOTAL Allied Health Professionals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,973</b>	<b>10,274</b>	<b>699</b>	<b>10,973</b>	<b>10,274</b>	<b>699</b>
C&F Social Work Services	23,600	21,716	1,884	0	0	0	23,600	21,716	1,884
Justice Services	111	90	21	0	0	0	111	90	21
Health Visiting	0	0	0	3,445	3,475	(30)	3,445	3,475	(30)
<b>Total Children and Justice Services</b>	<b>23,711</b>	<b>21,806</b>	<b>1,905</b>	<b>3,445</b>	<b>3,475</b>	<b>(30)</b>	<b>27,156</b>	<b>25,281</b>	<b>1,875</b>
Learning Disabilities	26,881	28,258	(1,377)	583	516	67	27,464	28,774	(1,310)
Mental Health Community Teams	4,389	4,845	(456)	3,829	3,684	145	8,218	8,529	(311)
Addictions	2,430	1,957	473	1,578	1,475	103	4,008	3,432	576
<b>Total Mental Health Services</b>	<b>33,700</b>	<b>35,060</b>	<b>(1,360)</b>	<b>5,990</b>	<b>5,675</b>	<b>315</b>	<b>39,690</b>	<b>40,735</b>	<b>(1,045)</b>
Directorate	6,865	5,943	922	3,967	3,835	132	10,832	9,778	1,054
Other Services	0	0	0	0	0	0	-	0	0
Payroll management target	0	0	0	0	0	0	0	0	0
<b>Total Support Services</b>	<b>6,865</b>	<b>5,943</b>	<b>922</b>	<b>3,967</b>	<b>3,835</b>	<b>132</b>	<b>10,832</b>	<b>9,778</b>	<b>1,054</b>
Integrated Care Fund/ Delayed Discharge	486	570	(84)	326	300	26	812	870	(58)
Scheme of Assistance	670	650	20	0	0	0	670	650	20
Inter Agency Payments	(19,158)	(19,158)	0	19,158	19,158	0	(1)	(1)	0
Prescribing	0	0	0	27,679	27,679	0	27,679	27,679	0
General Medical Services	0	0	0	18,881	18,953	(72)	18,881	18,953	(72)
<b>Total Primary Care</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46,560</b>	<b>46,632</b>	<b>(72)</b>	<b>46,560</b>	<b>46,632</b>	<b>(72)</b>
Community Store	0	0	0	752	1,206	(454)	752	1,206	(454)
TEC	0	0	0	0	0	0	0	0	0
Family Nurse Partnership	0	0	0	2,652	2,651	1	2,652	2,651	1
Continence Team	0	0	0	563	708	(145)	563	708	(145)
<b>Total Hosted Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,967</b>	<b>4,565</b>	<b>(598)</b>	<b>3,967</b>	<b>4,565</b>	<b>(598)</b>
<b>PARTNERSHIP TOTAL</b>	<b>109,346</b>	<b>109,249</b>	<b>97</b>	<b>109,751</b>	<b>109,784</b>	<b>(33)</b>	<b>219,097</b>	<b>219,032</b>	<b>64</b>
Recharges from other Partnerships				64,005	63,278	727	64,005	63,278	727
Recharges to other Partnerships				(2,733)	(3,145)	412	(2,733)	(3,145)	412
Acute Hospitals				34,488	34,488	0	34,488	34,488	0
<b>IJB Core Budget Total</b>	<b>109,346</b>	<b>109,249</b>	<b>97</b>	<b>205,511</b>	<b>204,405</b>	<b>1,106</b>	<b>314,857</b>	<b>313,653</b>	<b>1,203</b>
Earmarked Primary Care			0		919	(919)	0	919	(919)
Earmarked Mental Health			0		526	(526)	0	526	(526)
Earmarked ADP			0			0	0	0	0
Transfer to Earmarked Reserves		1,964	(1,964)		134	(134)	0	2,098	(2,098)
<b>FINAL OUTTURN POSITION</b>	<b>109,346</b>	<b>111,213</b>	<b>(1,867)</b>	<b>205,511</b>	<b>205,984</b>	<b>(473)</b>	<b>314,857</b>	<b>317,196</b>	<b>(2,340)</b>
Transfer from Reserves		(1,867)	1,867		(473)	473	0	(2,340)	2,340
<b>Outturn (after use of Reserves)</b>	<b>109,346</b>	<b>109,346</b>	<b>-</b>	<b>205,511</b>	<b>205,511</b>	<b>0</b>	<b>314,857</b>	<b>314,856</b>	<b>0</b>

## APPENDIX C - PARTNERHSIP BUDGET MOVEMENTS

<b>Council</b>	<b>Permanent or Temporary</b>	<b>£'000</b>
<b>Approved Budget</b>	P	<b>101,394</b>
Justice Grant		(2,671)
Aids and Adapts	T	670
<b>Transferred from Reserves:-</b>		
Earmarked Reserves Transferred to Budgets	T	2,184
Improvement& Innovation Reserves Transferred to Budgets	T	1,460
Reserves Transferred to NHS Budgets	T	1,243
Reserves Residential Care Pressures approved Period 3	T	1,200
Allocation of reserves for additional homecare posts	T	180
Children's Pay Uplift to £12 per hour	T	369
Transfer to Housing for MB Social Care Uplift	T	(5)
Transfer to Corporate Finance SCS Team Support	T	(42)
Council Pay Award	T	377
Transport overhead allocation	T	36
Quarriers Uplift to Housing	P	(10)
NDR Budget Reallocation	P	9
Car Lease Salary Sacrifice	T	(95)
Vivup Salary Sacrifice	T	(24)
Vivup P6 Nov Adj	T	16
Fleet Insurance Allocation	T	35
SAC Community Planning Ageing Well Strategy	T	(3)
2024/25 Insurance Allocation	T	181
Homeless strategy contribution	T	30
2024 Enhanced Leave Adjustment	T	(5)
2024/25 IFRS Pay Accrual Budget	T	51
IAS19 Pension adjustments 24/25	T	2,761
Car Lease Salary Sacrifice NI 24/25	T	(9)
Insurance adjustment	T	14
<b>Budget as at Period 12</b>		<b>109,346</b>

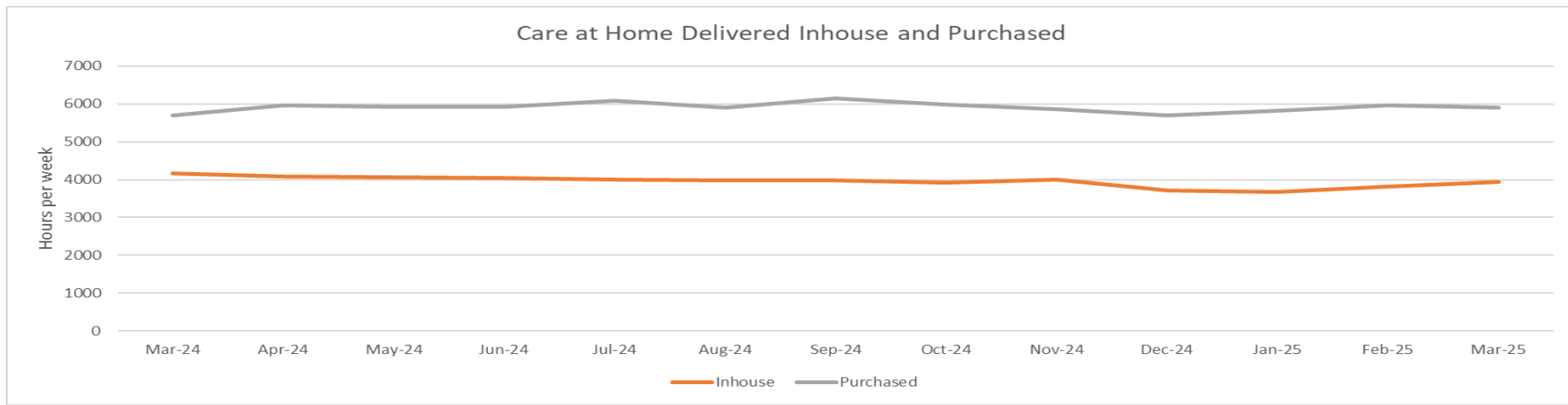
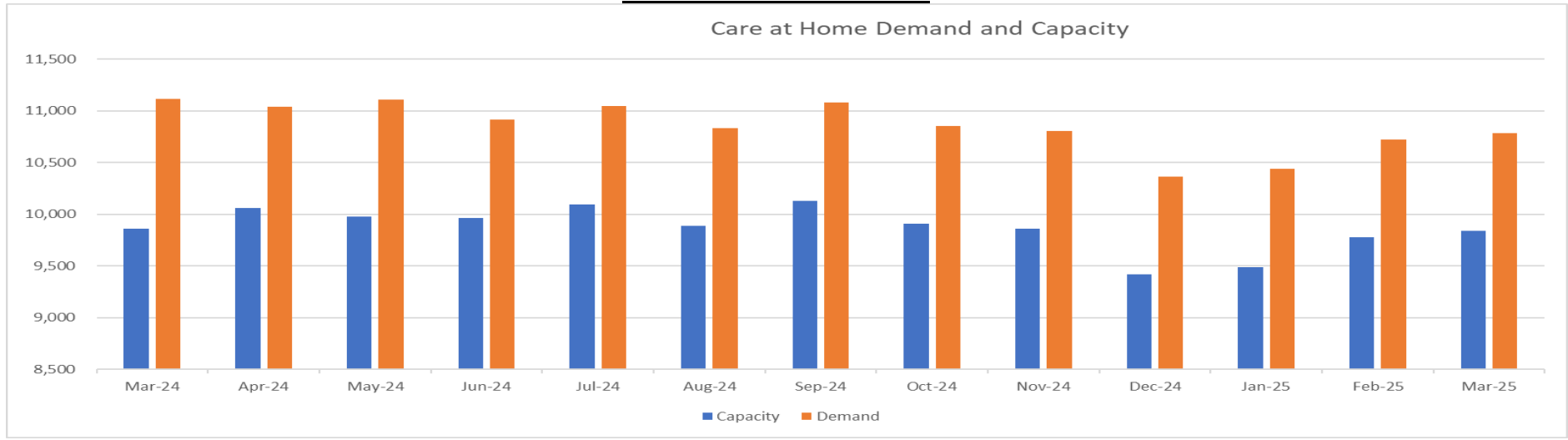
<b>NHS</b>	<b>Permanent or Temporary</b>	<b>£'000</b>
<b>Approved Budget</b>	<b>P</b>	<b>107,314</b>
Set Aside	T	34,488
Lead Partnerships	P	61,272
Family Nurse Partnership	T	15
NR One-off Pay Award	T	(405)
Superannuation Uplift	P	414
ADP	T	251
AHP CAU front door	T	31
RX Prescribing Uplift	T	1,349
RX Prescribing CRES	T	(1,188)
Phlebotomy Admin Return	P	4
Community Store to DEL	T	(350)
Maternal and Infant Nutrition	T	20
Reduced Working Week	T	147
Return Anticipated MDT	T	(196)
MDT reduction by SG	T	142
AfC Pay Award (5.5%)	P	1,896
PDS DEMENTIA SUPPORT	T	78
Medical Pay Award	P	11
Tranche 2 Long Covid	T	33
Admin movement to north	P	(1)
PHARMACY RED TO GSUM 2024-25	P	(1)
Public Health Budget to South addictions	T	102
Return anticipated Tranche 2 Long Covid	T	(33)
Long Covid Tranche 2	T	48
SAC school nurse funding to SH	T	(17)
ADP South ABI to East	T	(5)
23/24 Foxgrove South share	T	197
24/25 Foxgrove South share	T	(60)
Enhanced MH Outcome Framework	T	(46)
<b>Budget as at Period 12</b>		<b>205,510</b>

## APPENDIX D

### **SAVINGS SCHEDULE**

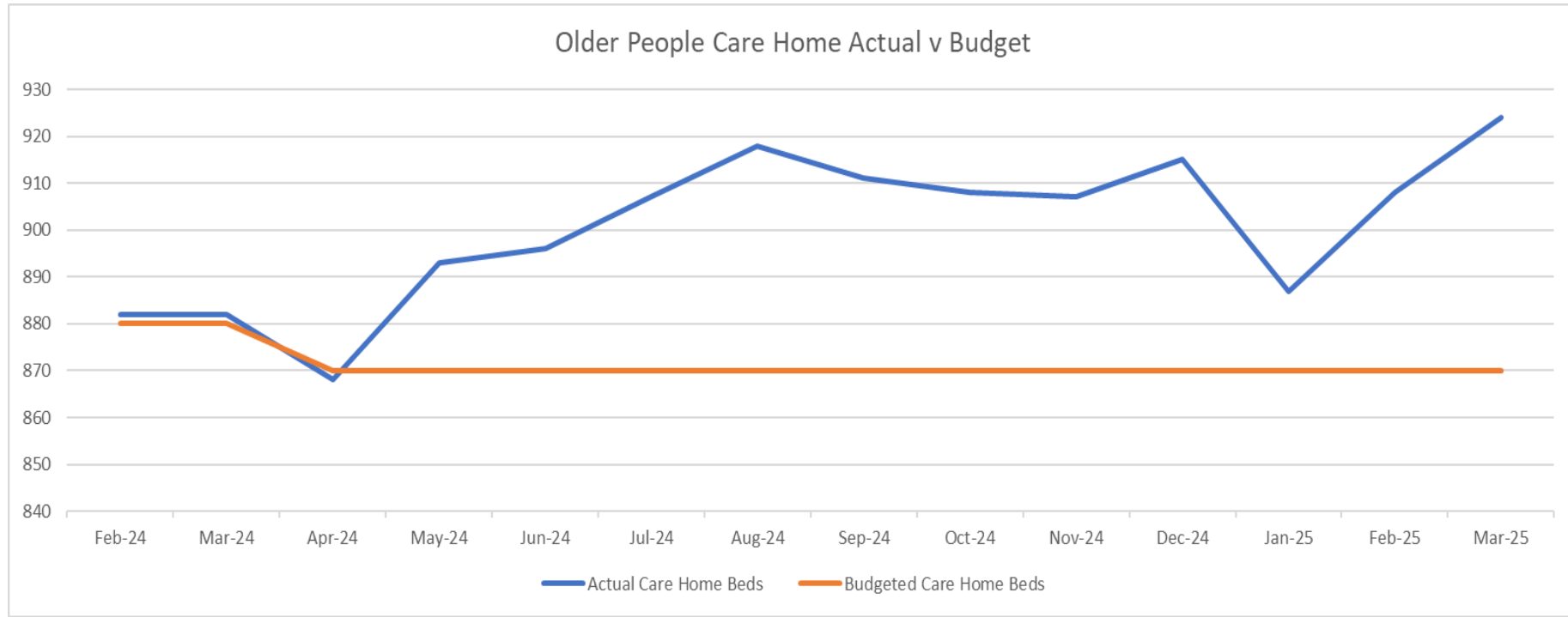
Saving Title	Partner	Approved	BRAG Status	£	£	£	Comments
				Efficiencies	Achieved 24/25	Balance remaining	
Review of Vacant Posts	SAC/NHS	2024-25	G	(301,000)	(301,000)	0	Posts identified and removed from establishments
CM2000 Efficiency	SAC	2024-25	A	(150,000)		(150,000)	Expected to be achieved through review of system capabilities and Out of Hours Support - Outstanding to be carried forward into 2025-26
Adult Community Care Packages	SAC	2024-25	G	(400,000)	(400,000)	0	Savings achieved prior year reflected in this years budget
Mental Health Commissioned Services	SAC	2024-25	G	(190,000)	(190,000)	0	Savings achieved prior year reflected in this years budget
Community Care Charges increase 10%	SAC	2024-25	G	(116,000)	(116,000)	0	Charges increased and income projected to meet savings targets
Outwith Authority Placements Current Demand for Care Packages	SAC	2024-25	G	(550,000)	(550,000)	0	Savings achieved prior year reflected in this years budget
Family Placements Reduction in Demand	SAC	2024-25	G	(500,000)	(500,000)	0	Savings achieved prior year reflected in this years budget
Voluntary Organisations - current spending patterns	SAC	2024-25	G	(176,000)	(176,000)	0	Savings achieved prior year reflected in this years budget
Remodel Sleepover Provision	SAC	2024-25	A	(188,000)	(140,000)	(48,000)	Reviewed of specific care packages identified, savings achieved to date
<b>Efficiencies</b>				<b>(2,571,000)</b>	<b>(2,373,000)</b>	<b>(198,000)</b>	

**APPENDIX E**  
**CARE AT HOME ACTIVITY**



**APPENDIX F**

**CARE HOME TRENDS**



## APPENDIX G - RESERVES

Description	Balance as at 31st March 2024	Transfers Out 24-25	Transfers In 24- 25	Balance as at 31st March 2025	Approval Status
	£000's	£000's	£000's	£000's	
<b>Earmarked Reserves</b>					
East Lead Partnership PCIF	203	(203)	636	636	24-25 Underspend for approval
East Lead Partnership Primary Care Other	231	(231)	320	320	24-25 Underspend for approval
North Lead Mental Health	461	(461)	426	426	24-25 Underspend for approval
Action 15	110	(110)	100	100	24-25 Underspend for approval
ADP	193	(193)	119	119	24-25 Underspend for approval
Community Living Fund	132	(132)		0	
Adoption Orders Delayed	200	(200)		0	
Fostering - Advertising for Carers	15	(15)		0	
Practice Development	80	(80)		0	
Grow Our Own - Social Work Qualifications	203	(49)	49	203	24-25 Underspend for approval
Unaccompanied Asylum Seeking Children National Transfer Scheme	650	(118)	648	1,180	Previously Approved
Dementia Post Diagnostic Support Posts	79	(79)		0	
SG Staff Wellbeing Funding	69	(69)	60	60	24-25 Underspend for approval
AHP Team	191	(191)	19	19	24-25 Underspend for approval
Tec (Analogue to Digital)	105	(105)		0	
Reablement	41	(41)		0	
Newly Qualified Social Worker (NQSW) Support	50	(50)		0	
Care Leavers phone app	6	(6)		0	
Occupational Therapy	113			113	Previously Approved posts to be filled in 25-26
Locality Planning - Small Grants	55	(55)	25	25	24-25 Underspend for approval
Unpaid Carers PPE	3			3	Previously Approved
Mental Health - Primary Care Posts	173	(143)		30	2025
ADP Development Officer	18	(18)		0	
Addictions One Stop Shop Post	84	(84)	46	46	24-25 Underspend for approval
Residential Rehabilitation	222	(222)	102	102	24-25 Underspend for approval
Addictions - MAT Non-Recurring funding	91	(91)	18	18	24-25 Underspend for approval
Addictions Public Health START and MAT funding	145	(145)	181	181	24-25 Underspend for approval
Addictions -Cora Foundation			7	7	24-25 Underspend for approval
Mental Health Admin Support	46	2		48	24-25 Underspend for approval
Backfill PA to Director	5	(5)		0	
Premises Programme Manager	130	(52)		79	Previously Approved funding to May 26
Adult Residential Placements	700	(700)		0	
Biggart Hospital and OP Care Home Placements	1,500	(1,500)		0	
Near Me System Support Officer	28	(28)		0	
Signs of Safety	15	(15)	11	11	24-25 Underspend for approval
Mobile Attendant backfill ill health retiring	15	(15)	11	11	24-25 Underspend for approval
Care at Home Capacity	1,000	(180)		820	Previously Approved 24-25 and 25-26, to be allocated when posts recruited
Temp Corporate Finance Team Support	42	(42)		0	
Hillcrest Refurbishment	17	(17)		0	
Balance Budget 2025-26			1,000	1,000	Approved Budget 2025-26
Biggart Hospital			300	300	Approval Requested
<b>TOTAL EARMARKED</b>	<b>7,421</b>	<b>(5,643)</b>	<b>4,078</b>	<b>5,856</b>	
<b>GENERAL RESERVES UNCOMMITTED</b>	<b>4,237</b>	<b>(3,640)</b>		<b>597</b>	

Description	Balance as at 31st March 2024 £000's	Transfers Out 24-25	Transfers In 24-25	Balance as at Period 12	Status
<b>IMPROVEMENT AND INNOVATION FUND</b>					
<b>Approved</b>					
VASA - DTOC Support	23	(23)		0	
MHO Training - Backfill Posts	95	(20)		75	Two posts 25-26
Health Walks Co-ordinator	14	(14)		0	
Ageing Well Strategy	17	(17)		0	
Band 6 Nurse - Girvan	127	(62)		65	Funded to Feb 26
Recovery Ayr Premises Contribution	77	(20)		57	24-25 - £20k, 25-26 - £20k, 26-27 £20k, 27-28 - £16.6k
Reablement Supervisor	85	(43)		42	Funding to March 26
Children's Locality Groups	100	(100)	97	97	Underspend carried forward
Policy Officer	82	(58)	6	30	Balance to Fund to Jul 25
Digital Assistant	56	(34)	4	26	Balance to fund to Oct 25
Quality Improvement	64	(14)		50	Balance to May 26
Speech and Language Therapy - Adult Singing Intervention	28	(14)	2	16	£12k in 2024-25 and £16k in 25-26
Speech and Language Therapy - Children and Young People Communication Friendly Environments	114	(46)	3	72	£52k in 25-26 and £17k to June 26
Speech and Language Therapy - Children and Young People Waiting List	208	(44)	10	174	£98k in 25-26 and £76k 26-27
Care Home Review Team - Community Care Assistant Resource	89	(37)		52	£45k in 25-26 and £7k to May 26
Front Door AHP's	353	(127)		226	Full spend expected in 25-26
MAT Standards Pilot	40			40	Full spend expected in 25-26
Primary Care Occupational Therapists	312	(96)		216	£156k in 25-26 and £60k in 26-27
Programme Manager - Focus on Frailty and Ageing Well	80	(33)		47	£40k in 25-26 and £7k to May 26
Gadget Match Cards	10	(10)		0	Full spend expected in 2024-25
LD Senior Nurse Temp (TOC)	60	(9)		51	£30k in 25-26 and £21k to Jan 27
Hospital SW Team - Community Care Assistant Resource	44			44	Full spend expected in 25-26
Microenterprise	114	(55)		59	£59k in 25-26
Neurodiversity	300	(188)	89	201	Over 24-25 and 25-26
Interim Care Home Beds	187	(187)		0	
Digital Strategy	500	(500)	453	453	3 Projects approved
Living with Dementia Early Intervention				0	Projected cancelled
Getting It Right For North Ayr	130			130	Full spend expected in 25-26
Youth Justice - Diversion	50	(10)		40	Full spend expected in 25-26
Youth Council - addressing impact of cost of living crisis	20			20	Full spend expected in 25-26
Project Implementation Officer	75			75	Full spend expected in 25-26
TATL Project Implementation Officer	90	(45)		45	£45k in 25-26 to Sep 25
School Nurses and Health Visitor Training	17	(17)		0	Funding for 24-25
AHP Front Doors - Technical Instructors	80	(40)	40	80	Full spend expected in 25-26
Pre 5 Young Carers Support	98	(98)	98	98	£49k in 25-26 and £49k in 26-27
Diabetes in Primary Care	25			25	Full spend expected in 25-26
Spirometry	12	(1)		11	Full spend expected in 25-26
Pulmonary Rehabilitation Physiotherapy Waiting List Initiative	54			54	£34k in 25-26 and £20k in 26-27
Ageing Well Strategy	50			50	25-26 and 26-27
Speech and Language Therapy - Adult Singing Intervention "Vibrant Voices" Expansion	47			47	£24k in 25-26 and £23k in 26-27
Reablement Supervisor - Hospital Discharge	88			88	Full spend expected in 25-26
Near Me - Systems Support Officer	40			40	Full spend expected in 25-26
Power of Attorney Fund	10			10	Full spend expected in 25-26
South Locality Team - Initial Response Team - Community Care Assistant	88			88	£44k in 25-26 and £44k in 26-27
Workforce Recognition	25	(1)		24	One off Funding
Double Handled Care	150			150	£100k in 25-26 and £50k 26-27
GIRFAN - Health Inclusion	16	(4)		12	Full spend expected in 25-26
Improving Continuity of Care at Barns Medical Practice	4			4	Full spend expected in 25-26
Supported Decision Making (SDM) Community Resource	43			43	£30k in 25-26 and £13k in 26-27
Connects - Physical Hubs set up costs	150			150	£100k in 25-26 and £50k 26-27
<b>Balance of Innovation Fund</b>	<b>1,270</b>			<b>1,270</b>	
<b>IMPROVEMENT AND INNOVATION FUND</b>	<b>5,811</b>	<b>(1,967)</b>	<b>802</b>	<b>4,646</b>	
<b>TOTAL RESERVES BALANCE</b>	<b>17,469</b>	<b>(11,249)</b>	<b>4,880</b>	<b>11,100</b>	

## Appendix H – Improvement and Innovation Projects

Service Area	Improvement and Innovation Funder	Approved £'000's	Investment Duration	Improvement
Community Care and Health	CAP Tech Post for Care at Home	5	Complete	Additional Capacity to support with medication reviews in Care at Home
Community Care and Health	VASA - Attendance Allowance/Blue Badge support	15	Complete	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
Community Care and Health	VASA - DTOC Support	23	Complete	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
Community Care and Health	Supported Decision Making (SDM) Resource	75	Complete	Train staff in hospitals on supported decision making reducing bed days and providing a 7 day SDM service
Community Care and Health	MHO Training - Backfill Posts	95	Funding for 11 months	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
Community Care and Health	Health Walks Co-ordinator	14	Complete	Early Intervention and Prevention to increase number of health walks funding to support Healthy walks co-ordinator post within the Council
Community Care and Health	Ageing Well Strategy	30	Complete	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
Community Care and Health	Reablement Supervisors	85	Two Years	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.
Community Care and Health	Girvan Hospital - Band 6 Nurse	127	Two Years	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 Extended 1 year.
ADP	Recovery Ayr Hub - Premises Contribution	80	Four Years	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 Health Care and Justice	Children's Locality Groups	100	Two Years	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.
Children's Health Care and Justice	Free Stagecoach Travel for Care Experienced young people	20	Complete	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 and Performance	Policy Officer	87	18 months	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.
Policy and Performance	Digital Assistant	56	18 months	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.
Allied Health Professionals	Speech and Language Therapy - Adult Singing Intervention "Vibrant Voices"	28	Two Years	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.
Policy and Performance	Quality Improvement	64	One Year	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 (AIFIS).

Service Area	Improvement and Innovation Funding	Approved £'000's	Investment Duration	Improvement
Allied Health Professionals	Speech and Language Therapy - Children and Young People Communication Friendly Environments	114	Two Years	Development of communication friendly environments in for example GP Practices, shops, businesses to support the language and communication needs of all children, young people
Allied Health Professionals	Speech and Language Therapy - Children and Young People Waiting List	208	Two Years	Reduce the current waiting list of 115 children. Oct 24 - Further investment of £76k (Apr 25- Mar 26) to increase capacity to reduce waiting list to nil and waiting time to 6weeks
Community Care and Health	Care Home Review Team - Community Care Assistant Resource	89	Two Years	Additional capacity to reduce overdue care home reviews, allow social workers to focus on statutory work and improving meeting timescales, improve service delivery
Allied Health Professionals	Front Door AHP's	353	Two Years	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. Extended £0.226m in budget 25-26
Community Care and Health	MAT Standards Pilot	40	One Year	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.
Allied Health Professionals	Primary Care Occupational Therapists	312	Two Years	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
Community Care and Health	Programme Manager - Focus on Frailty and Ageing Well	80	Two Years	Ageing Well Strategy published with implementation having started with impact across agencies. Complete delivery on all other Focus on Frailty workstreams (measurement plan available).
Community Care and Health	Gadget Match Cards	10	One off Funding	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
Community Care and Health	LD Senior Nurse Temp (TOC)	60	Two Years	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
Community Care and Health	Hospital SW Team - Community Care Assistant Resource	44	One Year	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
Community Care and Health	Microenterprise	114	Two Years	Establishment of Microenterprises, through outreach, engagement and marketing support.
Children's Health Care and Justice	Neurodiversity	300	One Year	Funding to be used in developing new pathways for support and guidance and access to assessment for children with neurodevelopmental concerns.
Community Care and Health	Micro Enterprises	53	Complete	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.
Community Care and Health	Interim Care Home Beds	187	Complete	Care Home Beds purchased from private sector to facilitate timely discharge from hospital for DTOC awaiting a care home placement.
Policy and Performance	Digital Strategy	500	One off Funding	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
Community Care and Health	Getting It Right For Ayr North (GIRFAN) Health Inclusion	130	One Year	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.
Children's Health Care and Justice	Youth Justice - Diversion	50	14 months	Collaboration between HSCP and Thriving Communities to work with most disengaged young people and their families through diversionary activities and opportunities towards positive destinations.

Service Area	Improvement and Innovation Fund	Approved £'000's	Investment Duration	Improvement
Children's Health Care and Justice	Youth Council - addressing impact of cost of living crisis	20	14 months	To invest £20,000 in the Youth Council and their commitment to addressing the impact of the cost of living Crisis. The Youth Council would be asked to develop a plan for how they would plan to use this funding to support Children's Rights directly
Community Care and Health	Project Implementation Officer	75	18 months	Creation of a Project implementation role To work alongside the SAC OT team. Their primary role would be to comprehensively document and streamline existing processes and identify potential tests of change for further improvement.
Community Care and Health	TATL Project Implementation Officer	90	18 months	Work is being undertaken towards implementing the new social work model including specific tasks related to creation of community hubs promoting multi-disciplinary teams who are interface with our communities, this as part of the HSCP strategic vision of Team around the Locality
Children's Health Care and Justice	School Nurses and Health Visitor Training	17	One Year	Training to support development of NQ Health Visitors and School Nurses to enhance their specialist skills in protection children, assessment and analysis of need and risk, and support planning for children.
Allied Health Professionals	AHP Front Doors - Technical Instructors	80	One Year	Two Technical Instructors to support the 4 AHP Front Door Posts. This additional resource will provide cover and ensure patients are seen timeously, and improve patient flow in emergency department and combined assessment unit, reduce the length of stay and support admission avoidance.
Children's Health Care and Justice	Pre 5 Young Carers Support	98	Two Years	Funding would provide a member of staff to support the roll out of this initiative, including staff training (HV, SAC EYC, private EYC, HSCP/SAC services, external organisations), awareness raising sessions with families,
Public Health	Diabetes in Primary Care	25	18 months	Training to practice nurses in GP Practices in insulin initiation to improve Diabetic Care. Cost is for local enhanced service payments to GP Practices to initiate insulin. This will reduce risk of diabetic complications and the need to be referred to secondary care.
Public Health	Spirometry	12	18 months	Purchase of three Spirometers and Testing of 1,000 patients over a period of 18months as a pilot to create a community COPD pathway
Allied Health Professionals	Pulmonary Rehabilitation Physiotherapy Waiting List Initiative	54	One Year	The longest Pulmonary Rehabilitation wait in South Ayrshire is currently 42 weeks and there are 143 patients waiting for assessment. The average wait is 24 weeks. A temporary increase in workforce capacity will reduce the waiting list to 8 weeks and number of patients waiting to 20.
Community Care and Health	Ageing Well Development Fund	50	One Year	The Ageing Well Strategy and linked initial Delivery Plan is seeking to develop an Ageing Well Development Fund that will support innovative approaches to enable health and active ageing in line with Ageing Well Strategy, movement and vision
Allied Health Professionals	Speech and Language Therapy - Adult Singing Intervention "Vibrant Voices" Expansion	47	Two Years	Expansion of current singing intervention supporting people with acquired neurogenic communication difficulties (ANCD) and their partners/carers. Funding will allow for groups in another two localities. Expanding on the current average 24 people per week supported.
Community Care and Health	Reablement Supervisor - Hospital Discharge	88	One Year	Increase reablement capacity at Ayr Hospital, to support ongoing demand to ensure timely assessments, appropriate discharge planning and improve patient flow and timely intervention aimed to reduce length of stay
Policy and Performance	Near Me - Systems Support Officer	40	One Year	To continue the roll out of Near Me in social care and health teams, increasing awareness in teams and access to service users.
Community Care and Health	Power of Attorney Fund	10	One off Funding	Creation of a fund would be used to support people who may be at risk of losing capacity to make a POA and have it paid for by the HSCP.
Community Care and Health	South Locality Team - Initial Response Team - Community Care Assistant resource	88	Two Years	The purpose of the post is to promote community led support within the rural villages of the South locality
Policy and Performance	Workforce Recognition	25	One off Funding	To promote HSCP employees roles in delivering health and social care services. This will involve attendance at specific events, participate in awards ceremonies, delivery of events to celebrate professions.
Community Care and Health	Double Handled Care	150	One Year	Investment in Moving and Handling Advisors to provide a single point of contact for moving and handling referrals, risk assessments, advice and guidance and training of staff to reduce the level of double handled care.
Community Care and Health	GIRFAN - Health Inclusion	16	4 months	Development and Co-ordination of GIRFAN implementation plan
Community Care and Health	Improving Continuity of Care at Barns Medical Practice	4	One year	Maximising use of Multi-Disciplinary Teams, agreeing care plans with patients and a full team approach to patient education to reduce the number of contacts and improve patient care and clinical satisfaction.
Community Care and Health	Supported Decision Making (SDM) Community Resource	43	One year	Supported Decision making intervention in the community, ensuring that appropriate supports are in place should the person ever require formal care in the future. This will include power of attorney and anticipatory care planning.
Community Care and Health	Connects - Physical Hubs set up costs	150	One-Off	Development of Connects model across South Ayrshire, creation of hubs in each of the five localities to promote wellbeing and access to social opportunities, to reduce demand on health and social care services in the longer term by enabling healthier lives for longer.
<b>TOTAL ALLOCATED</b>		<b>4,730</b>		
<b>Balance of £6m approved remaining</b>		<b>1,270</b>		