

## Integration Joint Board 24<sup>th</sup> August 2023

<b>Subject :</b>	<b>2023-24 – Month 3 Financial Performance</b>
<b>Purpose :</b>	To provide an overview of the IJB's financial performance as at month 3 (June).
<b>Recommendation :</b>	It is recommended that the IJB: <ul style="list-style-type: none"> <li>(a) notes the overall integrated financial performance report for the financial year 2023-24 and the current overall projected year-end overspend of £4.576m;</li> <li>(b) notes the progress with delivery of agreed savings;</li> <li>(c) notes the remaining financial risks for 2023-24; and</li> <li>(d) approves the budget reductions which are detailed at paragraph 2.10.</li> </ul>

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

<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 June, 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 overspend of £4.576m (1.6%) for 2023-24. This includes the financial impact of the NHS pay award but excludes the Council pay award.
1.3	From the core projections, overall, the main areas of pressure are 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	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.
<b>2.2</b>	<b>FINANCIAL PERFORMANCE – AT MONTH 3</b>
	<p>At month 3 against the full-year budget of £285.076m there is a projected year-end overspend of £4.576m (1.6%). 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 £3.837m in social care services and a projected overspend of £0.739m 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> <p>East and South HSCP do not report at month 3 so the impact of their Lead Partnership services is not included in this report.</p>
<b>2.3</b>	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £89.901m there is a projected overspend of £0.616m (0.7%) 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 £0.171m. The projected costs reflect the recently agreed National Care Home Contract (NCHC) rates.</p> <p>The budgeted number of permanent placements is 780 and at month 3 there are 771 placements. The projection assumes that the current number of placements will continue to increase to 780 placements by the end of the year. Within the projection</p>

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 financial assessment is completed and this can impact on the final position.

The level of income recovered from charging orders is assumed to be online based on the income received to date. This income is not easy to project as it depends on the length of the legal process and time taken to sell the property that the charging order is registered to.

b) Care at home (in house and purchased) is projected to be £0.637m underspent. The position is made up of an underspend in in-house services of £1.145m as there are vacant posts, but 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. This is partly offset by an overspend in purchased services of £0.508m as the budget was reduced to reflect the additional costs of bringing some services in-house after the provider withdrew from the contract.

c) Reablement services are projected to be £0.121m underspent due to vacancies.

d) Care at Home Charging Income is projected to under recover by £0.080m due to an ongoing shift towards personal care which is non chargeable.

e) Physical Disability Care Packages (including residential and direct payments) - projected underspend of £0.152m in community care packages, £0.292m underspend in direct payments and £0.611m overspend for residential placements. There is also an under-recovery of income of £0.135m. There will be a further review of these projections in month 4 to focus on areas where there are unused hours or clawback of direct payments.

f) Anam Cara is projected to overspend by £0.177m due to covering vacancies and sickness absence (£0.121m) and under-recovered income (£0.056m).

g) Integrated Island Services is projected to be £0.163m underspent. This is mainly due to a projected underspend in care at home costs of £0.198m.. There is also an overspend in supplies and cleaning costs of £0.075m.

h) District Nursing is projected to overspend by £0.225m due to an overspend on bank nursing costs and supplies.

i) Rehab wards are projected to overspend by £0.265m (Redburn ward £0.215m overspent and Douglas Grant £0.050m overspent). The overspend is due to cover

	<p>costs for vacancies as well as supplementary staffing for patients who require one to one support.</p> <p>j) Wards 1 and 2 are projected to overspend by £0.750m due to increased use of supplementary staffing.</p> <p>k) Cumbrae Lodge Continuing Care beds are projected to underspend by £0.150m due to a reduced charge to reflect the reduction in beds used during the transition to the new service.</p>
2.4	<p><b>Mental Health Services</b></p>
	<p>Against the full-year budget of £101.049m there is a projected overspend of £1.898m (1.9%) prior to the reallocation of the Lead Partnership overspend to East and South HSCP. This also 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 2024-25. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £0.691m and the main variances are:</p> <ul style="list-style-type: none"> <li>• Care Packages (including residential and direct payments) - projected underspend of £0.310m in community care packages and projected overspends of £0.497m in direct payments and £0.684m for residential placements.</li> <li>• Trindlemoss non-employee costs are projected to underspend by £0.075m.</li> </ul> <p>b) Community Mental Health services are projected to underspend by £0.203m which is mainly due to an underspend of £0.218m in community packages (including direct payments) and an overspend in residential placements of £0.083m.</p> <p>c) The Lead Partnership for Mental Health is projecting to be £1.410m overspent and the main variances are as follows:</p> <ul style="list-style-type: none"> <li>• A projected overspend in Adult Inpatients of £0.600m due to overspends in supplementary staff, staff in redeployment, staff cover due to sickness (inc covid outbreak) and reduced bed sale income.</li> <li>• The UNPACS (Unplanned Activities) budget is projected to overspend by £1.067m based on current number of placements and enhanced costs 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</li> </ul>

placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.

- A projected overspend in MH Pharmacy of £0.118m due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.426m 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, increased and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis.
- Elderly Inpatients are projected to overspend by £0.240m due to the use of supplementary staffing.
- The Innovation Fund is projected to underspend by £0.229m due to slippage within some of the projects and not all of the funding was allocated.
- Addictions in patients are projected to overspend by £0.150m due to the use of supplementary staffing.
- 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 £1.035m in 2023-24, further information is included in the table below:

Vacancy Savings Target	(£0.873m)
Projected to March 2024	£1.908m
Over/(Under) Achievement	£1.035m

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:

- CAMHS £0.592m
- Mental Health Admin £0.376m
- Psychiatry £0.348m
- Psychology £0.495m
- Associate Nurse Director £0.097m

**2.5 Children and Justice Services**

**Children's Services**

Against the full-year budget of £39.191m there is a projected overspend of £5.615m (14.3%) and the main variances are:

	<p>a) Care Experienced Children and Young People is projected to overspend by £5.628m. The main areas within this are noted below:</p> <ul style="list-style-type: none"> <li>• Children’s residential placements are projected to overspend by £5.700m. We started 2023/24 with 32 external placements and there are currently 36 placements which are assumed to continue until the end of the year. Within the £5.700m there is £0.250m relating to enhanced costs for two placements. There are a number of factors leading to this challenging position: <ul style="list-style-type: none"> <li>• We have 32 places available in our internal children’s houses, due to demand these have been operating at 100%+ occupancy for some time, leading to increased use of external placements where residential care is required.</li> <li>• The requirement to support Unaccompanied Asylum Seeking Children (UASC) under the National Transfer Scheme and to support Trafficked young people located in North Ayrshire.</li> <li>• A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21.</li> <li>• Where appropriate young people are placed to meet their Educational needs, the cost of Residential School Placements in the most cases is shared 50/50 with Education services.</li> </ul> </li> </ul> <p>Children’s Services are continuing to work with other services including Education and Housing to address the challenges. A change programme is being developed to respond to the pressures of residential care, further detail of the scope and plan around this work will be presented to a future IJB.</p> <ul style="list-style-type: none"> <li>• Looked after and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.361m underspent based on the current number of placements.</li> </ul> <p>b) Children with disabilities – residential placements are projected to overspend by £0.245m. This is based on 8 current placements and 2 further placements which are expected to commence during September. Direct payments are projected to underspend by £0.139m.</p>
	<p>c) Residential respite – placements are projected to overspend by £0.049m. These short-term placements are used to prevent an admission to full residential care. There is one short term placement, but this could vary throughout the year and have an impact on the projection.</p> <p>d) Children’s Houses Employee Costs – are projected to overspend by £0.100m due to additional overtime costs.</p> <p>e) Head of Service – is projected to overspend by £0.305m which is mainly due to the saving of £0.233m in relation to the staff reconfiguration in the children’s</p>

	houses which is not expected to be fully achieved in 23-24. There are also projected costs of £0.092m for the JII (Joint Investigative Interview) project which is not funded.												
2.6	<b>ALLIED HEALTH PROFESSIONALS (AHP)</b>												
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have been taken as payroll turnover.												
2.7	<b>CHIEF SOCIAL WORK OFFICER</b>												
	There is a projected underspend of £0.379m mainly due to a projected underspend in the Carers Strategy funding.												
2.8	<b>MANAGEMENT AND SUPPORT</b>												
	<p>Management and Support Services are projected to underspend by £1.959m and the main areas of underspend are:</p> <ul style="list-style-type: none"> <li>• An over-recovery of payroll turnover of £0.723m for social care services and an over-recovery of payroll turnover of £0.261m for health services as outlined in the table below.</li> <li>• The Band 2 to Band 3 regrading costs are still being worked through but there is £0.700m set aside to cover this as part of the agreed 23/24 budget paper. This is included as an underspend as the overspends have been included in the services above. An update on the adequacy of this provision will be provided in future reports.</li> <li>• There is projected slippage on the LD and MH transition funding of £0.380m due to delays in children transitioning into adult services.</li> </ul> <p>The turnover targets and projected achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:</p> <table border="1" data-bbox="343 1496 1327 1691"> <thead> <tr> <th></th> <th><b>Social Care</b></th> <th><b>Health Services</b></th> </tr> </thead> <tbody> <tr> <td>Vacancy Savings Target</td> <td>(3.014m)</td> <td>(1.433m)</td> </tr> <tr> <td>Projected to March 2024</td> <td>3.737m</td> <td>1.694m</td> </tr> <tr> <td><b>Over/(Under) Achievement</b></td> <td><b>0.723m</b></td> <td><b>0.261m</b></td> </tr> </tbody> </table> <p>The position in the table above reflects the assumption in the current financial projections. For social care, a total of £0.934m (31% of annual target) has been achieved to date.</p>		<b>Social Care</b>	<b>Health Services</b>	Vacancy Savings Target	(3.014m)	(1.433m)	Projected to March 2024	3.737m	1.694m	<b>Over/(Under) Achievement</b>	<b>0.723m</b>	<b>0.261m</b>
	<b>Social Care</b>	<b>Health Services</b>											
Vacancy Savings Target	(3.014m)	(1.433m)											
Projected to March 2024	3.737m	1.694m											
<b>Over/(Under) Achievement</b>	<b>0.723m</b>	<b>0.261m</b>											
	The health vacancy projection to the year-end is based on the month 3 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 3 are:

- Children and Families £0.275m
- Learning Disability £0.029m
- Management and Support £0.098m
- Community Care Service Delivery £0.091m
- Rehab and Reablement £0.099m
- Locality Services £0.115m
- Integrated Island Services £0.132m

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 Savings Progress**

a) The approved 2023-24 budget included £4.963m of savings.

<b>BRAG Status</b>	<b>Position at Budget Approval £m</b>	<b>Position at Month 3 £m</b>
<b>Red</b>	-	0.273
<b>Amber</b>	2.245	2.182
<b>Green</b>	2.718	2.508
<b>Blue</b>	-	-
<b>TOTAL</b>	<b>4.963</b>	<b>4.963</b>

b) The main area to note is that previous amber savings of £0.273m, relating to the reconfiguration of staffing within Children and Families, have been escalated to red. Progress to date suggests that the timescale for this saving will not be met and the full £0.273m will not be achieved in 2023-24 but this is accounted for in the projected outturn.

Work is ongoing to refresh the Transformation Plan to focus on the financial challenges which the Partnership expects to face in 2024/25 and 2025/26. The plan is critical to the ongoing sustainability of service delivery. Once it has been endorsed by the Transformation Board it will be included within future financial monitoring reports. The Transformation Board also has responsibility for overseeing the delivery of the plan and for ensuring that projects remain on track.



	<p>Appendix B 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>
2.10	<p><b>Budget Changes</b></p> <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 C highlights the movement in the budget position following the initial approved budget.</p> <p><b>Reductions Requiring Approval:</b></p> <ol style="list-style-type: none"> <li>1) Transfer to IT re software costs £0.012m</li> <li>2) Transfer to Capital re West Road £0.300m</li> </ol> <p>Any NHS reductions will be reported in month 4.</p>
2.11	<p><b>Pan Ayrshire Lead Partnership services and Large Hospital Set Aside</b></p> <p><b>Lead Partnerships:</b> - 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 3 the MH lead partnership is projected to overspend by £1.410m (£0.462m NRAC share for East and £0.403m for South). South and East HSCP do not report until month 4.</p> <p><b>Set Aside:</b> - preparatory work is well underway with NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources. The North budget for set aside resources for 2023-24 is £35.547m. This is based on the 2023-23 figure of £34.850m inflated by the 2023-24 uplift of 2%.</p> <p>The annual budget for Acute Services is £409.9m. The directorate is overspent by £6.8m after 3 months. This 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</p>

	<p>other areas in Scotland. Several unfunded wards are open across both main hospital sites.</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>
2.12	<p><b>FINANCIAL RECOVERY PLAN</b></p>
	<p>The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource.</p> <p>As a contingency there is provision of £2m non-recurring funding set aside in the reserves (appendix D) to contribute towards the 2023-24 position. This would reduce the current projected overspend to £2.576m.</p> <p>A financial recovery plan is being developed to address the main areas of overspend and to identify further areas which can contribute to bringing the position back into line, this will be brought to next IJB meeting with the Month 4 financial report.</p> <p>The IJB also holds a General Fund reserve balance of £6.448m of unallocated funds, this would underwrite the risk of the remainder of the projected overspend if it cannot be managed downwards in the coming months. This would be a last resort as this funding is non-recurring and it does not resolve the areas underlying the projected overspend.</p>
2.13	<p><b>FINANCIAL RISKS</b></p>
	<p>There are a number of ongoing financial risk areas that may impact on the 2023-24 budget during the year, these include:</p> <ul style="list-style-type: none"> <li>• Current high levels of inflation which impact on costs incurred directly by the Partnership and on our partner providers</li> <li>• High risk areas of low volume / high-cost services areas e.g. Children’s residential placements, Learning Disability care packages 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> </ul>

- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs.
- The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas.
- The Covid recovery process including the ability to change and improve services following learning from the Covid response.
- Continuing risks associated with provider sustainability.
- The Local Government pay award is not settled for 2023-24 and negotiations are ongoing; any increase above the budgeted 3% will impact on the financial position unless additional funding is forthcoming.

These risks will be monitored during 2023-24 and any impact reported through the financial monitoring report.

## 2.14 RESERVES

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

The 'free' general fund balance of £6.448m is held as a contingency balance, this equates to around 2.3% of the initial approved IJB budget for 2023-24 which is which is within, but towards the lower end, of the target range of 2%-4%.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC	Free GF	External Funding	HSCP	
	£m	£m			£m
Opening Balance - 1 April 2023	-	6.448	6.997	4.219	<b>17.664</b>
2023-24 Draw Per the Budget Paper	-	-	(1.252)	-	<b>(1.252)</b>
Current Reserve balances	-	6.448	5.745	4.219	<b>16.412</b>

The 2023-24 budget approved the use of £1.252m of previously earmarked reserves to support a balanced budget position for 2023-24. The HSCP earmarked reserves also includes an amount of £2.0m which was agreed to support the financial position during 2023-24.

## 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 2023-24 from within the available resource, thereby limiting the financial risk to the funding partners.

### 3.3 Measuring Impact

	Ongoing updates to the financial position will be reported to the IJB throughout 2023-24.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u> The financial implications are as outlined in the report. Against the full-year budget of £285.076m there is a projected overspend of £4.576m. The report outlines the main variances for individual services.
4.2	<u>Human Resources</u> 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 the staffing capacity reduction on a recurring or planned basis.
4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> Para 2.12 highlights the financial risks. 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.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> None.
<b>5.</b>	<b>CONSULTATION</b>
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.
5.2	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.

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2023-24 Budget Monitoring Report–Objective Summary as at 30<sup>th</sup> June

## Appendix A

Partnership Budget - Objective Summary	2023/24 Budget								
	Council			Health			TOTAL		
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>COMMUNITY CARE AND HEALTH</b>	<b>70,156</b>	<b>69,498</b>	<b>(658)</b>	<b>19,745</b>	<b>21,019</b>	<b>1,274</b>	<b>89,901</b>	<b>90,517</b>	<b>616</b>
: Locality Services	28,157	28,233	76	6,148	6,378	230	34,305	34,611	306
: Community Care Service Delivery	36,577	35,849	(728)	0	0	0	36,577	35,849	(728)
: Rehabilitation and Reablement	2,206	2,207	1	0	0	0	2,206	2,207	1
: Long Term Conditions	944	1,108	164	10,952	11,817	865	11,896	12,925	1,029
: Community Link Workers	197	188	(9)	0	0	0	197	188	(9)
: Integrated Island Services	2,075	1,913	(162)	2,645	2,824	179	4,720	4,737	17
<b>MENTAL HEALTH SERVICES</b>	<b>29,692</b>	<b>30,180</b>	<b>488</b>	<b>71,357</b>	<b>72,767</b>	<b>1,410</b>	<b>101,049</b>	<b>102,947</b>	<b>1,898</b>
: Learning Disabilities	22,864	23,555	691	542	542	0	23,406	24,097	691
: Community Mental Health	5,942	5,739	(203)	1,623	1,623	0	7,565	7,362	(203)
: Addictions	886	886	0	1,784	1,784	0	2,670	2,670	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	67,408	68,818	1,410	67,408	68,818	1,410
<b>CHILDREN &amp; JUSTICE SERVICES</b>	<b>34,627</b>	<b>40,087</b>	<b>5,460</b>	<b>4,564</b>	<b>4,719</b>	<b>155</b>	<b>39,191</b>	<b>44,806</b>	<b>5,615</b>
: Irvine, Kilwinning and Three Towns	3,184	3,101	(83)	0	0	0	3,184	3,101	(83)
: Garnock Valley, North Coast and Arran	3,188	3,013	(175)	0	0	0	3,188	3,013	(175)
: Intervention Services	1,885	1,801	(84)	440	440	0	2,325	2,241	(84)
: Care Experienced Children & Young people	22,655	28,283	5,628	0	0	0	22,655	28,283	5,628
: Head of Service - Children & Families	1,075	1,380	305	0	0	0	1,075	1,380	305
: Justice Services	2,412	2,279	(133)	0	0	0	2,412	2,279	(133)
: Universal Early Years	228	230	2	3,698	3,853	155	3,926	4,083	157
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0
<b>CHIEF SOCIAL WORK OFFICER</b>	<b>1,852</b>	<b>1,473</b>	<b>(379)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,852</b>	<b>1,473</b>	<b>(379)</b>
<b>PRIMARY CARE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,406</b>	<b>53,350</b>	<b>(56)</b>	<b>53,406</b>	<b>53,350</b>	<b>(56)</b>
<b>ALLIED HEALTH PROFESSIONALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,176</b>	<b>10,176</b>	<b>0</b>	<b>10,176</b>	<b>10,176</b>	<b>0</b>
<b>COVID NHS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(275)</b>	<b>(275)</b>	<b>0</b>	<b>(275)</b>	<b>(275)</b>
<b>MANAGEMENT AND SUPPORT COSTS</b>	<b>5,271</b>	<b>4,216</b>	<b>(1,055)</b>	<b>(17,227)</b>	<b>(18,131)</b>	<b>(904)</b>	<b>(11,956)</b>	<b>(13,915)</b>	<b>(1,959)</b>
<b>FINANCIAL INCLUSION</b>	<b>1,457</b>	<b>1,438</b>	<b>(19)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,457</b>	<b>1,438</b>	<b>(19)</b>
<b>OUTTURN ON A MANAGED BASIS</b>	<b>143,055</b>	<b>146,892</b>	<b>3,837</b>	<b>142,021</b>	<b>143,625</b>	<b>1,604</b>	<b>285,076</b>	<b>290,517</b>	<b>5,441</b>
Return Hosted Over/Underspends East	0	0	0	0	(462)	(462)	0	(462)	(462)
Return Hosted Over/Underspends South	0	0	0	0	(403)	(403)	0	(403)	(403)
<b>OUTTURN ON AN IJB BASIS</b>	<b>143,055</b>	<b>146,892</b>	<b>3,837</b>	<b>142,021</b>	<b>142,760</b>	<b>739</b>	<b>285,076</b>	<b>289,652</b>	<b>4,576</b>

## 2023-24 Savings Tracker

## Appendix B

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 3	2023/24 Saving	Description of the Saving
<b>Children, Families &amp; Criminal Justice</b>					
1	Staffing reconfiguration - children & families	Amber	Red	273,000	Review staffing provision within children's houses with the saving phased over 2023/24 and 2024/25 – 50/50
<b>Community Care &amp; Health</b>					
2	Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places	Amber	Amber	1,000,000	Month 10 placements are 762 and are projected to rise to 770 by the year end. The budget for 23/24 would fund an average 780 places at the current split of nursing/residential (60/40). This reflects reduced demand and investment in CAH to support more people at home. Implications – possible use of waiting list to manage numbers.
3	Care Home Respite	Amber	Amber	560,000	All respite care to be provided in-house at Anam Cara and Montrose House and any use of other respite provision funded via Carers budget. Implications – reduction in use of other care homes for respite places
4	Montrose House Capacity	Green	Amber	210,000	Amend registration from 30 beds to 20 beds across 2 staffed wings. This will be supported by introduction of intermediate care beds at Arran War Memorial Hospital.
5	Reconfigure respite provision at Anam Cara	Amber	Amber	112,000	The service is currently relocated to Taigh Mor (8 beds) on a temporary basis and this proposal would reduce capacity from 14 beds to 9 beds in one wing when it reverts to Anam Cara.
<b>Mental Health</b>					
6	Trindlemoss pool running costs	Green	Green	85,000	Trindlemoss Pool has never opened due to ongoing maintenance issues. The historic budgeted running costs are £0.085m but it is expected actual costs would be much higher. The pool will not open and alternative therapies will be provided e.g. bounce therapy.
7	Trindlemoss Day Care	Green	Green	168,932	Trindlemoss day opportunities staffing was restructured during 2021/22 and 2022/23. This saving has already been achieved and will remove the additional staffing budget.
8	Intermediate Placement Scheme - cessation of service	Green	Green	30,000	The contract has ceased and will not be renewed.
<b>Other Areas</b>					
9	Carers Act Funding - Substitution of Spend	Green	Green	500,000	There is a plan in place to invest across carer service contract, preparation of carer plans, short breaks and other support to carers. This proposal will invest £0.500m in contributions to Red Rose House, Roslin House, Anam Cara, waiving of charges and day services.

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 3	2023/24 Saving	Description of the Saving
<b>Other Areas</b>					
10	Payroll Turnover - increase to target (social care)	Green	Green	1,000,000	22/23 Month 10 – projecting turnover savings £4.414m v target £2.014m resulting in a projected overachievement of target in 22/23 of £2.4m. Saving based on less than 50% of this year's overachievement
11	Income Generation - 5% Increase to fees and charges	Green	Green	46,600	Implement a 5% increase to fees and charges and a 5% increase to the maximum charge. The impact will be limited where service users are already paying the maximum charge. Social care charges are means-tested with the exception of community alarms
13	Review the contingency funds	Green	Green		
12	Staffing Reconfiguration - Finance and Transformation	Green	Green	35,091	Saving released through management and admin structure change

**TOTAL SOCIAL CARE SAVINGS**

**4,020,623**

**Health:**

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 3	Approved Saving 2023/24 £m	Description of the Saving
13	Payroll Turnover - Health Lead Partnership	Green	Green	392,245	22/23 Month 10 – projecting turnover savings £2.182m v target £0.481m resulting in a projected overachievement of target in 22/23 of £1.701m. The saving is based on less than 25% of this year's overachievement
14	Payroll Turnover - Health Non Lead Partnership	Green	Green	250,000	22/23 Month 10 – projecting turnover savings £1.789m v target £1.183m resulting in a projected overachievement of target in 22/23 of £0.606m. The saving is less than 50% of this year's overachievement.
15	Reprovisioning of Continuing Care beds	Amber	Amber	300,000	Currently provided through Cumbrae Lodge Care Home in Irvine but the provider does not want to continue to provide the service. Plans are being developed to relocate the service to Taigh Mor in Beith with an anticipated saving of £0.3m.
21	Inflationary increase to East HSCP re Woodland View beds	Green	Green	-	

**TOTAL HEALTH SAVINGS**

**942,245**

PUBLIC INFORMATION

**TOTAL NORTH HSCP SAVINGS**

**4,962,868**

## 2023-24 Budget Reconciliation

## Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			121.408
Less Living Wage Fund not yet allocated			(2.826)
<b>Revised Budget</b>			<b>118.582</b>
Resource Transfer	1-3	P	21.562
HSCP Fin Circ 3	1-3	T	0.013
Living Wage - final allocation	1-3	P	2.808
ICT Licences Various	1-3	P	(0.012)
Island Funds	1-3	T	0.015
Facilities Management Costs - Montrose House	1-3	P	0.387
West Road - Capital funded from Revenue	1-3	T	(0.300)
<b>Social Care Budget Reported at Month 3</b>			<b>143.055</b>