

**Subject:** **2022-23 – Month 7 Financial Performance**

**Purpose:** To provide an overview of the IJB's financial performance as at Month 7 (October) including an update on the estimated financial impact of the Covid-19 response.

**Recommendation:** It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £0.077m;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and
- (d) approves the budget reduction which is detailed at paragraph 2.11.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
GAE	Grant Aided Expenditure
PAC	Performance and Audit Committee
MARAC	Multi Agency Risk Assessment Conference

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the end of October, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end underspend of £0.077m (0%) for 2022-23. This includes the financial impact of the recently agreed local authority pay award but

	excludes the NHS pay award which has still to be agreed so this is still an unquantified risk.
1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	<b>FINANCIAL PERFORMANCE – AT MONTH 7</b>
2.2	<p>At Month 7 against the full-year budget of £282.672m there is a projected year-end underspend of £0.077m (0%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.129m in social care services and a projected underspend of £0.206m in health services.</p> <p>Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £80.666m there is a projected overspend of £0.422m (0.5%) which is an adverse swing of £0.092m and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £1.003m which is a favourable movement of £0.080m.</p> <p>The budgeted number of permanent placements is 778 and at month 7 there are 787 placements. The projection assumes that the current number of placements will continue to increase to 799 placements by the end of the year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed and this can impact on the final position.</p>

The level of income recovered from charging orders was under recovered in 2021-22 but an online position is assumed at month 7 as the income received to date is in line with the target.

- b) Care at home (in house and purchased) is projected to be £0.004m overspent which is a favourable movement of £0.096m. The position is made up of an underspend in purchased care at home as providers are not always able to accept referrals due to staffing / recruitment issues and an overspend in the in-house service. As there are vacant posts some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours.
- c) Community alarms are projected to be £0.096m underspent which is a favourable movement of £0.010m.
- d) Reablement services are projected to be £0.182m underspent which is an adverse movement of £0.005m due to vacancies which are being actively recruited to.
- e) Care at Home Charging Income is projected to under recover by £0.084m (no movement) due to an ongoing shift towards personal care which is non chargeable. This is after applying £0.076m of Covid funding.
- f) Physical Disability Care Packages (including residential and direct payments) - projected overspend of £0.128m in community care packages, £0.170m in direct payments and £0.262m for residential placements. This is an overall adverse movement of £0.025m.
- g) Adaptations are projected to be online based on spend to date.
- h) Anam Cara is projected to overspend by £0.174m which is an adverse movement of £0.019m due to an overspend on employee costs relating to covering vacancies and sickness.
- i) Integrated Island Services is projected to be £0.126m overspent which is a £0.009m adverse movement. The overspend is mainly due to additional accommodation costs for mainland staff working at Montrose House due to local recruitment challenges and adaptation costs to Montrose following the increase to the capacity.
- j) District Nursing is projected to overspend by £0.029m due to an overspend on supplies.
- k) Rehab wards are projected to overspend by £0.212m (Redburn ward £0.310m overspent and Douglas Grant £0.098m underspent), no movement from month 6. The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.
- l) Ward 2 is projected to break even which is an adverse movement of £0.040m due to increased drug costs.

2.4	<b>Mental Health Services</b>
	<p>Against the full-year budget of £87.950m there is a projected overspend of £0.740m (0.8%) which is a favourable movement of £0.261m. This excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2023-24. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.330m and the main variances are:</p> <ul style="list-style-type: none"> <li>Care Packages (including residential and direct payments) - projected overspend of £0.324m in community care packages, £0.231m in direct payments and £0.512m for residential placements. This is an overall favourable movement of £0.088m. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas.</li> <li>Residential Respite is projected to overspend by £0.148m (no movement). The overspend reflects funding the new facility (Roslin House) to full capacity (£0.091m) and increased energy costs (£0.057m).</li> <li>Agency staffing is projected to overspend by £0.088m due to the use of agency staff during the period of recruiting to full establishment.</li> </ul> <p>b) Community Mental Health services are projected to underspend by £0.601m which is mainly due to an underspend of £0.560m in community packages (including direct payments).</p> <p>c) The Lead Partnership for Mental Health is projecting to be £0.039m overspent which is a favourable movement of £0.213m and the main variances are as follows:</p> <ul style="list-style-type: none"> <li>A projected underspend in Adult Inpatients of £0.066m which is a favourable movement of £0.030m. This is mainly due to overspends in supplementary staff, staff in redeployment and reduced bed sale income which are offset by £0.306m of income in relation to the firestop works.</li> <li>The UNPACS (Unplanned Activities) budget is projected to overspend by £1.200m (no movement) based on current number of placements remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with 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 increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.</li> </ul>

- A projected overspend in MH Pharmacy of £0.100m (no movement) due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.275m which is an adverse movement of £0.025m. 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. The projection assumes that we begin cross charging another HSCP for the ongoing costs of the person detailed above where, despite having extensive time to identify an alternative placement there has, as yet been no solution identified.
- Elderly Inpatients are projected to overspend by £0.134m which is a favourable movement of £0.030m mainly due to the reduced use of supplementary staffing.
- The reduction in National Insurance contributions has resulted in a part year saving to the Lead Partnership of £0.148m which is included in the projection.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.187m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Projected to March 2023	£1.718m
Over/(Under) Achievement	£1.237m

The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The areas contributing to this vacancy savings position are noted below:

- Adult Community Health services £0.192m
- CAMHS £0.546m
- Mental Health Admin £0.300m
- Psychiatry £0.100m
- Psychology £0.540m
- Associate Nurse Director £0.040m

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## **Children and Justice Services**

### **Children's Services**

Against the full-year budget of £36.325m there is a projected overspend of £2.501m (6.9%) which is an adverse movement of £0.551m. The main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £2.451m which is an adverse movement of £0.459m. The main areas within this are noted below:

	<ul style="list-style-type: none"> <li>Children's residential placements are projected to overspend by £2.911m prior to Covid funding and projected to overspend by £2.015m after £0.896m of Covid funding. This is an adverse movement of £0.180m. We started 22/23 with 23 placements and there are currently 24 placements. Of these placements two were assumed to be discharged October and two in December but will continue until March 2023, additionally one new place has commenced; we are assuming all current placements are continuing until the end of the year.</li> <li>Fostering placements are projected to underspend by £0.176m (no movement). This is based on the budget for 115 places and 110 actual placements (of which 6 are Covid related and are funded through the Covid-19 funding) since the start of the year. Recruitment of foster carers is an active priority for the team, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result.</li> <li>Fostering Xtra placements are projected to be on-line after applying £0.086m of Covid funding. The projection is based on the budget for 30 placements and 29 current placements since the start of the year.</li> <li>Private Fostering placements are projected to be £0.047m underspent (no movement) based on the budget for 17 placements and 16 current placements.</li> <li>Kinship placements are projected to underspend by £0.180m which is a favourable movement of £0.030m and this is based on the budget for 376 places and 356 current placements.</li> <li>Adoption placements are projected to overspend by £0.072m (no movement). This is based on the budget for 56 places and 67 actual placements.</li> </ul> <p>b) Children with disabilities – residential placements are projected to underspend by £0.173m which is an adverse movement of £0.100m. This is based on an increased number of placements (11) which are expected to continue until the end of the year.</p> <p>c) Residential respite – placements are projected to overspend by £0.405m which is an adverse movement of £0.070m. These short-term placements are used to prevent an admission to full residential care. There is one placement continuing at month 7 but it is expected to cease at the end of November.</p>
2.6	<b>ALLIED HEALTH PROFESSIONALS (AHP)</b>
	AHP services are projected to underspend by £0.122m due to underspends in non-employee costs.
2.7	<b>CHIEF SOCIAL WORK OFFICER</b>
	There is a projected underspend of £0.992m due to a projected underspend in the Carers Strategy funding. There is no movement since month 6.
2.8	<b>MANAGEMENT AND SUPPORT</b>
	Management and Support Services are projected to underspend by £2.855m which is a favourable movement of £0.522m. The main areas of underspend are:

- An over-recovery of payroll turnover of £2.072m for social care services and an over-recovery of payroll turnover of £0.537m for health services as outlined in the table below.
- The reduction in National Insurance contributions has resulted in a part year saving to the Non-Lead Partnership of £0.148m and £0.150m for social care which is included in the projection for Management and Support.
- The additional saving in LD day care employee costs of £0.130m has transferred to the HSCP strategy code to be held as a saving for future years.
- The 2022-23 budget included a budgeted surplus on the social care side offset by a budgeted deficit on the health side of the budget. The net impact is neutral but Appendix A will show this position for each element.

The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:

	<b>Social Care</b>	<b>Health Services</b>
Vacancy Savings Target	(2.014m)	(1.183m)
Projected to March 2023	4.086m	1.720m
<b>Over/(Under) Achievement</b>	<b>2.072m</b>	<b>0.537m</b>

The position in the table above reflects the assumption in the current financial projections. For social care, a total of £2.759m (137% of annual target) has been achieved to date. The turnover achieved to date is higher than usual as the 22/23 budget included investment in various areas of staffing and these posts are not fully recruited to yet. The underspend in day care for older people has also been included as payroll turnover in 2022/23 which is a change from 2021/22 when the underspend was held to offset additional care at home costs.

The health vacancy projection to the year-end is based on the month 7 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. The main areas at month 7 are:

- Learning Disability £0.430m
- Management and Support £0.359m
- Community Care Service Delivery £0.427m
- Rehab and Reablement £0.298m
- Locality Services £0.266m
- Integrated Island Services £0.256m
- Community Mental Health £0.220m

There have been no intentional plans to pause or delay recruitment and services have actively continued to recruit; in some service areas it has proven difficult to fill posts.

The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

2.9	<b>LOCAL AUTHORITY PAY AWARD SHORTFALL</b>																		
	<p>The recently agreed local government pay award was not fully funded. The total cost of the pay award was £4.384m against the budgeted increase of £2.077m. The additional cost of £2.307m will be partially met by additional recurring Scottish Government funding of £1.866m and the gap of £0.441m will be an in-year overspend with the recurring cost being factored into the 23/24 budget.</p> <p>There is also an additional cost in relation to the additional day of leave as some frontline posts will require to be covered during this leave. The estimated cost of this is £0.120m.</p>																		
2.10	<b>Savings Progress</b>																		
	<p>a) The approved 2022-23 budget included £0.683m of savings.</p> <table><tr><th>BRAG Status</th><th>Position at Budget Approval £m</th><th>Position at Month 7 £m</th></tr><tr><td>Red</td><td>-</td><td>0.060</td></tr><tr><td>Amber</td><td>0.060</td><td>-</td></tr><tr><td>Green</td><td>0.623</td><td>-</td></tr><tr><td>Blue</td><td>-</td><td>0.623</td></tr><tr><td>TOTAL</td><td>0.683</td><td>0.683</td></tr></table> <p>b) The main area to note is that red savings of £0.060m relating to adoption allowances will not be achieved but this is accounted for in the projected outturn. The review of allowances is complete, but the benefit will not be realised until future years as the changes will apply to future cases.</p> <p>Appendix B shows the full Transformation Plan for 2022/23 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p> <p>Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.</p> <p>Appendix C provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.</p>	BRAG Status	Position at Budget Approval £m	Position at Month 7 £m	Red	-	0.060	Amber	0.060	-	Green	0.623	-	Blue	-	0.623	TOTAL	0.683	0.683
BRAG Status	Position at Budget Approval £m	Position at Month 7 £m																	
Red	-	0.060																	
Amber	0.060	-																	
Green	0.623	-																	
Blue	-	0.623																	
TOTAL	0.683	0.683																	
2.11	<b>Budget Changes</b>																		
	<p>The Integration Scheme states that “<i>either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.</i>”</p>																		



	<p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p><b>Reduction Requiring Approval:</b></p> <p>1) Drug Tariff Reduction 2022-23 £0.320m</p>
2.12	<p><b>NHS – Set Aside and Pan Ayrshire Services</b></p> <p><u>Lead Partnerships:</u>  The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 7 the MH lead partnership is projected to overspend by £0.039m (£0.013m NRAC share for East and £0.012m for South). The information reported for South is the month 6 info as they do not report at month 7.</p> <p><b>East HSCP</b> –the month 6 position is a projected £0.974m underspend of which £0.360m (37%) is attributable to North. The main variances are:</p> <ul style="list-style-type: none"> <li>• <u>Primary Care and Out of Hours Services (Lead Partnership)</u>  There is a projected underspend of £0.824m on the Primary Care Lead Partnership budget and is due largely to projected underspends in Primary Care, Primary Medical Services and Dental services where staffing numbers are running at less than establishment. The projected underspend within Dental services is largely due to reduced staffing costs in Childsmile and within the Dental management team, with both service areas running with vacancies. In addition, there are reduced costs within Primary Care contracting and support, largely due to staffing turnover, as well as projected savings in diabetic retinopathy services and East Ayrshire Community Hospital medical and general pharmaceutical services.</li> </ul> <p>These reduced costs are partially offset by additional costs in the GP element of Out of Hours services, as well as additional costs in the overnight nursing service. These elements of additional cost result in a projected overspend of £0.217m, with work ongoing to address, as far as possible, over the course of the 2022/23 financial year. Ayrshire Urgent Care Services costs related to the Covid-19 pandemic are recharged against the Local Mobilisation Plan (Community Clinical Hub). As highlighted previously in this report, projected costs for 2022/23 require to be reduced as far as possible, with a recovery plan, to ensure costs can be contained within budget going forward.</p> <ul style="list-style-type: none"> <li>• <u>Prison and Police Healthcare (Lead Partnership)</u>  The £0.150m projected underspend at month 7 is largely due to net staffing savings. Medical contracts at both Prison and Police have reduced and is contributing to the projected underspend. These contracts have been renegotiated with 2021/22 being the first year of the new contract for Prison and Police</li> </ul>

	<p>Custody. A review of the prison service is being undertaken and it is anticipated that surplus funds will go towards improving staffing levels within the prison.</p> <ul style="list-style-type: none"> <li>• <u>Other Lead Services</u></li> </ul> <p>The £0.100m projected outturn is online with budget and relates to anticipated charges for services from Marie Curie. All three Ayrshire IJBs approved additional funding of £0.004m on a non-recurring basis as part of their 2022/23 budgets to increase the overall budget from the £0.088m baseline. This additional funding is required to offset identified cost pressures and to meet service demands from 1 April this year. The non-recurring nature of the approved uplift reflects that a service review is to be undertaken in 2022/23.</p> <p><b>South HSCP</b> – projected overspend of £0.143m of which £0.053m will be allocated to North. The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.</p> <p><b>Set Aside:</b> - an approach has yet to be decided on for 22/23, which may be used as a “shadow year” for using current year activity. This will depend on how representative the activity is felt to be. By default, inflation will be applied to the 2021/22 budget. The annual budget for Acute Services is £379.3m. The directorate is overspent by £8.2m, caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland.</p> <p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> <li>• Unachieved efficiency savings</li> <li>• High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure</li> <li>• High numbers of delayed discharges and high acuity of patients.</li> </ul> <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.13	<p><b>FINANCIAL RISKS</b></p>
	<p>There are a number of ongoing financial risk areas that may impact on the 2022-23 budget during the year, these include:</p> <ul style="list-style-type: none"> <li>• High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children’s residential placements and complex care packages.</li> <li>• Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this</li> <li>• Ongoing implementation costs of the Scottish Government policy directives</li> <li>• Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs</li> <li>• The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas</li> <li>• The Covid recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid response</li> <li>• The impact and implementation of the National Care Service.</li> <li>• The NHS pay award is not settled for 2022-23 and negotiations are ongoing.</li> </ul>

- The current extremely high levels of inflation
- The review of the Care at Home service which commenced in Spring 2022
- Supported Accommodation - funding has been included in the budget for the new developments but the adequacy of the funding will only be known when the final occupants are agreed.
- Fire dampener compensation – the final level of compensation has still to be agreed and may vary from the £0.306m assumed in the current projection.

These risks will be monitored during 2022-23 and the financial impact reported through the budget monitoring report.

## 2.14 COVID-19 – FINANCE MOBILISATION PLAN IMPACT

### Summary of position

From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21 and 2021-22, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2022-23 with returns moving from quarterly to monthly. Covid funding of £13.321m was carried forward from 2021-22 for use in services delegated to the Partnership during 2022-23 and the costs outlined below will be met from this funding. Any unused funding, based on the projected spend in the month 6 return, will be reclaimed by the Scottish Government and redistributed to Health Boards for Covid-related costs in non-delegated services.

## 2.15 Mobilisation Plan and Funding Position

The initial month 3 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. The changes since month 3 are summarised in the table below with the main area being payments to providers to reflect the payments made to date and the extension of part of the scheme to 31st March 2023. The costs remain estimates as the situation continually evolves there will be a further update submitted each month.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost are summarised below:

Service Area	Initial Month 3 Return £m	Month 4 Return £m	Month 5 Return £m	Months 6 and 7 Return £m
Payments to Providers	1.100	1.100	1.953	2.143
PPE	0.418	0.418	0.419	0.326
Additional Staff	1.317	1.317	1.315	1.318
Loss of Income	0.246	0.246	0.246	0.210
Children & Families	0.957	0.957	0.957	1.107
Other Areas	0.029	0.029	0.015	0.015
<b>TOTAL</b>	<b>4.067</b>	<b>4.067</b>	<b>4.905</b>	<b>5.119</b>

Based on the projected spend, it is anticipated that £8.202m will be reclaimed by Scottish Government. IJBs have been advised by Government that a year-end reconciliation and balancing adjustment will be carried out in the event that too much or too little funding has been retained by IJBs.

## 2.16 **Provider Sustainability Payments and Care Home Occupancy Payments**

COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.

**Care Home Occupancy Payments** - The Scottish Government ceased these payments at the end of October 2021 but exceptions were made following the Omicron outbreak and limited payments were made to eligible care homes. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

**Sustainability payments** – the most recent guidance issued on 22<sup>nd</sup> June reduces the scope of what providers can claim for. The main costs that can be claimed relate to testing and vaccination and this is extended to 31<sup>st</sup> March 2023. The Social Care Staff Support Fund was also extended to 31<sup>st</sup> March 2023 (previously to 30<sup>th</sup> September 2022).

The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government. The breakdown of payments made in 2022-23 up to 31<sup>st</sup> October 2022 are shown in the tables below:

<b>PROVIDER SUMMARY</b>	<b>NCHC Care Homes</b>	<b>Other</b>	<b>Total</b>
Total Number of Providers	17	49	66
Number contacting NAC	16	11	27
Providers Supported to date	16	11	27

<b>OUTSTANDING CLAIMS</b>	<b>NCHC Care Homes</b>	<b>Other</b>	<b>Total</b>
Total Number of Claims	-	4	4
Value of Claims	-	156,720	156,720

<b>SUPPORT PROVIDED</b>	<b>NCHC Care Homes</b>	<b>Other Services</b>	<b>TOTAL</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Occupancy Payments	81,650	0	81,650
Staffing	631,342	191,215	822,556

PPE, Infection Control	181,778	47,994	229,772
Other	74,075	7,894	81,969
<b>TOTAL</b>	<b>968,845</b>	<b>247,102</b>	<b>1,215,947</b>

## 2.17 RESERVES

The IJB reserves position is summarised in the table below with full detail given in Appendix F.

The 'free' general fund balance of £7.248m is held as a contingency balance, this equates to around 2.5% of the IJB budget for 2021-22 which is above the lower target level of 2% and does demonstrate significant progress towards establishing a contingency reserve of between 2% and 4%.

£1.486m is held by the Council to support a further repayment of debt at the end of 2022-23 and this is not reflected in the financial projection. The Council and Partnership are currently exploring options to clear the full debt by the end of the current financial year.

	General Fund Reserves		Earmarked Reserves			Total
	Debt to NAC	Free GF	SG Funding	Non-SG Funding £m	HSCP	
	£m	£m	£m	£m	£m	£m
<b>Opening Balance - 1 April 2022</b>	<b>(2.321)</b>	<b>7.248</b>	<b>23.106</b>	<b>0.699</b>	<b>0.500</b>	<b>29.232</b>

## 3. PROPOSALS

### 3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the Partnership can deliver services in 2022-23 from within the available resource, thereby limiting the financial risk to the funding partners.

The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

### 3.2 Measuring Impact

Ongoing updates to the financial position will be reported to the IJB throughout 2022-23.

<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	The financial implications are as outlined in the report. Against the full-year budget of £282.672m there is a projected underspend of £0.077m. The report outlines the main variances for individual services.
<b>Human Resources:</b>	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	<p>Para 2.13 highlights the financial risks.</p> <p>The report falls in line with the agreed risk appetite statement which is a <b>low</b>-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a <b>high</b>-risk appetite in relation to finance and value for money.</p>
<b>Community Benefits:</b>	None

<b>Direction Required to Council, Health Board or Both</b>	Direction to: -	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	√

<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2022-23, the overall projected year-end underspend of £0.077m;</p> <p>(b) notes the progress with delivery of agreed savings;</p> <p>(c) notes the remaining financial risks for 2022-23;</p>

	(d) approves the budget reduction which is detailed at para 2.11.
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**For more information please contact:**

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Eleanor Currie, Principal Manager – Finance at [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

# 2022-23 Budget Monitoring Report–Objective Summary as at 31<sup>st</sup> October 2022

## Appendix A

Partnership Budget - Objective Summary	2022/23 Budget										
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 6	Movement in projected variance from Period 6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	64,242	64,174	(68)	16,424	16,914	490	80,666	81,088	422	330	92
: Locality Services	27,764	27,473	(291)	5,250	5,350	100	33,014	32,823	(191)	(203)	12
: Community Care Service Delivery	31,489	31,399	(90)	0	0	0	31,489	31,399	(90)	(97)	7
: Rehabilitation and Reablement	1,849	1,846	(3)	0	0	0	1,849	1,846	(3)	(7)	4
: Long Term Conditions	925	1,118	193	9,083	9,473	390	10,008	10,591	583	522	61
: Community Link Workers	184	181	(3)	0	0	0	184	181	(3)	(2)	(1)
: Integrated Island Services	2,031	2,157	126	2,091	2,091	0	4,122	4,248	126	117	9
MENTAL HEALTH SERVICES	30,968	31,759	791	56,982	56,931	(51)	87,950	88,690	740	1,001	(261)
: Learning Disabilities	21,482	22,812	1,330	482	482	0	21,964	23,294	1,330	1,325	5
: Community Mental Health	5,780	5,239	(541)	1,649	1,589	(60)	7,429	6,828	(601)	(518)	(83)
: Addictions	3,706	3,708	2	1,658	1,628	(30)	5,364	5,336	(28)	(58)	30
: Lead Partnership Mental Health NHS Area Wide	0	0	0	53,193	53,232	39	53,193	53,232	39	252	(213)
CHILDREN & JUSTICE SERVICES	32,355	34,856	2,501	3,970	3,970	0	36,325	38,826	2,501	1,950	551
: Irvine, Kilwinning and Three Towns	3,082	3,124	42	0	0	0	3,082	3,124	42	7	35
: Garnock Valley, North Coast and Arran	2,106	2,077	(29)	0	0	0	2,106	2,077	(29)	(33)	4
: Intervention Services	1,753	1,768	15	340	340	0	2,093	2,108	15	(19)	34
: Care Experienced Children & Young people	21,674	24,125	2,451	0	0	0	21,674	24,125	2,451	1,992	459
: Head of Service - Children & Families	1,191	1,215	24	0	0	0	1,191	1,215	24	9	15
: Justice Services	2,385	2,385	0	0	0	0	2,385	2,385	0	(3)	3
: Universal Early Years	164	162	(2)	3,195	3,195	0	3,359	3,357	(2)	(3)	1
: Lead Partnership NHS Children's Services	0	0	0	435	435	0	435	435	0	0	0
CHIEF SOCIAL WORK OFFICER	2,552	1,560	(992)	0	0	0	2,552	1,560	(992)	(986)	(6)
PRIMARY CARE	0	0	0	49,330	49,330	0	49,330	49,330	0	0	0
ALLIED HEALTH PROFESSIONALS			0	8,801	8,679	(122)	8,801	8,679	(122)	(124)	2
COVID NHS	0	0	0	806	806	0	806	806	0	0	0
MANAGEMENT AND SUPPORT COSTS	13,924	11,260	(2,664)	2,318	2,127	(191)	16,242	13,387	(2,855)	(2,333)	(522)
LOCAL AUTHORITY PAY AWARD SHORTFALL	0	561	561	0	0	0	0	561	561	441	120
OUTTURN ON A MANAGED BASIS	144,041	144,170	129	138,631	138,757	126	282,672	282,927	255	279	(24)
Return Hosted Over/Underspends East	0	0	0	0	(13)	(13)	0	(13)	(13)	(82)	69
Return Hosted Over/Underspends South	0	0	0	0	(12)	(12)	0	(12)	(12)	(78)	66
Receive Hosted Over/Underspends South	0	0	0	0	53	53	0	53	53	53	0
Receive Hosted Over/Underspends East	0	0	0	0	(360)	(360)	0	(360)	(360)	(223)	(137)
OUTTURN ON AN IJB BASIS	144,041	144,170	129	138,631	138,425	(206)	282,672	282,595	(77)	(51)	(26)



## 2022-23 Transformation Plan

## Appendix B

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
<b>Children, Families and Justice Services</b>									
SP/HSCP/20/1	Children and Young People - External Residential Placements	Monitor and review all placements with a view to reducing the overspend.	Amber	Saving			-	-	
SP/HSCP/20/4	Adoption Allowances	Monitor Adoption Allowances. With a view to reduce the overspend	Red	Saving	59,535		-	-	59,535
SP/HSCP/20/19	Fostering - reduce external placements.	Monitor Fostering Placements with a view to reduce the overspend	Red	Saving			-	-	
	Transport review	Review of costs relating to taxi utilisation and implementation of new electronic form. Aim to reduce transport budget in council. Links in with David Hammonds Transformation Project.	Red	Saving					
	Grow internal fostering capacity	Review capacity of existing foster carers with a view of increasing existing capacity	Amber	Cost neutral					
NACSTA4030	Fostering Short Breaks	Develop an inhouse short break service to replace the commissioned service provided by Cornerstone.	Amber	Saving			-	-	-
<b>Mental Health and LD</b>									
	Transformation of CAMHS - CAMHS Specification	CAMHS have reviewed and updated referral guidance to align with the CAMHS National Specification. Some risks identified in order to facilitate the continued changes are accommodation, and recruitment of clinical staff.	Amber	Investment		1,091,463			
	Transformation of CAMHS - CAMHS Age 25	CAMHS are developing specific pathways to provide care and support up to the age of 25 where appropriate e.g. Eating Disorders, Neuro, Personality Disorders, Early Psychosis.	Amber	Investment		623,402			
	Transformation of CAMHS - CAMHS Waiting List	Two external providers have been procured to support Neuro waiting for assessment (Purple House	Amber	Investment		311,701			

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
	Transformation of CAMHS - CAMHS Psyc Waiting List	Clinical Director & Senior Manager agreed plan in order to reduce access to Psychiatry. In addition to this, 3 non-medical prescribers have been trained and are prescribing for ADHD clinics.	Amber	Investment		366,707			
	Transformation of CAMHS - Out of Hours Unscheduled Care	Recruitment and implementation of a new service to provide support to children and young people on an unscheduled basis. CAMHS are being commissioned by Paediatrics to deliver this service via Scottish Government funds.	Amber	Investment		86,294			
	Transformation of CAMHS - CAMHS Intensive Home Treatment	Recruitment is ongoing. Accommodation required to house team together. Ongoing development of policies and procedures for team in alignment with partners agencies	Amber	Investment		14,752			
	Transformation of CAMHS - CAMHS Liaison		Amber	Investment		129,073			
	Primary Care Mental Health investment	Creation of a business case to deliver Mental Health to Primary Care over the next 4 years. Allocation of funds will be incrementally increased over the duration of the next four years. North leading for Ayrshire.	Green	Investment		261,159			
	Continued review of models of care at Woodland View	A particular focus on rehabilitation models of care for MH building on learning from Warrix Avenue. Development of a business case for ARBD is also underway. A test of change for ward 7B will be reported through this workstream.	Amber						
	Implementation of MAT standards	Programme of work to set up the systems required to report on Medical Assisted Treatment standards for Addictions. The programme will be run on a pan ayrshire basis led by North. The national direction was for this to be led by Public Health but they have not started any recruitment so North will take forward in the meantime.	Green	Investment					
	Complex Care Model - Independent living change fund	Recruit the Intensive Support Team agreed through this fund and monitor progress of assessments of out of area placements. A dynamic register should be developed and maintained which will feed into national data.	Amber	Investment		513,000			
	ACORN business model	Mental Health Rehabilitation service needing help to transition to a social enterprise. Now incorporated within Caring for Ayrshire.	Red	Saving	-		-	-	-
	Implementation of Trakcare Patient Management System in Community Services	Implementation of new information recording system for NHS to report on 18 weeks RTT. This will include development of new processes and transfer of data from current system to the new one. This will allow for better recording of clinical activity and inform future DCAQ work. Adult community mental health will go live first followed by other community teams currently utilising Access databases. A Pan	Green	Cost neutral					
	Implementation of Unscheduled Care	Part of the national redesign of urgent care work. The aim of the mental health project is to deliver an integrated system to support mental health and wellbeing by utilising existing mental health services and enhancing their pathways for unscheduled mental health presentations.	Green	Investment					

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
<b>Health and Community Care</b>									
	TEC Solutions	To appoint a temporary 'Project Manager' post, who will oversee the procurement and installation of	Green	Investment		50,000		-	-
	Analogue to Digital	Funding received for a Project Manager to manage the process of moving all services users from analogue to digital technology.	Amber	Investment		996,000			
SP/HSCP/20/17	Care at Home - Service Review	This project will incorporate the review of the care at home job role and any implications for service as a	Amber	Investment				-	-
	Hospital Team Model		Green						
	Arran Integrated Services model	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. It is anticipated there will be a substantial amount of investment required and a business case will be developed.	Green						
	Primary Care Investment Fund	Remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support they need	Green	Investment					
	HSCP MDT - Community Health & Care	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. This approach will replace Older People Local Operational Teams.'							
	Develop Care at Home - Minimum data set	Scope all current recording processes for data and look to consolidate a dataset that can be used for all reporting needs.		Cost neutral					
	AHP Whole System redesign	exercise; to better understand the distribution and contribution of AHPs in health and care in North Ayrshire, to support future workforce planning that maximises this contribution for the benefit of the people of North	Amber						
	Interim Beds	To utilise a one-off lump sum, provided by the Scottish Government, to provide interim beds, for a maximum of 6 weeks, for clients who will have an onward move to permanent care.	Green						

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
<b>Partnership Wide</b>									
	Supported acc models - NAC housing/ Sleepover/ outreach model	Continue working with third sector providers to implement supported accommodation models in the	Green	Saving				-	-
	SDS Review	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement an SDS Review Learning Board to help progress.							
	Carers Review	Develop a resource release model for allocation of funds for carers as well as implement a short break service.	Amber	Saving			-	-	-
	Adult Complex Care Model - Call Monitoring	Review of call monitoring system for provision of adult community supports. This will include evaluation of current provision and development of a specification for future tender as the current contract is due to expire.							
	Implementation of Eclipse information system	Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.							
	Money matters and GP Practice Welfare Rights service	Facilitate the introduction of a money advise service available within GP practices.		Investment		78,000			
	Payroll Turnover Inflation	Monitor slippage through staff turnover with a view to meeting the savings target.		Saving	301,201		301,201	-	-
	Business Support Review (linked to Care at home review)	Scope and review the remit of the business support unit and how it could be adapted to the benefit of all HSCP teams.							
	North Elderly Mental Health inpatients (lead partnership)	Agree the spend going forward for the recurring savings achieved through bed retraction from Ailsa.		Saving	321,000		321,000	-	-
	HSCP Challenge Fund - invest to save	Monitoring of all projects approved through the Challenge Fund with a focus on invest to save ideas.							
	Transitions	Improve transition pathways from Childrens to Adult services as well as into older adults in order to improve outcomes for service users.							
	Caring for Ayrshire	The focus for Caring for Ayrshire is to bring a greater proportion of health provision into local communities. The Caring for Ayrshire work will ensure local GP practices are fit for purpose and have the capacity to host multi-disciplinary teams and meet local health and care needs.		Investment					
	Advocacy Strategy	Refresh of Advocacy strategy with a view to incorporating both adult and childrens services.		Cost neutral					

## 2022-23 Savings Tracker

## Appendix C

### North Ayrshire Health and Social Care Partnership 2022/23 Savings

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 7	Saving Delivered @ Month 7 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
1	Adoption Allowances	Amber	0.060	Red	-	0.060	-	Currently projecting an overspend.
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>0.060</b>		<b>0.000</b>	<b>0.060</b>	<b>0.000</b>	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 7	Saving Delivered @ Month 7 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Blue	0.302		-	Achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	-	Achieved
<b>TOTAL HEALTH SAVINGS</b>			<b>0.623</b>		<b>0.623</b>	<b>0.000</b>	<b>0.000</b>	
<b>TOTAL NORTH HSCP SAVINGS</b>			<b>0.683</b>		<b>0.623</b>	<b>0.060</b>	<b>0.000</b>	

## 2022-23 Budget Reconciliation

## Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			116.017
Base budget adjustments	1		(0.046)
<b>Uploaded Budget</b>			<b>115.971</b>
Resource Transfer	1	P	26.228
Software Licences transfer to IT	3	P	(0.002)
Montrose Cleaning Post to Facilities Management	3	P	(0.014)
Software Licences transfer to IT	4	P	(0.003)
Summer of Play Funding from Education	5	T	0.056
Insurance – transfer to corporate	6	P	(0.075)
Software Licences transfer to IT	6	P	(0.006)
MARAC funding	6	T	0.009
Pay Award Funding	7	P	1.866
Commercial Waste - Corporate adjustment	7	P	0.013
Roundings			(0.002)
<b>Budget Reported at Month 7</b>			<b>144.041</b>

HEALTH	Period	Permanent or Temporary	£'m
<b>Initial Approved Budget</b>			<b>163.988</b>
Resource Transfer			(26.228)
Month 10-12 Adjustments			22.401
Adjust for Non-recurring funding			(22.408)
Full Year effect of Part Year Reductions			0.128
<b>REVISED 22-23 BUDGET</b>			<b>137.881</b>
Training Grade Adj – April	1	P	(0.064)
Vire No 2 - East to North CAMHS Admin	1	P	0.099
Band 2-4 SG Funding reduction	1	P	(0.007)
AHP Clinical Admin Budget Transfer	2	P	0.048
Dean Funding to Partnerships	2	P	0.085
Prescribing Uplift	2	P	1.631
Prescribing Cres	2	P	(0.715)
Prescribing out non schedule 5	2	P	(0.429)
Scottish Huntington's Post	3	P	0.014
Daldorch Income Shortfall	3	P	0.045
Community Store Contributions	3	P	(0.006)
Iona/Lewis Patient to South	3	T	(0.046)
Marie Curie contract uplift	3	P	(0.004)
Trakcare/Huntington's/ Daldorch	3	P	0.086
Staff Wellbeing Posts from OH&RD	4	P	0.193
Top Slicing Posts- Prescribing	4	P	(0.071)

Admin Post transferred to Medical Records	4	T	(0.034)
Naloxone for Police Scotland	4	T	0.026
Dean Funding	5	P	0.095
Rx Top Slicing to Pharmacy	5	P	(0.008)
Uplift DOAC (Direct Oral Anticoagulant) Rebate	5	P	0.06
Uplift CRES to Primary Care Rebate Scheme	5	P	0.068
Dysphagia Post	5	P	(0.021)
ADP PSST Support	5	T	0.008
CAMHS Liaison Funding	5	T	(0.350)
Specialist Pharmacist in Substance Misuse	6	T	0.012
BBV (Blood Borne Virus) Funding	6	T	0.242
Maternal and Infant Nutrition Allocation	6	T	0.020
Dean Funding Pay Award	6	P	0.061
GP Office 365 Upgrade	6	T	(0.137)
HD200 Drug Tariff Reduction 2022-23	7	P	(0.320)
Medical Pay Award 2.5% Top Up	7	T	0.170
Roundings	7		(0.001)
<b>Budget Reported at Month 7</b>			<b>138.631</b>

<b>COMBINED BUDGET MONTH 7</b>	<b>282.672</b>
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## Mobilisation Submission – Month 7

Covid-19 Costs - HSCP - All														
Workstream Mapping	£000s	April	May	June	July	August	September	October	November	December	January	February	March	2022-23 Revenue Total
1. Public Health	Scale up of Public Health Measures	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Workforce and Capacity	Additional Community Hospital Bed Capacity	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	(17)	0	0	0	0	0	0	0	0	0	0	0	(17)
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	92	93	93	109	109	109	109	109	109	109	109	109	1,260
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
4. PPE, Equipment and IPC	Additional Infection Prevention and Control Costs	45	45	45	32	32	20	18	18	18	18	18	18	326
4. PPE, Equipment and IPC	Additional PPE	0	0	0	0	0	0	0	0	0	0	0	0	0
4. PPE, Equipment and IPC	PPE Hub Running Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Additional Capacity in Community	21	9	10	(13)	0	(27)	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Additional Care Home Placements	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Children and Family Services	188	79	79	68	68	139	81	81	81	81	81	81	1,107
5. Social Care and Community Capacity	Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Reducing Delayed Discharge	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Covid-19 Financial Support for Adult Social Care Provider	291	291	291	243	243	459	55	55	54	54	54	54	2,143
5. Social Care and Community Capacity	Social Care Support Fund Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Chief Social Work Officer	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Primary Care	Additional FHS Contractor Costs	13	13	13	12	12	12	0	0	0	0	0	0	75
6. Primary Care	Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Digital & IT costs	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Loss of Income	47	41	41	41	41	43	(29)	0	0	0	0	0	225
7. Miscellaneous	Other	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Payments to Third Parties	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Patient Transport	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Covid Costs - HSCP - All		680	571	572	492	504	755	234	263	262	262	262	262	5,119



## Reserves Position in Detail

<b>Earmarked Funds</b>	
: Alcohol & Drug Partnership	890
: Mental Health Action 15	511
: Primary Care Improvement Fund	1,856
: 21-22 Budget Gap	0
: Challenge Fund	500
: Community Living Change Fund	513
: Covid19 Funding	13,321
: Neighbourhood Networks	145
: Mental Health Officer Development Grant	41
: NAC Recovery and Renewal – Mental Health Element	71
: Joint Equipment	5
: Nethermaines Adaptations	40
: Supported Accommodation	50
: Care at Home Capacity	1,192
: Interim Care	1,046
: Trauma Training	50
: Trauma Trainer	48
: Family Wellbeing Fund	106
: Perinatal MH Nurse	65
: Unaccompanied Asylum-Seeking Children	11
: Multi-Disciplinary Teams	644
: Health Care Support Workers	144
: MH Recovery and Renewal	2,057
: Medical photography	4
: Data Sims	28
: School Nursing	56
: Buvidal	109
: AHP Winter Funding	51
: Perinatal and Infant Mental Health	86
: Cossette Funding	18
: Replacement Mattress Programme	78
: Expansion of Primary Care Estates	55
: GP Premises Improvements - tranches 1 and 2	81
: Mental Health Wellbeing in Primary Care	40
: Dental Practice Improvement	265
: Dental Winter Preparedness	128
<b>Total Earmarked</b>	<b>24,305</b>
Outstanding Debt	(2,321)
Unallocated General Fund	7,248
<b>General Fund</b>	<b>29,232</b>