

South Ayrshire Health and Social Care Partnership

REPORT

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on	15th June 2022
Agenda Item	15
Title	Budget Monitoring Period 12 – 31st March 2022
Summary: The purpose of this report is to advise the Integration Joint Board of the actual outturn for the year ending 31 st of March 2022.	
Presented by	Lisa Duncan, Chief Finance Officer
Action required: It is recommended that the Integration Joint Board:	
<ul style="list-style-type: none"> (i) Note the actual financial outturn to 31st of March 2022; (ii) Note the actual outturn in relation to Lead Partnership services; (iii) Note the actual outturn within the Acute Services budget and Set Aside budgets; (iv) Note the progress made towards savings; (v) Note the progress and status updates on Transformation Plans; (vi) Note the Covid-19 actual spend to 31st of March 2022; (vii) Note work is in progress to determine 2022-23 Covid financial implications and use of Covid reserves will be presented for IJB approval at a later date; (viii) Approve the earmarking of funds in Appendix F; (ix) Note the key financial issues and risks for the IJB 	

Implications checklist – check box if applicable and include detail in report									
Financial	<input type="checkbox"/>	HR	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>	ICT	<input type="checkbox"/>						

Directions required to NHS Ayrshire & Arran South Ayrshire Council, or both	1. No Direction Required	<input type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>

**SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD**

15th June 2022

Report by Chief Finance Officer

Financial Outturn 2021-22 to 31st March 22

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 as at 31st March 2022. The report will also provide an update on the actual financial implications in the continued response to the Covid-19 pandemic, progress made against savings approved within the IJB budget for 2021-22, movements on the annual approved budget for 2021-22. Request for approval to earmark funds are also included.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board;

- (i) Note the actual financial outturn to 31st of March 2022;
- (ii) Note the actual outturn in relation to Lead Partnership services;
- (iii) Note the actual outturn within the Acute Services budget and Set Aside budgets;
- (iv) Note the progress made towards savings;
- (v) Note the progress and status updates on Transformation Plans;
- (vi) Note the Covid-19 actual spend to 31st of March 2022;
- (vii) Note work is in progress to determine 2022-23 Covid financial implications and use of Covid reserves will be presented for IJB approval at a later date;
- (viii) Approve the earmarking of funds in Appendix F;
- (ix) Note the key financial issues and risks for the IJB

3. BACKGROUND INFORMATION

This report provides an overview of the financial position for the partnership and outlines the unaudited year end position for 2021-22. The year end outturn is an overall underspend of £25.027m. This includes the partnerships' share of the Lead Partnership underspends and additional Covid-19 funding allocations, to be earmarked for use in 2022-23. The final outturn is broken down as follows:

- Social care services delivered by South Ayrshire Council are underspent by £17.453m, of this balance £15.930m is to be earmarked for specific purposes as detailed in Appendix F;
- Managed services delivered by NHS Ayrshire and Arran are underspent by £3.318m and £2.269m is to be earmarked for specific purposes as detailed in Appendix F;
- Lead Partnership arrangements are underspent by £4.256m, this includes our share of East and North Health and Social Care underspend combined with their contribution to our lead partnership services overspend. Earmarking is required for Primary Care Improvement Fund, Action 15 and other additional funding held by Lead Partnerships in relation to Primary Care and Mental Health Recovery and Renewal Fund as detailed in Appendix F.

4. FINANCIAL COMMENTARY

The integrated budget for 2021-22 is £282.036m, with an underspend of £25.027m, this is a favourable movement of £20.148m from period 9. Significant movements relate to:

- Additional Scottish Government funding allocation of £12.731m announced on the 25th of February to meet ongoing Covid pandemic pressures, of which £11.666m will be earmarked in line with Scottish Government expectations to meet the cost of services delivered by the IJB in responding and recovering from the pandemic;
- A favourable movement of £3.649m within Lead Partnership services, as a result of additional Scottish Government funding for Primary Care and Mental Health Recovery and Renewal, balances to be earmarked in line with Scottish Government expectations;
- A favourable movement of £2.270m within NHS directorate services, as a result of underspends in specific funding allocations; balance to be earmarked in line with Scottish Government expectations;
- A favourable movement of £0.878m within Children's services due to reduction in out with authority placements, less than projected spend in children's transport costs due to covid restrictions, less than projected spend in children's care packages and an additional funding allocation received at end of year for Whole Family Wellbeing to be earmarked;
- Within Community Care and Health services there was a favourable movement of £0.895m, mainly due to less than expected spend from winter pressures part year funding allocations and further slippage in Allied Health professional vacancies.

Appendix A provides the year-end financial position for the partnership and highlights the variances in service expenditure. Appendix B provides detail per partner.

The following sections will provide an overview of the financial outturn based on the operational activity during the year and additional funding allocations. An explanation of budget movements in year along with use of reserves and further earmarking for approval. Progress on savings achieved, an update on the Transformation Plans and a summary of Covid-19 financial impact and the associated financial risks.

4.1 **Community Health and Care – underspend of £3.198m**

Against a full year budget of £72.348m, there is an underspend of £3.198m (4.4%). The main reasons for the underspend are:

Older People Residential Care Home Placements underspent by £0.472m due to additional funding of £1.002m to meet the cost of interim placements to support delayed transfers of care pressures. Of this funding only £0.327m was spent to source additional placements due to capacity in the care home sector and the difficulties in recruiting and retaining staff.

The permanent budget can afford 840 placements since the beginning of March 21 care home placements were steadily increasing and peaked at 863 in September,

since then they have steadily decreased with 836 care home placements at the end of March 22 there has been a decline in available capacity mainly due to workforce issues within the care home sector.

As At 31st of March there were 71 delays of which 11 were waiting on a nursing care home placement and 36 on care at home support. Appendix E charts the trend in care home placements and delayed discharges.

Inhouse Care at Home Service underspent by £1.621m , mainly due to allocation of £1.554m of winter pressures funding to increase care at home capacity.

Purchased Care at Home Service overspent by of £0.090m. Budget can afford 10,100 hours per week, at 31st of March 10,058 hours per week were being purchased. There has been a decrease in hours purchased per week since the start of the year, from 11,960 hours to 10,058 hours per week. This can partially be attributed to the reablement team increasing capacity with 49% of service users who receive a reablement intervention not requiring mainstream care at home services. However, the reduction in ability to purchase care at home reflects the capacity issues in the private sector also impacting on 36 delayed discharges waiting care at home support that cannot be sourced as well as unmet need in the community of 1,032 hours assessed but not unable to be sourced. The activity and budget continue to be closely monitored. Appendix E highlights the trend in purchased care at home since the start of the year.

Allied Health Professionals – underspent by £0.397 mainly due to delays in recruitment.

Reablement Care at Home Service underspent by £0.243m, due to slippage in recruitment timelines. When the service is at full capacity and reablement service rolled out to all service users in need of care at home, this will provide capacity in the mainstream care at home and purchased care services to provide care for unmet need and delayed discharges waiting on care at home.

Older People respite services underspent by £0.065m due to decrease in demand.

Intermediate Care and Rehab – underspent by £0.291m, due to issues in recruiting a GP to the service. New staffing structure to be implemented in 2022-23.

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

Direct Payments and Individual Service Funds overspend of £0.016m due to an increase in demand, there has been a net increase of 18 packages (41 new and 23 ended) along with increases to existing care packages. However individual service funds actual spend has been significantly less than the financial commitment, information has been provided to services to review these care packages and ascertain why less care provision has been received.

Biggart Hospital – overspend of £0.103m due to use of bank staff to support increased levels of support required including 24 delayed discharges at 31st March. The 21-22 budget has been increased by £0.500m on a non-recurring basis to allow the service to plan the future use of the hospital to ensure long term financial sustainability. The recurring budget of £4.4m can afford 58 beds at a cost of approximately £76k per bed, based on the activity and workforce model in May 21. At present there are 83 beds in use, with an additional 12 beds commissioned to provide capacity in responding to Covid the costs of these £0.545m are included in the local

remobilisation plan (RMP). These beds will continue to be used in 2022-23 to meet demands and facilitate the delayed discharges at Ayr Hospital.

The future model for Biggart Hospital has still to be decided at present there is no immediate plans to change the service due to the current demand for additional capacity at the hospital to meet increased frailty needs and delayed discharges. The winter planning investment in the community workforce is intended to provide supports in the community to alleviate pressure on the hospital. This will not materialise until recruitment has been finalised and services are running with an increased workforce to meet demand. Once the future model has been decided and plans on way forward are clear this will be presented to the IJB for approval. From a financial perspective any overspends next year will be offset by underspends in community care staffing investment and if required reserves, this will be continually monitored in the new year.

Community Nursing – overspent by £0.054m, 2 WTE nurses over establishment to cover staff long term sickness and maternity leaves.

Physical Disabilities – overspent by £0.126m, increase in demand since the start of the financial year there has been one new residential care package £0.085m and 5 new Direct Payments resulting in an overspend of £0.078m.

4.2 Children and Justice Services – underspend of £1.285m

Against a full year budget of £25.891m, there is an underspend of £1.285m (5%), the main variances include underspends in:

Family Placements – underspent by £1.080m, a favourable movement of £0.358m. Internal foster placements currently 25 less than budgeted, resulting in a £0.636m underspend. This reflects the budget investment made into internal placements and disinvestment in out with authority placements, the variance is due to recruiting internal foster care and young adults moving on from out with authority placements.

Adoption fees and orders are underspent by £0.350m, due to backlog of orders needing processed by the courts, earmarking is requested to meet the costs in 2022-23 of backlog. Further underspend of £0.108m within carers in the community the budget can afford 18 placements currently there are only 7.

Contracts - underspent by £0.120m due to transport contract not utilised, vacant posts in Mental Health Nurse and Functional Family Therapy contract.

Staff Travel and Office Supplies and Services – underspent by £0.092m mainly due to staff working from home and meetings with families carried out virtually where possible. This underspend is after approved savings for 2021-22 of £0.030m have been achieved.

Income – additional funding of £0.074m received in February from Scottish Government to meet support costs of national transfer scheme for unaccompanied asylum seeking children and funding for Whole Family Wellbeing, both allocations to be earmarked for use in 2022-23.

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

SDS Options 1 and 2 - overspent by £0.028m favourable movement of £0.083m due to less than expected spend on Individual Service Funds.

Young Persons Support and Transitions – overspent by £0.120m for care leavers expenses and rents.

Legal Costs - overspent by £0.080m due to higher than anticipated costs for permanence orders and investigative legal work in relation to the historic child sex abuse inquiry.

4.3 Mental Health Services – underspend of £1.530m

Against a full year budget of £31.195m, there is an underspend of £1.530m (4.9%). The main reasons for the overall underspend are:-

Community Living Fund - £0.410m income received in 2020-21 from Scottish Government to redesign services for people with complex needs, anticipated no spend this year, time limit to spend is March 2024. Plans are being developed on use of the fund.

Learning Disabilities day care – underspent by £0.158m as a result of less demand. Learning Disability strategy being reviewed and consultation with service users to determine future commissioning of services.

Learning Disability Respite care – underspent by £0.087m due to less demand for respite than budgeted.

Health Learning Disability Team – underspent by £0.072m due to staff vacancies in year.

Community Mental Health Team –underspent by £0.250m, mainly due to slippage in recruitment from investment in new posts approved as part of budget 21-22 and funding for Dementia post to be earmarked for use in 2022-23.

Mental Health care packages – underspent by £0.062m due to issues in provider capacity. Solutions being reviewed at present including block funding hours with specific providers to ensure capacity available.

Addictions – underspend of £0.502m mainly due to delay in utilising the drug mission funding to be earmarked for commitments in 2022-23.

SDS Options 1 and 2 underspent by £0.069m, favourable movement of £0.209m, due to a decrease in use of Individual Service Funds.

4.4 Support Services underspend of £3.106m

Within the Council there is an underspend of £0.597m due to staff vacancy management higher than expected and funding set aside for contract uplifts that have not materialised this financial year.

Within Health there is an underspend of £2.509m, of which £2.269m relates to specific allocations of funding to be earmarked for use in 2022-23. The balance of £0.240m relates to an underspend in admin support.

4.5 Hosted Services overspend of £0.060m

The Continence Team overspent by £0.043m due to an increase in purchase of supplies and 0.5WTE additional to staffing establishment in the team to meet with demand pressures. A review of this service was to be undertaken in the year to

understand increase in demand and assess how to mitigate the financial pressure with new ways of working. Due to other service demands, this review was reprioritised and will be finalised in 2022-23.

Community Equipment store overspent by £0.143m as a result of an increased spend on equipment and maintenance contract increases.

Family nurse partnership underspent by of £0.113m, this was due to slippage in filling the school student nurse posts with the additional funding provided by Scottish Government.

4.6 **Covid Expenditure**

The partnership continues to respond to the covid pandemic following Scottish Government guidelines and legislation. Regular Remobilisation Plans (RMP's) were submitted to the Scottish Government during 2021-22 including the financial implications in responding to the pandemic.

The annual spend in relation to the RMP's was £5.380m as noted in the table below.

Funding of £0.200m was earmarked in 2021-22 from Scottish Government allocation to support the impact of Covid on Children and Families Mental Health and Wellbeing at the end of the year £0.153m was spent, with the balance earmarked to be carried forward into 2022-23. Justice services also incurred £0.017m to support backlog in community pay back orders and unpaid work. Funding was received from Scottish Government to meet these costs.

The costs above are noted below, however separate funding allocations and returns on expenditure were submitted out with the RMP process.

Local Mobilisation Plan	Actual Covid Spend 2021-22		
	NHS £'000	SAC £'000	Total £'000
Description of Expenditure			
Additional Community Hospital Bed Capacity	545	0	545
Additional Infection Prevention and Control Costs	0	38	38
Additional Staff Costs	373	270	643
Digital IT Costs	0	15	15
Additional Equipment and Maintenance	7	0	7
Additional PPE	0	236	236
Additional Capacity in Community	0	500	500
Social Care Provider Sustainability Payments	0	2432	2,432
Social Care Support Fund Claims	0	361	361
Remobilisation - Adult Social Care	0	181	181
Children and Family Services	0	17	17
Unachievable Savings	0	307	307
Loss of Income	0	97	97
TOTAL PER PARTNER RMP	925	4,455	5,380
Other - Covid C& F wellbeing and Justice Services		169	169
TOTAL COVID COSTS	925	4,624	5,549

The RMP costs included 12 additional community hospital beds at Biggart Hospital to relieve pressure on acute services and enable capacity at Ayr Hospital to be available.

Staffing costs include additional staff to support the ongoing covid response and recovery in meeting demand and backlogs as well as cover for impact of isolation guidelines.

Continued costs for sourcing PPE are expected to be recurring in nature, although not at the same levels as height of the pandemic. A PPE steering group has been set up by Scottish Government to look at the ongoing supply of PPE with new arrangements to be decided for next financial year. The current arrangements in place under the approved Memorandum Of Understanding are that we procure our own, with National Services Scotland providing a top up at no charge, this additional top up of PPE is distributed by the HSCP's PPE hub to our unpaid carers and personal assistants to ensure they have an adequate supply at all times.

Provider sustainability payments are approved by the Scottish Government and are in place until the 30th of June 2022. Other levels of support for staff covid-related absence, additional staffing costs, infection prevention control and PPE costs continue to be financially reimbursed until the end of June 22 to ensure financial sustainability within the social care sector. The future of the provider sustainability payments is being reviewed with any new proposals expected to be approved and communicated in June 22.

4.7 Covid Income

During the pandemic the Scottish Government have continued to fund the ongoing financial cost in responding and recovering from the pandemic. For the costs included in the RMP we received £13.153m this year as well as utilising Earmarked Covid reserves of £3.873m.

This has left us with a balance of £11.666m to be earmarked for use in 2022-23. The allocation letter stated that where funding remained at year end 2021-22, this must be in an earmarked reserve in line with usual accounting arrangements for Integration Authorities. Work is progressing with Pan Ayrshire HSCP Chief Finance Officers, Director of Finance NHS Ayrshire and Arran and Pan Ayrshire HSCP Chief Officers to establish the financial implications of the ongoing pandemic response, recovery and renewal activities A report will be presented to the IJB for approval detailing the ongoing cost in 2022-23, along with best estimates of recurring costs thereafter that need to be factored into the medium-term financial plan.

Work is ongoing nationally by the Scottish Government to understand the cost implications of the pandemic in 2022-23 and beyond. A Cost Improvement Programme has been set up looking at various workstreams including PPE, workforce capacity, vaccinations and test and protect. The group have been tasked with reviewing the forecasted Covid cost implications of £1.1bn in 2022-23. Funding of £0.5bn has been delegated to IJB's to hold in reserves. This funding can only be directed to services delegated to IJB's within the Integration Scheme. The shortfall based on the current forecast is therefore significant but dependent on changes to policies and cost improvement solutions.

Chief Finance Officers will be represented at the relevant workstreams and will work collaboratively with the Scottish Government, highlighting any financial impacts any decisions may have on the IJB's financial sustainability.

4.8 **Lead Partnerships underspend of £4.195m**

The table below is the share of Lead Partnerships final outturn based on NRAC shares agreed through the Ayrshire Finance Leads group. The share of East and North Ayrshire underspends total £4.214m and East and North's share of our projected overspend of £0.061m is £0.041m this is income received to South, providing an overall underspend of £4.195m

Host IJB	Underspend/ (Overspend) 21/22 £'000	East Ayrshire NRAC Share £'000	North Ayrshire NRAC Share £'000	South Ayrshire NRAC Share £'000
East Ayrshire	2,959	946	1,093	920
Primary Care Improvement Fund	5,749	2,351	1,856	1,543
North Ayrshire	5,319	1,734	2,016	1,569
Action 15	898	205	511	182
South Ayrshire	(61)	(19)	(22)	(19)
TOTAL	14,864	5,217	5,453	4,195

East Ayrshire Health and Social Care Partnership lead on Primary Care services, the year end outturn on these services are £8.708m underspend. Main underspends are due to:-

- Primary Care and Out of Hours Services there is an underspend of £8.350m on the Primary Care Lead Partnership budget. This includes an underspend of £5.749m which has been earmarked for carry-forward on an actual spend basis at individual IJB level. The £1.690m underspend in Dental services includes savings due to reduced service provision with an anticipated increase in staffing costs going forward. This underspend includes additional funding allocations for Practice Improvements, £0.715m and Winter Preparedness £0.347m, both of which have been earmarked for carry-forward on an individual IJB basis. There are reduced costs of £0.395m in Ayrshire Urgent Care Services (AUCS) due to vacancies within the service, as well as a reduction in the number of sites used for part of the year, resulting in a reduction in GP costs. The level of GP activity will continue to be closely monitored going forward.
- The Prison and Police Healthcare services are underspent by £0.351m, largely due to staff savings and the medical contracts at both Police and Prison have reduced. The underspend includes Remobilisation Plan funding £0.105m which has been earmarked for carry-forward within the IJB Reserve.

North Ayrshire Health and Social Care Partnership lead on Mental Health Services, and are underspent by £6.217m. Within this position are the following variances:

- An overspend in Adult Inpatients of £0.344m, mainly due to staff in redeployment following the closure of the Lochranza ward. There was also reduced bed sale income of £0.130m but this was covered by Covid-19 funding.
- UNPACS overspend by £0.864m which includes a backdated charge for a patient in the state hospital. 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. This can necessitate an

UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. 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.

- An underspend in mental health pharmacy £0.086m due to an overall reduction in substitute prescribing costs (despite increasing unit cost).
- Learning Disability Services overspent by £0.562m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
- Daldorch charging income under recovered by £0.156m. Previously income was received from other Health Boards for out of area Children/Young Persons attending Daldorch but the service has been redesigned and is no longer chargeable as it is not an education provider. This was approved as a pan Ayrshire pressure as part of the 2022-23 budget which means it will not be a recurring overspend in 2022-23.
- The turnover target of £0.400m for vacancy savings is held within the Lead Partnership as this is a Pan-Ayrshire target. There was an over-recovery of the vacancy savings target of £1.875m in 2021-22. This is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies. Main areas contributing to this over achievement are noted below:
 - Adult Community Health services £0.167m
 - Elderly inpatients £0.257m
 - CAMHS £0.598m
 - Mental Health Admin £0.304m
 - Psychiatry £0.332m
 - Associate Nurse Director £0.052m
 - Psychology £0.565m

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 £0.061m. Our share of this is £0.019m with the balance £0.042m 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

The 2021-22 annual budget for Acute Services is £383m, which includes areas covered in the set aside budget. The year end overspend was £3.084m. This is due to:-

- Overspends for the year on medical pay of £2.9 million in the year partly offset by a £1.1 million underspend on Healthcare Sciences and a £0.6 million underspend on radiographers.

- Supplies budget overspends for the year on drugs (£0.6 million), equipment and service contracts (£2.3 million) and taxis for patient care (£0.5 million) were offset by a £4.3 million underspend on surgical supplies caused by the reduction in surgical activity necessitated by COVID-19.
- Unallocated Savings of £3.6 million were not achieved.

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.

The set aside allocation within the 2021-22 budget was an indicative allocation of 2020-21 budget of £27.892m increased by 1.5% uplift to £28.311m. This indicative allocation is used for the purposes of this financial monitoring report.

Work was undertaken last year to establish a system to calculate the baseline of resources for each partnership based on actual activity. The activity from 2019-20 is used for this purpose as it is the last full year available dataset reflecting actual activity and removes fluctuations experienced in 2020-21 and 2021-22 as a result of the covid pandemic. This information will be reviewed on a quarterly basis as part of the Pan Ayrshire fair share pilot project and the use of directions to ensure that the delegated set aside budgets can be fully implemented from 2022-23.

The table below highlights South Ayrshire’s use of resources with the latest information available, this shows we are using more than our “fair share” as determined by NRAC.

All Ayrshire IJB	2021/22 NRAC Share %	2021/22 NRAC Share £	2021/22 Spend £	2021/22 Variance £
East	31.9%	27,715,990	24,565,779	3,150,211
North	36.8%	31,963,285	33,979,624	(2,016,339)
South	31.3%	27,177,478	28,311,351	(1,133,873)
Total	100%	86,856,753	86,856,753	0

4.10 Budget Movements

The budget was approved on the 24th of March 21, 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*”.

Explanation on main budget movements:

1. Budget transfer of £0.492m from Council to NHS as approved in Budget 2021-22.
2. Justice Services grant income received from Scottish Government £2.117m.

3. Earmarked Funds brought forward into 2021-22 budget £5.001m
4. Prescribing and GMS allocations £3.448m
5. Podiatry budget allocated to SAHSCP £0.664m
6. Scottish Government allocation for Alcohol and Drug Partnership (ADP) - £0.886m
7. Included in the budget is balance of covid costs to be met from Scottish Government - £0.779m.
8. Scottish Government allocation of 21-22 winter pressures funding £2.704m
9. Scottish Government allocation of school student nursing funding £0.624m
10. Scottish Government allocation of Covid funding £12.377m
11. Scottish Government allocation of Hospital at Home funding £0.607m
12. Scottish Government allocation of Urgent and Unscheduled Care funding £0.517m
13. Council year end allocations of Holiday Pay and Pension Accruals £6.009m
14. Drawdown from Reserves for previously approved projected £0.292m

4.11 IJB 2020-21 Reserves Position

In the IJB annual accounts for 2020-21 reserves balance of £10.206m were approved, this included £6.355m earmarked for specific purposes as shown in Appendix F. A General Reserve of £3.851m was available to fund change activity and provide for any financial uncertainties. Out of the General Fund £1.234m was approved in 2021-22 by the IJB to be invested in specific areas. This then left a balance of uncommitted reserves of £2.617m.

The General Fund Reserves were used to approve various change activities including services reviews and investment in communities to build resilience, following lessons learned from the pandemic. Spend this year on these activities was £0.172m with balance of £1.062m remaining held in reserves to be used in financial year 2022-23.

The year end outturn of £25.027m underspend has been allocated in the reserves table:

- Earmarked £21.680m, as noted earlier in the report, there are various underspends due to timing of additional funding allocations received late in the financial year;
- Committed in general fund for change activity £0.456m;
- Uncommitted reserves £2.891m, balance to be held to meet any financial uncertainties or invest to ensure future financial sustainability.

The new balance held in Reserves is £28.706m which is made up of balances remaining last year in the General Fund and uncommitted. Overall the new balance held in reserves can be summarised as:-

- Earmarked - £21.680m
- Committed General Fund - £1.518m
- Uncommitted General Fund - £5.508m

4.14 Virements for Approval

There are no budget virements for approval.

4.15 Savings Targets

Savings targets of £3.393m were approved in the 2021-22 budget and expected to be achieved this financial year. Appendix D details savings approved and progress made

this year along with £0.567m outstanding efficiencies from prior year that required to be actioned this year.

All of total approved efficiencies have been achieved. Good progress in savings plans have been made along with work undertaken last year with full benefits realised in 2021-22 within outwith authority placements, savings in mileage from changes to working model and move to virtual meetings. Savings in supplies and services due to implementation of CM2000, carefirst and working from home. Efficiencies within care at home have been met following successful reablement intervention reducing the demand on mainstream care at home, analysis undertaken has shown 49% of service users who receive reablement are independent and do not require mainstream care at home services. The savings within the care home budget were approved last year based on prior investment not being fully required. Savings in Learning Disabilities care packages have been achieved from review of care packages and service delivery.

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.

BRAG Status	Total Approved Efficiencies	Achieved 21-22	Projected to be achieved	Balance Remaining
B	3.693	3.693	0.000	0.000
G	0.151	0.151	0.000	0.000
A	0.000	0.000	0.000	0.000
R	0.116	0.116	0.000	0.000
Total	3.960	3.960	0.000	0.000

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. Funding from Covid RMP has meet this saving on a temporary basis this year.

4.16 Transformation Plans

As part of the budget for 2021-22 specific transformation projects were approved, these have been subject to review at Community Care and Health Driving Change group. The Council had invested £0.429m in Children’s services for the Whole Family, Whole System approach, signs of safety and Cunninghame Place enhancement, these projects were reviewed at the Council’s Change and Transformation Group.

Appendix G provides detail on the outcomes achieved, their current BRAG status, defined as B – Complete, R – at Risk, A – in Progress, G – on Target, and status update of the project highlighting issues affecting progress.

To summarise within Community Care and Health, there has been a significant increase during the year in delayed transfers of care. This has been a result of an increase in hospital admissions following from the pandemic people are now presenting to hospital with high levels of frailty and deteriorating health conditions. This has been compounded with a lack of capacity in the care at home and care home

sector to facilitate transfers of care back to the community. This is due to staff shortages, with issues in recruitment and retaining staff. The service and providers have been working collaboratively on recruitment drives both in person and through media to promote working in the social care sector. The care at home referral process has been redesigned with care at home team assessing the volume and times of care for individuals this new process is expected to release capacity.

During the year the Fort Street supported accommodation model was completed, providing 12 individual dwellings for those service users with mental ill health. A provider has been commissioned and work is progressing in transitioning the service users from their current care provision to their new homes.

Within Children and Families significant progress has been made in the Whole Family Whole System Approach. The Belmont Family First project has achieved all their outcomes with no children being placed in an external placement along with other aims achieved.

The Signs of Safety training has been ongoing during the year, with 90% of staff fully trained, the service is on track to train the remaining 10%.

Cunninghame Place enhanced provision was reliant on building works, this was delayed as a result of Covid, but this has now been tendered and a contractor in place to take the work forward.

4.17 Financial Risks

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

- Nationally the projected Covid Costs in 2022-23 have been estimated at £1.1bn, this includes acute hospital services, Test and Protect, HSCP services and Vaccinations. Nationally the IJB's have received £0.500bn at the end of the financial year to earmark for any future Covid spend. The funding earmarked to IJB's can only be used on delegated services as defined in the Integration Schemes;
- The financial gap in responding to Covid is therefore significant, further work will be progressed following year end outturns and actual quarter 1 spend to forecast the continuing cost in responding to Covid in 22-23 and also the recurring costs in 23-24 and beyond;
- The Scottish Government have set up a Cost Improvement Programme this includes workstreams reviewing PPE, workforce capacity, provider sustainability payments and vaccinations. These workstreams are closely linked to policies and these need to be in line with funding availability;
- Cost of living increases are impacting social care providers with excess fuel, energy and food costs, this is a national issue and funding allocated from Scottish Government has been passed on to provide adult social care workforce a minimum hourly rate of £10.50 per hour; there is no other recurring funds available to meet the additional inflationary pressures;
- There is a risk that some allocations already announced for specific policy areas may be revised where there is less than expected spend, this will be done in collaboration with Scottish Government and CFO's to ensure that funding is not cut from already committed allocations;
- 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 fair shares for the Set Aside budget, South Ayrshire are using more than their current NRAC share;

The above risks will be continued to be monitored during the year through continued budget monitoring, robust savings plans and transformation activities. 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 Objective to “operate sound strategic and operational management systems and processes.”

6 RESOURCE IMPLICATIONS

6.1 Financial Implications

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

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.

7 CONSULTATION AND PARTNERSHIP WORKING

- 7.1 This report has been prepared in conjunction with colleagues from South Ayrshire Council and NHS Ayrshire and Arran.

8 RISK ASSESSMENT

- 8.1 The report sets out the financial risks.
- 8.2 The IJB Risk Management Strategy categorises the level of financial risk as high.

9 EQUALITIES IMPLICATIONS

- 9.1 There are no immediate equality implications arising from the report.

10 SUSTAINABILITY IMPLICATIONS

- 10.1 There are no environmental sustainability issues arising from the approval of this report by the IJB.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

APPENIDX A

South Ayrshire Health & Social Care Partnership Financial Report as at 31st March 2022

Table 1	2021/22		
	Integrated		
	Budget	Actual Outturn	Variance (Over)/ Underspend
	£'000	£'000	£'000
Older People	50,374	47,596	2,778
Physical Disabilities	3,827	3,954	(127)
Biggart Hospital	4,933	5,036	(103)
Girvan Hospital	1,423	1,407	16
Community Nursing	3,194	3,248	(54)
Intermediate Care and Rehabilitation	1,631	1,340	291
AHPs	6,966	6,569	397
Total Community Care & Health	72,348	69,150	3,198
C&F Social Work Services	22,977	21,708	1,269
Criminal Justice	224	209	15
Health Visiting	2,690	2,689	1
Total Children and Justice Services	25,891	24,606	1,285
Learning Disabilities	21,723	21,186	537
Mental Health Community Teams	6,568	6,082	486
Addictions	2,904	2,397	507
Total Mental Health Services	31,195	29,665	1,530
Directorate	9,609	6,695	2,914
Other Services	1,129	1,214	(85)
Payroll management target	277	0	277
Total Support Services	11,015	7,909	3,106
Integrated Care Fund/ Delayed Discharge	1,024	1,052	(28)
Scheme of Assistance	793	780	13
Inter Agency Payments	0	0	0
Prescribing	24,812	24,812	0
General Medical Services	18,881	18,860	21
Total Primary Care	43,693	43,672	21
Community Store	935	1,065	(130)
TEC	-	0	0
Family Nurse Partnership	1,897	1,784	113
Continence Team	442	485	(43)
Total Hosted Services	3,274	3,334	(60)
Debt Repayment	1,092	1,092	0
COVID Expenditure	17,255	5,549	11,706
PARTNERSHIP TOTAL	207,580	186,809	20,771
Recharges from other Partnerships	48,399	44,185	4,214
Recharges to other Partnerships	(2,254)	(2,296)	42
Acute Hospitals	28,311	28,311	0
IJB Core Budget Total	282,036	257,009	25,027
Earmarked PCIF	-	1,543	(1,543)
Earmarked Primary Care Other	-	477	(477)
Earmarked Action 15	-	182	(182)
Earmarked Mental Health Recovery and Renewal	-	1,735	(1,735)
Earmarked ADP	-	502	(502)
Earmarked COVID - 19	-	11,713	(11,713)
Earmarked Reserves	-	5,984	(5,984)
Uncommitted Reserves	-	2,891	(2,891)
FINAL OUTTURN POSITION	282,036	282,036	0

APPENDIX B

South Ayrshire Health & Social Care Partnership Financial Report as at 31st March 2022

Table 1	2021/22			2021/22			2021/22		
	Council			NHS			Integrated		
	Budget	Actual Outturn	Variance (Over)/ Underspend	Budget	Actual Outturn	Variance (Over)/ Underspend	Budget	Actual Outturn	Variance (Over)/ Underspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Older People	50,374	47,596	2,778	0	0	0	50,374	47,596	2,778
Physical Disabilities	3,827	3,954	(127)	0	0	0	3,827	3,954	(127)
Biggart Hospital	0	0	0	4,933	5,036	(103)	4,933	5,036	(103)
Girvan Hospital	0	0	0	1,423	1,407	16	1,423	1,407	16
Community Nursing	0	0	0	3,194	3,248	(54)	3,194	3,248	(54)
Intermediate Care and Rehabilitation	0	0	0	1,631	1,340	291	1,631	1,340	291
AHPs	0	0	0	6,966	6,569	397	6,966	6,569	397
Total Community Care & Health	54,201	51,550	2,651	18,147	17,600	547	72,348	69,150	3,198
C&F Social Work Services	22,977	21,708	1,269	0	0	0	22,977	21,708	1,269
Criminal Justice	224	209	15	0	0	0	224	209	15
Health Visiting	0	0	0	2,690	2,689	1	2,690	2,689	1
Total Children and Justice Services	23,201	21,917	1,284	2,690	2,689	1	25,891	24,606	1,285
Learning Disabilities	21,256	20,791	465	467	395	72	21,723	21,186	537
Mental Health Community Teams	3,665	3,449	216	2,903	2,633	270	6,568	6,082	486
Addictions	1,729	1,227	502	1,175	1,170	5	2,904	2,397	507
Total Mental Health Services	26,650	25,467	1,183	4545	4198	347	31,195	29,665	1,530
Directorate	4,421	4,016	405	5,188	2,679	2,509	9,609	6,695	2,914
Other Services	1,129	1,214	(85)	0	0	0	1,129	1,214	(85)
Payroll management target	277	0	277	0	0	0	277	0	277
Total Support Services	5,827	5,230	597	5,188	2,679	2,509	11,015	7,909	3,106
Integrated Care Fund/ Delayed Discharge	501	489	12	523	563	(40)	1,024	1,052	(28)
Scheme of Assistance	793	780	13	0	0	0	793	780	13
Inter Agency Payments	(35,000)	(35,000)	0	35,000	35,000	0	0	0	0
Prescribing	0	0	0	24,812	24,812	0	24,812	24,812	0
General Medical Services	0	0	0	18,881	18,860	21	18,881	18,860	21
Total Primary Care	0	0	0	43,693	43,672	21	43,693	43,672	21
Community Store	0	0	0	935	1,065	(130)	935	1,065	(130)
TEC	0	0	0	0	0	0	-	0	0
Family Nurse Partnership	0	0	0	1,897	1,784	113	1,897	1,784	113
Continence Team	0	0	0	442	485	(43)	442	485	(43)
Total Hosted Services	0	0	0	3,274	3,334	(60)	3,274	3,334	(60)
Debt Repayment	1,092	1,092	0	0	0	0	1,092	1,092	0
COVID Expenditure	16,337	4,624	11,713	919	925	(7)	17,255	5,549	11,706
PARTNERSHIP TOTAL	93,602	76,149	17,453	113,979	110,660	3,318	207,580	186,809	20,771
Recharges from other Partnerships				48,399	44,185	4,214	48,399	44,185	4,214
Recharges to other Partnerships				(2,254)	(2,296)	42	(2,254)	(2,296)	42
Acute Hospitals				28,311	28,311	0	28,311	28,311	0
IJB Core Budget Total	93,602	76,149	17,453	188,435	180,860	7,574	282,036	257,009	25,027
Earmarked PCIF			0		1,543	(1,543)	-	1,543	(1,543)
Earmarked Primary Care Other			0		477	(477)		477	(477)
Earmarked Action 15			0		182	(182)		182	(182)
Earmarked Mental Health Recovery and Renewal			0		1,735	(1,735)		1,735	(1,735)
Earmarked ADP		502	(502)			0		502	(502)
Earmarked COVID - 19		11,713	(11,713)			0		11,713	(11,713)
Earmarked Reserves		3,715	(3,715)		2,269	(2,269)		5,984	(5,984)
Uncommitted Reserves		1,523	(1,523)		1,368	(1,368)		2,891	(2,891)
FINAL OUTTURN POSITION	93,602	93,602	0	188,435	188,435	0	282,036	282,036	0

APPENDIX C PARTNERHSIP BUDGET MOVEMENTS

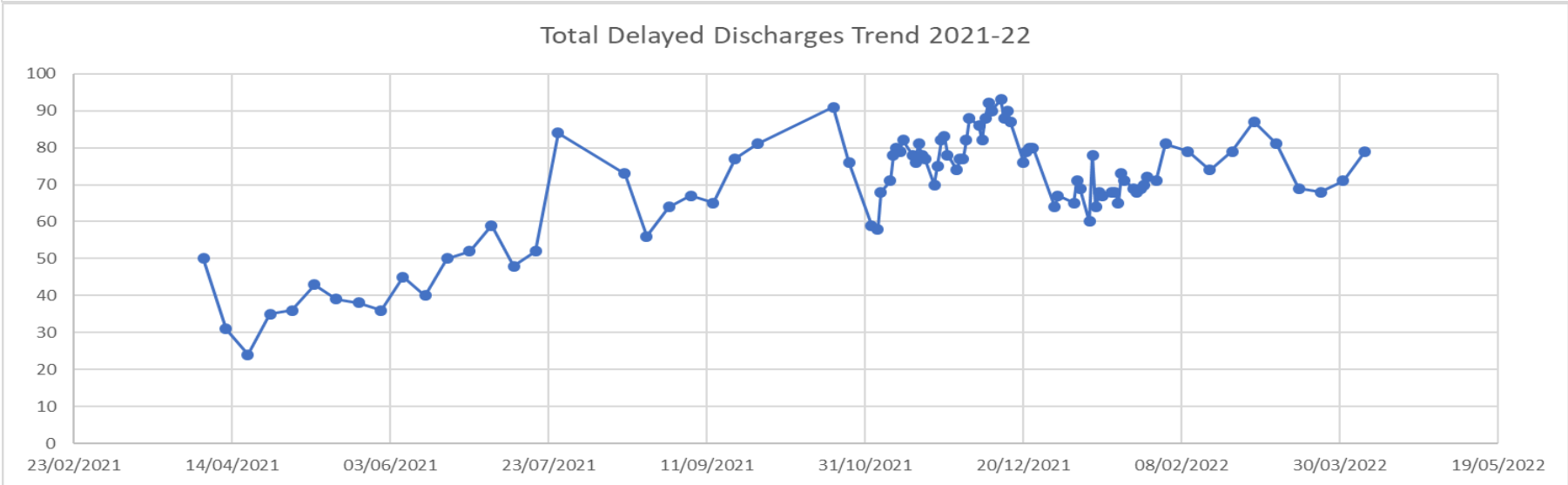
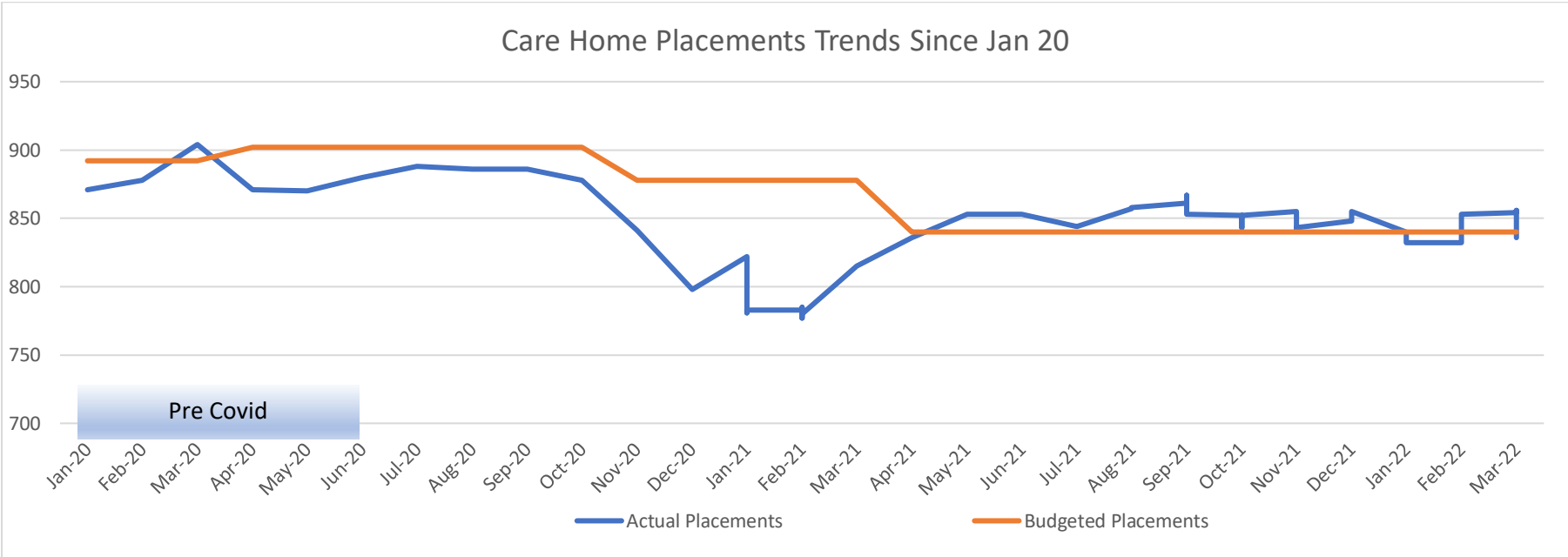
NHS	Permanent or Temporary	£'000
Approved Budget		92,154
Non-Recurring Funding 20/21 Adjustment	T	(708)
20/21 Veterans First Correction	T	(5)
20/21 District Nursing Allocation	T	(10)
GMS	T	2,329
Prescribing	T	1,569
Community Equipment Store (DEL Monies)	T	350
District Nursing Allocation	P	87
Family Nurse Partnership (Uplift)	P	102
Advanced Physio GM Post to Nursing Director	T	(12)
Public Health Funding	T	(23)
Respiratory Rapid Response	P	(63)
Covid Funding	T	98
Covid Rehab AHP's	T	56
Podiatry Re-Align from East HSCP	P	666
Iona/Lewis Patient from North HSCP	P	46
MIN Allocation	T	20
Long Covid Funding	T	135
AHP 12week unscheduled care	T	198
ADP Funding	T	886
Covid Biggart Beds	T	545
PCRS Cres	T	(35)
School Student Nursing	P	624
Community Store Drivers from East & North	P	34
AHP Trauma & Orthopaedics	T	35
Diabetes Prevention	T	10
Pay Award 8a+	P	13
GMS Premises	P	(112)
Winter Funding	T	148
RMP4 Funding	T	180
Dementia PDS	T	79
Band 2-4 Staffing	T	146
CAMHS Admin to North HSCP	P	(11)
Social Care Covid	T	12,377
Anthroplasty Rehab	T	31
MDT	T	501
Acceleration of MDT	T	80
Urgent & Unscheduled Care	T	517
Hospital at Home	T	607
GP Abi	T	(5)
Workforce Wellbeing	T	91
Drug Death Taskforce (MIST/MAT)	T	137
Apprenticeship Levy	T	113
Budget as at Period 12		113,979

<u>Council</u>	Permanent or Temporary	£'000
Approved Budget		79,705
Transfer to NHS interagency		492
Scheme of Assistance	T	4
Justice Grant income	T	(2,117)
Earmarked Funds B/fwd	T	1,163
Earmarked Covid B Fw/d	T	3,838
Tfer Childrens houses FM staff	T	66
3rd party insurance recharge	T	26
Insurance premiums allocation	T	183
Winter Pressures Care at Home Capacity	T	1554
Care at Home Winter Pressures	T	264
Pay uplift to £10.02 per hour	T	964
Winter Pressures Interim care	T	1002
MH addl MHO capacity SG	T	57
Asylum seeking children	T	11
Pensions IAS 19	T	6,272
Pay Accruals	T	(263)
Investment Proposals Reserves Drawdown	T	166
Belmont Family Project Reserves Drawdown	T	126
Signs of Safety	T	40
Day Centre Janitor budget transfer to Housing	P	(17)
AVC Efficiency Allocation	T	(3)
Whole Family Wellbeing Funding	T	63
Telecare Fire Safety	T	25
Transfer for Janitor at Overmills	T	(9)
Transport O/h & Insurance Alloc (Place)	T	15
Fleet Motor Insurance	T	(25)
Budget as at Period 12		93,602

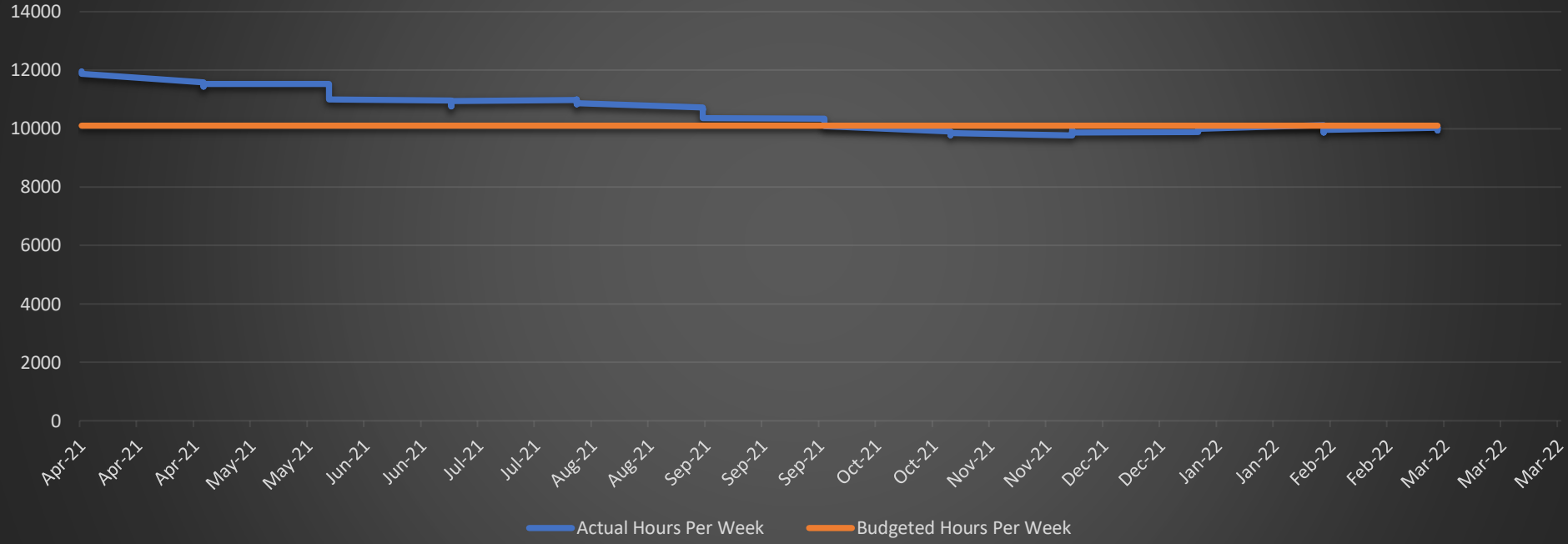
APPENDIX D SAVINGS SCHEDULE

Saving Title				£	£	£	£	Comments
	Partner	Approved	BRAG Status	Efficiencies 21-22	Achieved 21-22	Further achievement projected	Balance remaining	
LD Day Services	SAC	PY	G	(55,900)	(55,900)	0	0	Prior Year Saving Ongoing - met on temp basis this year
Day care charging	SAC	PY	R	(116,000)	(116,000)	0	0	Not implemented - on hold awaiting the outcome of the Independent Review of Adult Social Care recommendations. Allocated to Covid
Review of Adult Care Packages	SAC	PY	B	(324,000)	(324,000)	0	0	Achieved through review of packages
Review of Voluntary Organisations Budgets	SAC	PY	B	(71,500)	(71,500)	0	0	Budget Virement approved to address this saving
Prior Year Efficiencies				(567,400)	(567,400)	0	0	
Reduce OWA Placements	SAC	2021-22	B	(70,000)	(70,000)	0	0	Saving has been achieved in full this year
Review of commissioned children and families services	SAC	2021-22	B	(50,000)	(50,000)	0	0	Saving has been achieved in full this year
Cunningham Place Children's House Development	SAC	2021-22	G	(95,000)	(95,000)	0	0	Due to Covid works on the house have been delayed, savings anticipated to be made through reduction in one residential placement.
Intensive Family Support Reduce OWA placements	SAC	2021-22	B	(400,000)	(400,000)	0	0	Saving achieved last year through reduction in placements, full year effect realised this year.
Care at Home Reablement Efficiencies through reduction in demand	SAC	2021-22	B	(400,000)	(400,000)	0	0	Analysis has highlighted successful reablement has reduced mainstream demand
Reduction in Care Home Placements	SAC	2021-22	B	(777,000)	(777,000)	0	0	Reduction achieved
Review of Adult Care Packages	SAC	2021-22	B	(406,641)	(406,641)	0	0	Savings achieved
Transform Services	SAC	2021-22	B	(200,000)	(200,000)	0	0	Savings achieved
Direct Payments - review SDS support	SAC	2021-22	B	(200,000)	(200,000)	0	0	Based on current projection, target has been achieved for this financial year
Mileage and Transport Review	SAC	2021-22	B	(50,000)	(50,000)	0	0	Savings achieved
Supplies and Services Review	SAC	2021-22	B	(180,000)	(180,000)	0	0	Savings achieved
Training Budget reduce for one off funding in 19/20 Budget	SAC	2021-22	B	(164,000)	(164,000)	0	0	Budget removed for 21-22
Staff Turnover SAC	SAC	2021-22	B	(200,000)	(200,000)	0	0	Achieved
Staff Turnover NHS	SAC	2021-22	B	(200,000)	(200,000)	0	0	Achieved
Approved 2021-22 Efficiencies				(3,392,641)	(3,392,641)	0	0	

APPENDIX E FINANCIAL PERFORMANCE AND ACTIVITY



Purchased Care at Home Trends 21-22



APPENDIX F

Balance as at 31st March 2021	Description	Transfers Out 21-22	Transfers in 21-22	Balance as at 31st March 22	Approval Status
£000's		£000's	£000's	£000's	
	Earmarked Reserves				
42	ADP	(42)	502	502	£123k Previously Approved
732	East Lead Partnership PCIF	(732)	1,543	1,543	Approval Requested
	East Lead Partnership Primary Care Other		477	477	Approval Requested
204	North Lead Partnership Action 15	(204)	182	182	Approval Requested
	North Lead Mental Health Recovery and Renewal		1,735	1,735	Approval Requested
3873	Covid- 19 Remobilisation	(3,873)	11,666	11,666	Approval Requested
200	Covid-19 C&F MH and Wellbeing	(200)	47	47	Approval Requested
410	Community Living Fund	(410)	410	410	Previously Approved
127	Training SVQ	(127)	72	72	Previously Approved
129	Staffing (CM2000 and Carefirst projects)	(129)		0	
56	Care at Home Mobile Attendants	(56)		0	
75	Alcohol and Drugs Partnership	(75)		0	
200	Adoption Orders Delayed	(200)	200	200	Previously Approved
10	Fostering - Advertising for Carers	(10)	17	17	Previously Approved
57	Whole System Whole Family Staffing	(57)		0	
12	Addictions Team	(12)		0	
20	SDS Staffing - RAS development	(20)		0	
24	ERT Admin temp resource	(24)		0	
184	School Student Nurse Funding	(184)		0	
	Community Care Assistant Post in Reablement Team		88	88	Previously Approved
	Mobile Attendants additional resource		27	27	Previously Approved
	SG Care at Home Additional Capacity		1,554	1,554	Previously Approved
	Whole Family Wellbeing Funding		63	63	Approval Requested
	Mental Health Officer Additional Capacity Funding		57	57	Approval Requested
	Unaccompanied Asylum Seeking Children National Transfer Scheme		11	11	Approval Requested
	SG Interim Care Funding		760	760	Approval Requested
	SG Unscheduled Care - interface carer programme		517	517	Approval Requested
	SG Hospital at Home Funding		607	607	Approval Requested
	SG 9 month Funding for AHP Front Door Posts		198	198	Approval Requested
	AHP Band 4 contract (April to June 22 costs)		8	8	Approval Requested
	Dementia Post Diagnostic Support Posts		79	79	Approval Requested
	SG School Student Nurses		25	25	Approval Requested
	SG Staff Wellbeing Funding		91	91	Approval Requested
	SG Winter Pressures for Multi-Disciplinary Teams		501	501	Approval Requested
	SG Funding to accelerate MDT Posts		80	80	Approval Requested
	CAP Technician 2 Band 5 for 6 months		36	36	Approval Requested
	Band 2/3 Health Care Assistants		127	127	Approval Requested
6,355	TOTAL EARMARKED	(6,355)	21,680	21,680	
General Fund	Description	Transfers Out 21-22	Transfers in 21-22	Balance as at 31st March 22	Approval Status
£000's		£000's	£000's	£000's	
	Change Fund Committed				
121	Learning Disability Lead Practitioner	(20)		101	Previously Approved
47	Learning Disability Champions Board Officer	(7)		40	Previously Approved
121	Public Protection Policy Officer	(8)		113	Previously Approved
22	Health Visiting investment in I-Phone	(15)		7	Previously Approved
50	Young Carers Officer	0		50	Previously Approved
10	Wallacetown investment	(10)		0	Previously Approved
150	Adult Social Work Review	0		150	Previously Approved
40	Commissioning team resource	0		40	Previously Approved
100	District Nursing Workforce review	0		100	Previously Approved
70	ADP Development Officer Post	0		70	Previously Approved
100	Developing community capacity	(100)		0	Previously Approved
143	Frailty capacity within MDT	(12)		131	Previously Approved
200	AHP Capacity	0		200	Previously Approved
60	Absence Management Officer	0		60	Previously Approved
	Carefirst Finance Project Officer to 31st March 23		53	53	Approval Requested
	SDS Support Officer to 31st March 23		53	53	Approval Requested
	Children and Families Belmont First Project		57	57	Approval Requested
	Champions Board extension of staff to 31st March 23		10	10	Approval Requested
	The Promise extension of posts to 31st March 23		30	30	Approval Requested
	Legal Costs incurred for Historic Child Abuse Inquiry		50	50	Approval Requested
	Four WTE Occupational Therapy Assistants to focus on Unmet Need		150	150	Approval Requested
	Microenterprise Pilot		53	53	Approval Requested
2,617	Uncommitted Reserves		2,891	5,508	
3,851	TOTAL GENERAL FUND	(172)	3,347	7,026	
10,206	TOTAL RESERVES BALANCE	(6,527)	25,027	28,706	

APPENDIX G

Service	Priority	Project	Expected outcomes	Actual outcomes	BRAG Status	Status Update
Community Care and Health	Effective Journey through and transfer from hospital with good outcomes	Re-design reablement, rehabilitation and community support services.	Reduce Delayed Discharges	Delayed Transfers of care have increased by 73% from 41 at end March 21 to 71 at end March 22.		Continued Focus on reducing, however impacted by reduced capacity in the care at home sector due staff recruitment and retention issues in both inhouse and commissioned services. Private providers have handed back work reducing capacity further. Service responding via recruitment drives on social media and in person events, reviewing options to use Occupational Therapy Assistants' to provide support to those with unmet needs to avoid requirement for mainstream care, increase Mental Health Officer capacity at the hospital to focus on delays related to adults with incapacity
			Reduce demand for Care Homes	Care Home placements have increased by 3% from 815 at March 21 to 836 at March 22		Care Home Demand has decreased from Pre-Covid, number of placements are still within 840 budgeted places. The March 2021 figure was low due to the impact of Covid
			Reduce demand for Care at Home	14,801 hours per week delivered at end of March 21 12,240 hours per week delivered at end of March 22 However, unmet need at March 22 is 2,147 hours Total Demand at March 22 - 14,387 hours (3% reduction)		Demand for care at home has reduced slightly, however we are now collecting data on unmet need. The actual hours being delivered has reduced from 14,801 hours per week to 12,240 hours per week, a reduction of 2,561 hours or 17%. The number of hours available in the market and from our internal workforce has been impacted by a reduction in the social care workforce. This is being addressed locally and nationally. The Reablement team have been focussing on providing palliative care to help the whole system and not been able to focus solely on reablement activities.
	Effective Short-Term Interventions for People in the Community	Increase capacity and quality of Care at Home provision.	Reduce Delayed Discharges	Delayed Transfers of care have increased by 73% from 41 at end March 21 to 71 at end March 22.		Impacted by recruitment and retention issues an action taken as noted above.
			Increase efficiency in allocation of care hours	Information to be presented in 22-23		Care at Home service review has resulted in a change in referral process, the care at home team now assess the level of care hours required to meet service users needs. It is envisaged this will support to create capacity. This came into place in April 22 and measures will be recorded in 22-23
		Increase capacity and quality of Technology Enabled Care and Responder Service.	Reduce out of Hours Admissions	Information to be presented in 22-23		The responder service has been increased permanently with benefits noticed in reduction in times taken to respond to alerts, with an average of 37 mins reduction for personal care response and 5 mins reduction for response to falls.
			Reduce Transport related Delayed Discharges	At end of March 22 No Delays related to Transport		Complete there have been no delays relating to transport issues.
	Design a Care System for People with Long Term Needs	Develop integrated multi-disciplinary teams around the practice.	Improve allocated resources to workload demand	Capacity to collect data at practice level is not available due to demands on GP practice staff at present, this will be explored further in 22-23		New roles at practice level include Pharmacists, Pharmacy technicians, Community Treatment Assessment Nurses, Mental Health Practitioners, Community Link Practitioners, Physiotherapists and Advance Nurse Practitioners, Occupational Therapist and Occupational Therapist Assistants.
			Positive impact on GP appointment waiting times			
			Improve referral pathways			
	Develop Supported Accommodation model to meet with needs of those with mental ill health	Fort Street Supported Accommodation Development	12 individual dwellings to be created to support those with Mental Health	12 individual dwellings created mix of flats and bungalows completed Jan 22		Accommodation complete and a provider commissioned to provide support to individuals. Currently individuals being supported to transition from current service to new model with full occupancy expected end of Jan 22

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Children and Families	Effective Interventions with good outcomes from a multi-disciplinary whole system approach	Belmont Family First - Intensive Family Support Service	Reduce No. of Young People in external placements	During April 20 to May 2022 - Young People in external placements = 0		An evaluation of the Belmont Family First project reflects that the project has achieved its aims, as well as only having two Scottish Children's Reporter's Administration (SCRA) report requests which resulted in Voluntary measures, and young people supported with wellbeing through access to additional funding and to access sports and leisure activities. All savings now achieved and budget transferred to meet costs of the team	
			Reduce No. Of Children and Young People placed on Compulsory Supervision (CS) Order	Number of children and young people placed on CS order = 0			
			Reduce No. of Children Placed on Child Protection Register	Number of children and young people placed on Child Protection Register = 0			
			Reduce outwith authority residential Placements	Reduction in OWA by 3 placements (13%)			
		Whole Family, Whole Systems Approach working in partnership with education working within a school cluster to develop improved systems and processes	Reduce Outwith Authority Fostering Placements by 10	OWA Fostering reduced by 5 (23%)		Plan was to decrease OWA Fostering by 10 (50% achieved in 21-22) Progress is being made in reducing further however with Young Persons right to continuing care it means that reducing placements for those already in placement is hard. The measure will be around the rate of referral into External Fostering Placement (this can be sourced)	
			Increase inhouse fostering placements by 15	Inhouse Fostering reduced by 28 (34%)		Plan was to increase inhouse fostering 111 placements. There is a change in the approach to fostering and a cap at 95 placements, at present we have a surplus of foster carers and have been allowing them to be used by other Local Areas at a cost. The additional capacity is also been used for UASC and there is potential for Ukrainian children who come and can't live with their families to move to foster carers. Active Placements 84 in use at this time, empty placements available 11, total placement capacity 95. Number of Foster carers 66.	
			Increase Kinship carers by 10	Inhouse Kinship carers reduced by 19 (15%)		Plan to increase Kinship by 10 to 133, this has not materialised due to not having the Kinship staff in post until Early May 2022. The strategy is to now build a Kinship offer with support groups, training and full assessment and reviews.	
			Signs of Safety training to embed Whole System Approach culture	No. of staff trained	174 (90%) trained 20 (10%) to be trained		On target for all staff to be trained in this approach. This approach has also contributed to the outcomes of Children being placed in external provision and keeping families together
		Providing additional inhouse capacity for early intervention	Cunningham Place Enhanced Provision to provide additional capacity for crisis and continuing care	Reduce outwith authority residence	Expected reduction of 1 OWA residential placement		Building works on Cunningham Place delayed by the pandemic. Plan is for the works to be complete at end of 2022.
		Ensuring best value and services designed in collaboration with families and carers	Recommissioning of Children's Community Care Services	Reduction in Maverick Spend	Maverick Spend reduced by 80% from 19/20 to 20/21. 21/22 figures still to be published		Maverick spend has reduced significantly