

| | Integration Joint Board 16th December 2021 |
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| Subject: | 2021-22 – 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 2021-22 and the current overall projected year-end underspend of £0.986m; (b) notes the progress with delivery of agreed savings; and (c) notes the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs. |

| Glossary of Terms | |
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| NHS AA | NHS Ayrshire and Arran |
| HSCP | Health and Social Care Partnership |
| MH | Mental Health |
| CAMHS | Child & Adolescent Mental Health Services |
| RAG | Red, Amber, Green |
| UNPACS | UNPACS, (UNPlanned Activities) – Extra Contractual Referrals |
| NRAC | NHS Resource Allocation Committee |
| GAE | Grant Aided Expenditure |
| PAC | Performance and Audit Committee |

| 1. | EXECUTIVE SUMMARY |
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| 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 October period end, 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, before the impact of Covid-19, is a year-end underspend of £0.986m for 2021-22 which is a favourable movement of £0.728m since Month 6. |

1.3 From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children and Unplanned Activities (UnPACs) within the lead partnership for mental health. 1.4 The follow up focus sessions that took place during August and October with LD services and Children's Services agreed a range of action points and these will be followed up at the next sessions in January. A session will also be held with Community Care and Health once the impact of the recently announced funding is known. These sessions look at ways to reduce future spend to try and ensure future service provision can be contained within current resources. 2. **CURRENT POSITION** 2.1 The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance. The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response. FINANCIAL PERFORMANCE – AT PERIOD 7 2.2 At period 7 against the full-year budget of £265.573m there is a projected year-end underspend of £0.986m (0.4%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance Following this approach, an integrated view of the financial the budget in year. position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.103m in social care services and a projected underspend of £1.089m in health services. 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 with detailed analysis provided in Appendix B. 2.3 Health and Community Care Services Against the full-year budget of £76.709m there is a projected underspend of £0.666m (0.8%) and the main variances are: a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.357m after applying £0.130m of covid funding which is a favourable movement of £0.179m. The budgeted number of permanent placements is 790 and at month 7 there are 763 placements. The projection assumes a net increase of 5 places per month until the end of the financial year taking the total to 788 placements. 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.

The level of income recovered from charging orders was under recovered during 2020-21 due to the impact the pandemic had on house sales but for 2021-22 it is assumed to be £0.300m under recovered and this will continue to be reviewed during the year. This is included in the overall projected underspend of £0.357m above.

- b) Care at home is projecting to be online after applying £1.662m of funding for additional capacity for Covid and Winter Planning and £0.333m of the recently announced funding to enhance care at home capacity. Bank staff are being offered contracts, the service is recruiting additional staff for the in-house service and also engaging with new and existing providers for additional commissioned services. The capacity for care at home will continue to grow during 2021-22 to meet the increase in demand for the service, this will be part of our longer-term ambition to shift the balance of care and funded by either Covid funding or the recently announced govt funding (see para 2.8 below).
- c) Care at Home Charging Income is projected to under recover by £0.164m (favourable movement of £0.009m) due to the ongoing shift towards personal care which is non chargeable.
- d) Care at Home non-employee costs are projected to be online after applying £0.112m of the recently announced funding to enhance care at home capacity.
- e) Direct Payments are projected to overspend by £0.098m which is a favourable movement of £0.038m due to the waiting list for services being reduced during 2020-21 and further additional care packages being agreed in 2021-22.
- f) Residential Placements are projected to overspend by £0.318m which is an adverse movement of £0.062m. The overspend is due to placements transferring from adult to older people services, new packages and increases to existing packages.
- g) Adaptations are projected to overspend by £0.111m (adverse movement of £0.052m) based on spend to date. Spend to date is higher due to increasing demand combined with increased costs due to supply issues.
- h) Carers Act funding is projected to underspend by £0.661m (no movement). This projected position assumes charges for respite are waived per the IJB 2021-22 budget paper recommendation and a contribution is made to the increased capacity for children's respite.
- i) Day Care for Older People is projected to underspend by £0.341m as vacancies have been held whilst the service has been closed due to Covid and the unachieved saving of £0.050m is assumed to be Covid funded.
- j) Anam Cara is projected to be online after applying £0.146m of the recently announced Scottish Government funding for interim care.
- k) District Nursing is projected to overspend by £0.130m due to an overspend on supplies.

| Rehab wards are projected to overspend by £0.097m (Redburn ward £0.1 overspent and Douglas Grant £0.090m underspent). The overspend at Red is due to cover costs for vacancies as well as supplementary staffing for pat who require one to one support. | lburn |
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| 2.4 Mental Health Services | |
| Against the full-year budget of £82.915m there is a projected overspend of £0.0 (0.1%). The main variances are: | 75m |
| a) Learning Disabilities are projected to overspend by £0.775m (£0.247m adv movement). The main variances are: Care Packages (inc residential and direct payments) - projected oversp of £0.324m in community care packages (£0.199m favourable movem £0.372m in direct payments (£0.014m favourable movement) and £0.5 for residential placements (£0.368m adverse movement). | pend ent), |
| Community Learning Disability Care packages are proving to be one of most challenging areas to address overspends and to project spend. is partly due to the impact of services still remobilising in the earlier part the year and also the impact of the roll out of the CM2000 call monitor system. The data from CM2000 will be reported back to the service to a them to see where care has deviated from the planned level and for reviews to those areas. The spend up to month 8 will be reviewed agon the planned care and the result will be reflected in the month 9 report. | This art of oring allow ocus |
| Purchased LD Day Care is projected to underspend by £0.156m (£0.0 adverse movement) as day care services have not fully remobilised. | 59m |
| In house day care is projected to underspend by £0.277m (adv movement of £0.018m) due to vacancies not being filled whilst the se is not operating. | |
| Residential Respite is projected to overspend by £0.133m (no moven which reflects funding the new facility to full capacity and security costs to the facility opening. | , |
| b) Community Mental Health services are projected to underspend by £0.4 (favourable movement of £0.065m) and included within this are underspend £0.375m in community packages (inc direct payments) and an overspen £0.030m for residential placements. The flexible intervention service (FIS projected to underspend by £0.047m due to the service being brought in he and recruitment delays. | ds of nd of S) is |
| c) Supported Accommodation - there are potentially additional costs in relation to upcoming supported accommodation developments. This is in relation to security energy cost and void rent loss during the period between the builds be completed and the service users moving in. These costs will be met by recurring slippage from transition care packages. | urity, being |
| comple | eted and the service users moving in. These costs will be met by |

- d) The Lead Partnership for Mental Health is projecting to be £0.254m underspent and the main variances are as follows:
 - A projected overspend in Adult Inpatients of £0.344m mainly due to staff in redeployment (no movement) following the closure of the Lochranza ward. There is also reduced bed sale income of £0.130m but this is included in the quarter 2 LMP return and will be covered by Covid-19 funding.
 - UNPACS is projected to overspend by £0.683m (no movement) this is based on current number of placements. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
 - A projected underspend in MH Pharmacy of £0.160m (no movement) due to continued lower substitute prescribing costs.
 - Learning Disability Services are projected to overspend by £0.479m (£0.050m adverse movement). This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
 - Daldorch charging income is projected to under recover by £0.156m (no movement). Previously income was received from other Health Boards for out of area Children/Young Persons attending Daldorch but the service has been redesigned and is no longer chargeable as it is not an education provider.
 - 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 £1.492m in 2021-22, further information is included in the table below:

| Vacancy Savings Target | (£0.400m) |
|--------------------------|-----------|
| Projected to March 2022 | £1.892m |
| Over/(Under) Achievement | £1.492m |

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

- Adult Community Health services £0.090m
- Elderly Inpatients £0.407m
- CAMHS £0.503m
- Mental Health Admin £0.210m
- Psychiatry £0.340m
- Psychology £0.300m
- Associate Nurse Director £0.042m

| 2.5 | Children & Justice Services |
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| | Against the full-year budget of £36.965m there is a projected overspend of £1.052m (2.8%). The main variances are: |
| | a) Care Experienced Children and Young People is projected to overspend by £1.282m (£0.213m adverse movement). The main areas within this are noted below: |
| | Children's residential placements are projected to overspend by £2.072m (£0.137m adverse movement) prior to covid funding and projected to overspend by £1.340m after £0.732m of Covid funding. We started 21/22 with 17 placements which included 1 in Secure but this increased to 22 (including 2 secure) by month 7. One place has been transferred from a respite placement to residential which is for a longer period. Of these placements two are assumed to be discharged in December and the assumed discharge dates for another five placement have been extended from December to March 2022. This will take placement numbers to 20 by the end of year. Fostering placements are projected to underspend by £0.195m (£0.009m favourable movement) based on the budget for 131 places and 119 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. The recent focus session discussed the need to continue to recruit increased numbers of foster carers, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service, and the team are looking at the best way to approach this including a recruitment campaign. Fostering Xtra placements are projected to be £0.135m underspent (no movement) based on the budget for 33 placements and 27 actual placements since the start of the year. Private Fostering placements are projected to overspend by £0.014m adverse movement due to two new placements) based on the budget for 10 placements and 13 actual placements since the start of the year. Kinship placements are projected to overspend by £0.094m (no movement) based on the budget for 353 places and 359 actual placements since the start of the year. |
| | b) Children with disabilities – residential placements are projected to underspend by £0.158m (£0.077m favourable movement) based on 8 placements which are expected to continue until the end of the year. |
| | c) Residential respite – placements are projected to overspend by £0.246m (adverse movement of £0.056m) due to short-term placements continuing longer than previously projected. These short-term placements are used to prevent an admission to full residential care. |
| | d) Transport costs – projected underspend of £0.067m (£0.019m favourable) due to less mileage being incurred. |

| | AHP services are projected to undersp employee costs. | end by £0.124 | Im due to unde | erspends in no |
|-----|--|--|--|---|
| 2.7 | MANAGEMENT AND SUPPORT | | | |
| | Management and Support Services (£0.317m favourable movement) of wh unscheduled care. £0.277m of this fur the enhanced hospital social work team a £0.200m projected over-recovery of pa health services as outlined in para 2.9 additional payroll turnover. | ich £0.353m Iding is uncon I only incurring ayroll turnover | relates to fund nmitted and £0 g part year cost for social care | ing set aside f .076m relates ts. There is als and £0.416m f |
| 2.8 | ADDITIONAL SCOTTISH GOVERNME | NT FUNDING | i | |
| | The Scottish Government confirmed on 5 October 2021 a range of measures and new investment that is being put in place to help protect health and social care services over the winter period, and to provide longer term improvement in service capacity across health and social care systems. | | | |
| | This funding is predicated on four key principles: Maximising Capacity. Ensuring Staff Wellbeing. Ensuring System Flow and Improving Outcomes. | | | |
| | On 4 th November the Scottish Government announced additional funding to support this. It is expected that NHS Boards, Integration Authorities and Local Authorities we work collaboratively to ensure a whole system response. | | | |
| | work collaboratively to ensure a whole s | | | a Admontes w |
| | work collaboratively to ensure a whole s Specifically it covers the areas below that there will be flexibility across the fur | system respon out the Scottis | se. h Government | |
| | Specifically it covers the areas below b | out the Scottis nding streams National Funding 21/22 | se. h Government : NAHSCP Share 21/22 | have confirme National Funding 22/23 |
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| | Specifically it covers the areas below to that there will be flexibility across the fun- Interim care arrangements* Enhanced care at home capacity Increase hourly rate to £10.02 for adult social care staff employed by | National Funding 21/22 £m 40 62 | se. h Government : NAHSCP Share 21/22 £m 1.109 1.719 | have confirme National Funding 22/23 £m 20 124 |
| | Specifically it covers the areas below to that there will be flexibility across the fun- Interim care arrangements* Enhanced care at home capacity Increase hourly rate to £10.02 for adult social care staff employed by commissioned providers Enhancing Multi-Disciplinary Teams | National Funding 21/22 £m 40 62 48 | se. h Government NAHSCP Share 21/22 <u>£m</u> 1.109 1.719 0.866 | have confirme National Funding 22/23 £m 20 124 144 |

£0.591m of this funding is included in the reported position at month 7 to offset spend in some areas. Further plans have been developed for the use of these funds and this is subject to a separate report on the agenda.

The rate of pay for all adult social care staff employed by commissioned providers is to be increased to at least £10.02 per hour from 1st December 2021. This will increase the hourly rates being paid to providers and self-directed support recipients as follows:

| | 2021-22 Original Rate Per Hour | 2021-22 Revised Rate Per Hour |
|--|---|--|
| Care at Home & Housing Support | £17.75 | £18.58 |
| Sleepovers | £11.71 | £12.26 |
| Personal Assistant Day Time Hourly Rate | £12.93 | £13.57 |
| Personal Assistant Sleepover Hourly Rate | £11.99 | £12.57 |

The National Care Home Contract rates also increased from 1^{st} December to reflect the pay uplift, with new weekly rates of £789.61 per person for Nursing Care (previously £762.20) and £681.34 per person for Residential Care (previously £653.79).

The costs of all these rate uplifts will be met from the £0.866m funding noted above.

Any underspend on these additional Scottish Government funds at the year-end will be earmarked and held in reserve for use in 2022/23.

2.9 **Turnover/Vacancy Savings**

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

| | Social Care | Health Services |
|--------------------------|-------------|--------------------|
| Vacancy Savings Target | *(2.014m) | (0.655m) |
| Projected to March 2022 | 2.214m | 1.071m |
| Over/(Under) Achievement | 0.200m | 0.416m |

(*the target for social care services has been increased on a non-recurring basis for 2021-22 only by \pounds 0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2022-23 onwards).

The position in the table above reflects the assumption in the current financial projections. For social care a total of £1.340m (66% of annual target) has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will over recover by £0.200m.

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

| 2.10 | The areas contributing to the across a wide range of service however, the main areas are: Management and Supp Care experience young Locality services £0.20 Intervention services £0 There have been no intentirecruitment and services hav proven difficult to fill posts. The turnover target for the I detailed within the Lead Partnets | es with vacancy savi port £0.375m g people £0.213m 2m 0.151m ional plans during t e actively continued North Lead Partners | ings being achieved in the pandemic to paus to recruit, in some are | most areas, se or delay eas this has |
|------|--|--|--|--|
| | a) The approved 2021-22 | budget included £2. | 528m of savings | |
| | BRAG Status | Position at Budget Approval £m | Position at Period 7 £m | |
| | Red | - | 0.552 | |
| | Amber | 0.204 | 0.819 | |
| | Green | 2.324 | 0.670 | |
| | Blue | 2.324 | 0.487 | |
| | TOTAL | 2.528 | 2.528 | |
| | TOTAL | 2.320 | 2.520 | |
| | placements, £0 fostering placem ii) Whilst all saving with some savin example the sav These savings of through vacancion projected position iii) The confidence set due to the o related savings. | f £0.450m relating 0.066m adoption all nents, all of which are gs remain on the pla ngs with delays in im vings in relation to da of £0.138m are noted es rather than service on as it is assumed th with some savings h ngoing impact of Co | to reducing children's lowances and £0.036 e projected to oversper n to be delivered there plementation due to C ay care for adults and o d as blue as they will I e design and are not inc ey will be funded by Co has reduced since the vid-19, for example Ca | Sim external ad. e are delays Covid-19, for Ider people. be achieved cluded in the ovid funding. budget was are at Home |
| | Appendix C (i) shows the full T by the Transformation Boar governance to the programme plans are in place to deliver approach to bringing program | d; the Board is in e of service change. savings and service | place to provide ov A focus of the Board | ersight and is to ensure |

| | 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. |
|------|--|
| | Appendix C (ii) 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. |
| | The unachieved savings due to Covid-19 have been reflected in the overall projected outturn position as it is assumed the savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government. |
| 2.11 | Budget Changes |
| | The Integration Scheme states that "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 basiswithout the express consent of the Integration Joint Board". |
| | Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget. |
| | Reductions Requiring Approval: |
| | Transfer of Occupational Health budget to NAC £0.121m Reduction in training grade funding £0.021m GMS Premises budget transferred to East £0.140m as per the agreed Pan Ayrshire pressure outlined in the 21/22 budget paper. Community Store Funding Correction £0.001m to South |
| 2.12 | NHS – Further Developments/Pan Ayrshire Services |
| | Lead Partnerships: |
| | The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2020-21 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2021-22 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 has been delayed by the requirement to focus efforts on the Covid response. |
| | The final outturn in relation to North Lead Partnership services would not be fully |

East HSCP – projected underspend of \pounds 1.678m (\pounds 0.604m NRAC share for NA IJB - \pounds 0.047m favourable movement). The main areas of variance are:

a) Primary Care and Out of Hours Services

There is a projected underspend of £1.352m on the Primary Care Lead Partnership budget. The projected underspend includes savings in Dental Services due to reduced service provision with an anticipated increase in staffing costs going forward. There are reduced projected costs in Ayrshire Urgent Care Services (AUCS) with work being undertaken to cross charge costs related to the Covid-19 pandemic against the Local Mobilisation Plan (Community Clinical Hub). The projected underspend on AUCS assumes a similar level of cross charging from August until December this year with further consideration of the Covid-19 position at that stage. The level of GP activity will continue to be closely monitored going forward. Savings in Primary Care contract administration are also contributing to the projected underspend. This projected underspend is the anticipated outturn position based on all available information at month 7. Activity continues to be extremely fluid and the delegated budget will continue to be closely monitored with movements highlighted in future reports to the three Ayrshire IJBs.

It is anticipated that the Primary Care Improvement Fund will outturn on budget. The sum of £1.272m has been brought-forward as an earmarked balance within the IJB Reserve and will be used to meet initial East Ayrshire spending plans and priorities being taken forward to meet agreed outcomes. Sums of £0.935m and £0.732m have been brought-forward from 2020/21 by North and South Ayrshire IJBs respectively to meet their own priorities and outcomes.

b) Prison and Police Healthcare

The £0.339m projected underspend is largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and is contributing to the projected underspend.

South HSCP – projected overspend of ± 0.021 m – no movement (± 0.008 m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.

Set Aside:

The budget for set aside resources for 2021-22 is assumed to be in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative.

At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A draft Q2 set aside update for 2021/22 has been issued to IJBs. A method of capturing up to date local activity and pricing it for set aside calculations is now in place, subject to IJB review and refinement.

| | The annual budget for Acute Services is £376.6m. The directorate is overspent by £0.950m, caused by overspends on agency medical and nursing staff, as well as overtime and bank usage. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland at present. |
|------|---|
| | There is a material underlying deficit caused by: |
| | Unachieved efficiency savings High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure High numbers of delayed discharges |
| | The IJBs and the Health Board have submitted Remobilisation Plan 4 outlining further measures to maintain service and improve performance. The £300m nationally announced investment will also be used to address service pressures in acute through increased investment in community. |
| | COVID-19 – FINANCE MOBILISATION PLAN IMPACT |
| 2.13 | 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, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process has continued during 2021-22. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year, however, the most recent update from the Scottish Government is that the costs including unachieved savings will be fully funded. |
| 2.14 | Mobilisation Plan |
| | The initial 2021-22 mobilisation plan cost submission was submitted in February and estimated the costs to be £5.481m to March 2022. The quarter 1 return updated these costs to £8.279m and the quarter 2 return increased the costs marginally to £8.367m. The costs remain estimates as the situation continually evolves and there will be updates submitted each quarter. |
| | |

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:

| Service Area | Initial 2021-22 Return | Quarter 1 Update | Quarter 2 Update | Change |
|-----------------------|------------------------------|---------------------|---------------------|---------|
| | £m | £m | £m | £m |
| Payments to Providers | 0.750 | 2.421 | 2.119 | (0.302) |
| PPE | 2.000 | 2.000 | 0.581 | (1.419) |
| Additional Staff | 1.459 | 1.901 | 3.704 | 1.803 |
| Mental Health | 1.172 | 1.172 | 0.000 | (1.172) |
| Loss of Income | 0.100 | 0.430 | 0.480 | 0.050 |
| Unachieved Savings | - | 0.138 | 0.138 | - |
| Children & Families | - | - | 0.949 | 0.949 |
| Other Areas | - | 0.217 | 0.396 | 0.179 |
| TOTAL | 5.481 | 8.279 | 8.367 | 0.088 |

The most recent changes to estimated costs are in relation to:

- Reduced sustainability payments to providers following a review of the occupancy payments;
- Reduced PPE costs as more PPE is being sourced from the national hub at no cost;
- Increased staff costs including the extension of care at home capacity from six months to twelve months of costs, continued cover costs including cover relating to long covid;
- Children's services costs for additional residential and foster placements;
- Further loss of income from charging for services as not all services have restarted; and
- Removal of the Mental Health costs which are now covered by the Mental Health Recovery and Renewal Funding.

2.15 **Covid-19 Funding Position**

At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.

The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial estimates. This will allow identification of the necessary additional support required with an expectation that an allocation to bring funding up to 100% will be provided. On this basis the overall financial risk to the IJB for 21-22 is minimised. The main risk remaining being if costs increase significantly by the year-end, this is being closely monitored.

| | rovider Sustainability Payments a | | me Occupa | incy Payme |
|----------------------------|--|--|--|---|
| th be na | OSLA Leaders and Scottish Gover e social care sector to ensure that re een making payments to commissio ational principles for sustainability roviders during COVID 19. | easonable add ned social ca | ditional cost re providers | s will be me s in line with |
| ho pa re 20 | are Home Occupancy Payments omes in relation to care home oc- ayments to care home providers we equired. The Scottish Government 021. Meetings are being held with e and to provide support. | cupancy payr rith emergenc ceased these | ments and cy faster pa e payments | make regu ayments be at the end |
| ac as ev | ustainability payments - provide dditional support to the Partnership s to what support is required on a vidence provided. Each case is ass posistency across providers. | for sustainabi case-by-cas | ility paymer se basis ba | its and this i sed on the |
| is so ev | general, all payment terms have be being paid quicker to assist the cas ome claims has been difficult due to o vidence being submitted to support re in process. | h flow positio delays with ad | n of provide ditional info | ers. The ass prmation and |
| | ne sustainability payments are estin an and the timely submission and a | | | |
| a | ccurately estimate the financial cos cottish Government. | | the costs | are reclaime |
| ac So Pi ar pr | | all strictly adh s; the comm t claims. Th claims as at t | ering to the hissioning to he tables be | ese timesca eam are w elow show |
| ac So Pi ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi | all strictly adh s; the comm t claims. Th | ering to the hissioning to he tables be | ese timesca eam are w elow show |
| ac So Pi ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi | all strictly adh s; the comm t claims. Th claims as at t | ering to the hissioning to he tables be | ese timesca eam are w elow show |
| Pri ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi rovided to date and the outstanding | all strictly adh s; the comm t claims. Th claims as at t NCHC Care | ering to the hissioning to he tables be the end of C | ese timescal eam are w elow show October. |
| ac So Pi ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi rovided to date and the outstanding | all strictly adh s; the comm t claims. Th claims as at t NCHC Care Homes | ering to the hissioning to the tables be the end of C Other | ese timesca eam are w elow show f October. Total |
| ac So Pi ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi rovided to date and the outstanding PROVIDER SUMMARY Total Number of Providers | all strictly adh s; the comm t claims. Th claims as at t NCHC Care Homes 17 | ering to the hissioning to he tables be the end of C Other 49 | ese timesca eam are w elow show October. Total 66 |
| Pi ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi rovided to date and the outstanding PROVIDER SUMMARY Total Number of Providers Number contacting NAC Providers Supported to date | all strictly adh s; the comm t claims. Th claims as at t NCHC Care Homes 17 17 17 17 | ering to the hissioning to he tables be the end of C Other 49 30 17 | ese timescal eam are w elow show f October. Total 66 47 34 |
| Pi ar pr | cottish Government. roviders in North Ayrshire are not a restill receiving backdated claims roviders to support them to submitrovided to date and the outstanding PROVIDER SUMMARY Total Number of Providers Number contacting NAC Providers Supported to date | all strictly adh s; the comm t claims. Th claims as at t NCHC Care Homes 17 17 17 17 17 | ering to the hissioning to the tables be the end of C Other 49 30 17 Other | ese timesca eam are w elow show f October. Total 66 47 34 Total |
| ac So Pi ar pr | cottish Government. roviders in North Ayrshire are not a re still receiving backdated claims roviders to support them to submi rovided to date and the outstanding PROVIDER SUMMARY Total Number of Providers Number contacting NAC Providers Supported to date | all strictly adh s; the comm t claims. Th claims as at t NCHC Care Homes 17 17 17 17 | ering to the hissioning to he tables be the end of C Other 49 30 17 | ese timescal eam are w elow show f October. Total 66 47 34 |

| | | General Rese | | Earma Rese | | Total |
|----|--|---|--|---|---|---|
| | | Debt to NAC | | SG Funding | HSCP | |
| | Opening Balance - 1 April 2021 | £m (3.807) | £m 4.151 | £m 5.487 | £m 0.681 | £m 6.512 |
| | | (3.007) | 4.131 | | 0.001 | |
| | Prior Year Adjustment | - | - | 1.245 | - | 1.245 |
| | Revised Opening Balance | (3.807) | 4.151 | 6.732 | 0.681 | 7.757 |
| | Earmarked as follows: | | | | | |
| | : Primary Care Improvement Fund | | | 0.935 | | |
| | : Mental Health Action 15 | | | 0.224 | | |
| | : Alcohol and Drugs Partnership | | | 0.336 | | |
| | : Community Living Change Fund | | | 0.513 | | |
| | : Covid Funding | | | 4.724 | | |
| | LL Challongo Eurod | | | | 0.500 | |
| | : Challenge Fund | | | | 0.000 | |
| | A prior-year adjustment has been ma been identified that the £500 'thank y charged against Covid funding in 20 and will be reflected in the annual ad | you' payme 20-21 in er | nts to co ror; this is | mmission | 0.181 ed forwar ed provid | ers wer |
| 1 | : 2021-22 Budget Gap A prior-year adjustment has been ma been identified that the £500 'thank charged against Covid funding in 20 | you' payme 20-21 in er | nts to co ror; this is | mmission | 0.181 ed forwar ed provid | ers wer |
| | : 2021-22 Budget Gap A prior-year adjustment has been ma been identified that the £500 'thank charged against Covid funding in 20 and will be reflected in the annual ac | you' payme 20-21 in er | nts to co ror; this is | mmission | 0.181 ed forwar ed provid | ers wer |
| .1 | : 2021-22 Budget Gap A prior-year adjustment has been ma been identified that the £500 'thank charged against Covid funding in 20 and will be reflected in the annual ac PROPOSALS | you' payme 20-21 in en counts for ancial positi partnership | ion will al | mmission an accou low the IJ ver servic | 0.181 ed forwar ed provid unting adj B to take es in 202 | ers wer ustmen correcti 1-22 frc |
| | : 2021-22 Budget Gap A prior-year adjustment has been made been identified that the £500 'thank year adjust Covid funding in 200 and will be reflected in the annual additional additionadditextente additional additional additextente | you' payme 20-21 in en counts for ancial positi partnership y limiting the relation to t t the IJB c | ints to col ror; this is 2021-22. ion will al can deli e financia the Covid an plan f | mmission an account ow the IJI ver servic al risk to th -19 respo or the im | 0.181 ed forwar ed provide unting adj B to take es in 202 es in 202 e funding onse also pact of th | ers wer ustmen correcti 1-22 fro partne require nis and |
| | : 2021-22 Budget Gap A prior-year adjustment has been may been identified that the £500 'thank year charged against Covid funding in 202 and will be reflected in the annual ad and will be reflected in the annual ad PROPOSALS PROPOSALS Anticipated Outcomes Continuing to closely monitor the finate action where required to ensure the within the available resource, thereby The estimated costs and funding in be closely monitored to ensure that the IJB is in the positional costs and the positional costs and funding in the position costs and funding in the position costs and funding | you' payme 20-21 in en counts for ancial positi partnership y limiting the relation to t t the IJB c | ints to col ror; this is 2021-22. ion will al can deli e financia the Covid an plan f | mmission an account ow the IJI ver servic al risk to th -19 respo or the im | 0.181 ed forwar ed provide unting adj B to take es in 202 es in 202 e funding onse also pact of th | ers wer ustmen correcti 1-22 fro partne require nis and |

| 4. IMPLICATIONS | |
|---------------------------------|--|
| Financial: | The financial implications are as outlined in the report. Against the full-year budget of £265.573m there is a projected underspend of £0.986m (0.4%). The report outlines the main variances for individual services. |
| Human Resources: | 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. |
| Legal: | None |
| Equality: | None |
| Children and Young People | None |
| Environmental & Sustainability: | None |
| Key Priorities: | None |
| Risk Implications: | Within the projected outturn there are various over and underspends including the non-achievement of savings. The revenue plan approved by the NHS Board in May 2021 included £0.77 million for a 1% pay uplift for Medical and Dental staff. The Board are anticipating £1.540 million additional funding to meet the cost of the Medical and Dental 3% pay award but this is not yet confirmed. This represents a risk to the IJB financial position. |
| Community Benefits: | None |

| Direction Required to | Direction to: - | |
|--------------------------|--|--|
| Council, Health Board or | 1. No Direction Required | |
| Both | 2. North Ayrshire Council | |
| | 3. NHS Ayrshire & Arran | |
| | 4. North Ayrshire Council and NHS Ayrshire & Arran | |

| 5. | CONSULTATION |
|-----|---|
| 5.1 | This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. |
| | 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. |
| | |
| | |
| | |

| 6. | CONCLUSION |
|-----|---|
| 6.1 | It is recommended that the IJB: |
| | (a) notes the overall integrated financial performance report for the financial year 2021-22, the overall projected year-end underspend of £0.986m; (b) notes the progress with delivery of agreed savings; and (c) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs. |

For more information please contact:

Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager – Finance at <u>eleanorcurrie@north-ayrshire.gov.uk</u>

| 2021-22 Budget Monitoring Repor | | 10 041111 | ury uo ut | | 021/22 Bud | | | | | | endix A |
|--|---------|-----------|---------------------------------------|---------|------------|---------------------------------------|---------|---------|---------------------------------------|---|---|
| | | Council | | | Health | gei | | TOTAL | | Over/ | Movement in |
| Partnership Budget - Objective Summary | Budget | Outturn | Over/ (Under) Spend Variance | Budget | Outturn | Over/ (Under) Spend Variance | Budget | Outturn | Over/ (Under) Spend Variance | (Under) Spend Variance at Period 6 | projected variance from Period 6 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| COMMUNITY CARE AND HEALTH | 59,061 | 58,175 | (886) | 17,648 | 17,868 | 220 | 76,709 | 76,043 | (666) | 7 | (673) |
| : Locality Services | 24,378 | 24,431 | 53 | 5,249 | 5,399 | 150 | 29,627 | 29,830 | 203 | 387 | (184 |
| : Community Care Service Delivery | 28,531 | 28,121 | (410) | 0 | 0 | 0 | 28,531 | 28,121 | (410) | 55 | (465 |
| : Rehabilitation and Reablement | 1,786 | 1,921 | 135 | 1,471 | 1,451 | (20) | 3,257 | 3,372 | 115 | 68 | 47 |
| : Long Term Conditions | 2,332 | 1,655 | (677) | 8,734 | 8,991 | 257 | 11,066 | 10,646 | (420) | (289) | (131) |
| : Integrated Island Services | 2,034 | 2,047 | 13 | 2,194 | 2,027 | (167) | 4,228 | 4,074 | (154) | (214) | 60 |
| MENTAL HEALTH SERVICES | 25,396 | 25,805 | 409 | 57,519 | 57,185 | (334) | 82,915 | 82,990 | 75 | (116) | 191 |
| : Learning Disabilities | 19,416 | 20,191 | 775 | 474 | 474 | 0 | 19,890 | 20,665 | 775 | 528 | 247 |
| : Community Mental Health | 5,056 | 4,684 | (372) | 1,593 | 1,543 | (50) | 6,649 | 6,227 | (422) | (357) | (65) |
| : Addictions | 924 | 930 | 6 | 1,400 | 1,370 | (30) | 2,324 | 2,300 | (24) | (23) | (1) |
| : Lead Partnership Mental Health NHS Area Wide | 0 | 0 | 0 | 54,052 | 53,798 | (254) | 54,052 | 53,798 | (254) | (264) | 10 |
| CHILDREN & JUSTICE SERVICES | 32,991 | 34,043 | 1,052 | 3,974 | 3,974 | 0 | 36,965 | 38,017 | 1,052 | 943 | 109 |
| : Irvine, Kilwinning and Three Towns | 3,669 | 3,589 | (80) | 0 | 0 | 0 | 3,669 | 3,589 | (80) | (73) | (7) |
| : Garnock Valley, North Coast and Arran | 2,046 | 1,982 | (64) | 0 | 0 | 0 | 2,046 | 1,982 | (64) | (61) | (3) |
| : Intervention Services | 1,687 | 1,683 | (4) | 347 | 347 | 0 | 2,034 | 2,030 | (4) | (7) | 3 |
| : Care Experienced Children & Young people | 21,628 | 22,910 | 1,282 | 0 | 0 | 0 | 21,628 | 22,910 | 1,282 | 1,069 | 213 |
| : Quality Improvement | 1,248 | 1,164 | (84) | 0 | 0 | 0 | 1,248 | 1,164 | (84) | 13 | (97) |
| : Public Protection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | C |
| : Justice Services | 2,431 | 2,431 | 0 | 0 | 0 | 0 | 2,431 | 2,431 | 0 | - | |
| : Universal Early Years | 282 | 284 | 2 | 3,201 | 3,201 | 0 | 3,483 | 3,485 | 2 | 2 | (|
| : Lead Partnership NHS Children's Services | 0 | 0 | 0 | 426 | 426 | 0 | 426 | 426 | 0 | - | 0 |
| PRIMARY CARE | 0 | 0 | 0 | 49,510 | 49,510 | 0 | 49,510 | 49,510 | 0 | - | 0 |
| ALLIED HEALTH PROFESSIONALS | | | 0 | 6,923 | 6,799 | (124) | 6,923 | 6,799 | (124) | (139) | 15 |
| COVID NHS | 0 | 0 | 0 | 1,211 | 1,211 | 0 | 1,211 | 1,211 | 0 | • | C |
| MANAGEMENT AND SUPPORT COSTS | 4,269 | 3,797 | (472) | 7,071 | 6,655 | (416) | 11,340 | 10,452 | (888) | (571) | (317) |
| OUTTURN ON A MANAGED BASIS | 121,717 | 121,820 | 103 | 143,856 | 143,202 | (654) | 265,573 | 265,022 | (551) | 124 | (675) |
| Return Hosted Over/Underspends East | 0 | 0 | 0 | 0 | 83 | 83 | 0 | 83 | 83 | | (3) |
| Return Hosted Over/Underspends South | 0 | 0 | 0 | 0 | 78 | 78 | 0 | 78 | 78 | | (3) |
| Receive Hosted Over/Underspends South | 0 | 0 | 0 | 0 | 8 | 8 | 0 | 8 | 8 | | C |
| Receive Hosted Over/Underspends East | 0 | 0 | 0 | 0 | (604) | (604) | 0 | (604) | (604) | (557) | (47) |
| OUTTURN ON AN IJB BASIS | 121,717 | 121,820 | 103 | 143,856 | 142,767 | (1,089) | 265,573 | 264,587 | (986) | (258) | (728) |

Detailed Variance Analysis on a Managed Basis

Appendix B

| | Budget £000's | Outturn £000's | Over/ (Under) Spend Variance £000's | |
|---------------------------------------|------------------|-------------------|---|---|
| COMMUNITY CARE AND HEALTH | 76,709 | 76,634 | (666) | |
| Locality Services | 29,627 | 29,830 | 203 | Older People care homes inc respite and charging order income - net underspend of £0.357m based on 763 permanent placements and a projection of a further 5 places each month to 31 March 22 to budget level of 788 places with average cost applied to 50% of Gross & Interim funded places & full cost applied to the remainder. No current plans for return to use of Care Home Respite. Independent Living Services : * Direct Payment packages - overspend of £0.098m a favourable movement of £38k from P6 on 88 current packages. * Residential Packages - overspend of £0.318m an adverse movement of £62k from P6 based on 37 packages. * Community Packages (physical disability) - overspend of £0.069m an adverse movement of £44k from P6 based on 46 packages and including 4 transfers from LD . District Nursing - overspend of £0.130m largely due to additional supplies. |
| Community Care Service Delivery | 28,531 | 28,566 | (410) | Care at Home (inhouse & purchased ex Arran) - online following the application of Covid funding, Winter Pressures funding and the recently announced Scottish Govt funding. Day Care - projected to underspend by £0.341m due to holding vacancies whilst the service has been closed. |
| Rehabilitation and Reablement | 3,257 | 3,372 | 115 | Adaptations budget projected overspend of £0.111m due to additional demand and increased costs. |
| Long Term Conditions | 11,066 | 10,792 | | Carers Centre - underspend of £0.661m a favourable movement of £0.161m from P4 Anam Cara - projected online after applying £0.139m of Scottish Govt funding for interim care. |
| Integrated Island Services | 4,228 | 4,074 | (154) | GP Services - projected underspend of £0.167m due to a refunded charge made in March 2021 in error. |
| MENTAL HEALTH SERVICES | 82,915 | 82,990 | 75 | |
| Learning Disabilities | 19,890 | 20,665 | 775 | Residential Packages - overspend of £0.544m based on 36 current packages. Community Packages (inc direct payments) - overspend of £0.696m based on 350 current packages. |
| Community Mental Health | 6,649 | 6,227 | | Community Packages (inc direct payments) and Residential Packages - underspend of £0.405m based on 97 community packages, 11 Direct Payments and 27 residential placements. |
| Addictions | 2,324 | 2,300 | (24) | Outwith the threshold for reporting |
| Lead Partnership (MHS) | 54,052 | 53,798 | (254) | Net underspend on lead partnership activities. |
| CHIDREN'S AND JUSTICE SERVICES | 36,965 | 38,017 | 1,052 | |
| Irvine, Kilwinning and Three Towns | 3,669 | 3,589 | (80) | Transport Costs - Projected underspend £0.014m, no movement from P6 Cornerstone Respite - Projected underspend £0.063m, favourable movement of £0.004m from P6 |
| Garnock Valley, North Coast and Arran | 2,046 | 1,982 | (64) | Employee Costs - Projected underspend £0.044m, no movement from P6 Cornerstone Respite - Projected Underspend £0.016m, favourable movement of £0.003m from P6 |

| | Budget £000's | Outturn £000's | Over/ (Under) Spend Variance £000's | |
|---|------------------|-------------------|---|---|
| Intervention Services | 2,034 | 2,030 | (4) | Outwith the threshold for reporting |
| Care Experienced Children & Young People | 21,628 | 22,910 | 1,282 | Looked After Children placements - Overall Projected underspend of £0.003m which is a £0.041m Adverse movement from P6 which is made up of the following:- Kinship - Projected overspend of £0.065m, which is an adverse movement of £0.015m from P6 .Budget for 353 placements, actual no of placements is 359. Adoption - Projected underspend of £0.094m, no movement from P6 Budget for 57 Placements, actual no of placements is 70. Fostering - Projected underspend of £0.195m, which is a favourable movement of £0.009m from P6 Budget for 131 placements, actual no of placements is 119 Fostering Respite - Projected underspend of £0.016m, adverse movement of £0.013m since P6 Private fostering - Projected overspend of £0.016m, adverse movement of £14k from P6 Budget for 10 placements, current no of placements is 13 CDIS Community Packages - Projected underspend of £0.023m, which is a favourable movement of £0.002m from P6, current no of packages is 91 CDIS Direct Payments - Projected underspend of £0.038m, which is a favourable movement of £0.002m from P6, current no of packages is 36 Residential School placements - Projecting overspend £2.092m, however 4 Placements costing £0.732m will be funded from COVID Monies resulting in a Projected overspend of £1.020m, which is an adverse movement of £0.057m from P6 Hert4- Projected underspend of £0.246m, which is an adverse movement of £0.057m from P6 +F14- Projected underspend of £0.158m which is a favourable movement of £0.042m from P6, current no of placements is 6 |
| Head of Service - Children & Families | 1,248 | 1,164 | (84) | Third Party payments - Projected underspend of £90k, which is a favourable movement of £0.080m from P6 which is due to previously committing £0.050m to be paid to EAC for our share of the new Ayrshire JII Team coordinator post which is now expected not to start until May 22, also we are now allocating £0.040m trainings costs to the Promise funding |
| Quality Improvement | 0 | 0 | 0 | Outwith the threshold for reporting |
| Justice Services | 2,431 | 2,431 | 0 | Outwith the threshold for reporting |
| Universal Early Years | 3,483 | 3,485 | 2 | Outwith the threshold for reporting |
| Lead Partnership NHS Children's Services | 426 | 426 | 0 | Outwith the threshold for reporting |
| PRIMARY CARE | 49,510 | 49,510 | 0 | Outwith the threshold for reporting |
| ALLIED HEALTH PROFESSIONALS | 6,923 | 6,799 | (124) | Underspend on non employee costs |
| MANAGEMENT AND SUPPORT | 11,340 | 10,452 | (888) | Underspend in relation to the unscheduled care funding and an over recovery of payroll turnover. |
| TOTAL OUTTURN ON A MANAGED BASIS | 264,362 | 264,402 | (551) | |

Threshold for reporting is + or - £50,000

2021/22 Transformation Plan

| Savings reference | # | Description | Approved |
|--|--|---|--|
| number | | | Saving |
| | | | 2021/22 |
| | | | £ |
| v | Ψ. | × | - |
| | | Children, Families and Justice Services | |
| SP/HSCP/20/1 | 1 | Children and Young People - External Residential | 450,000 |
| | | Placements | |
| SP/HSCP/20/4 | 2 | Adoption Allowances | 66,000 |
| SP/HSCP/20/19 | 3 | Fostering - reduce external placements. | 36,000 |
| SP/HSCP/20/5 | 4 | Community Support - Children's Care Packages | 8,000 |
| TBC A | 5 | Locality Based teams | 0,000 |
| ТВС В | 6 | Childrens Rosayln House | |
| NACSTA4030 | 7 | Fostering Short Breaks | |
| TBC C | 8 | Unaccompanied asylum children - to be confirmed | |
| TBC D | 9 | The Promise | |
| IBC D | 9 | The Promise | |
| | | Mental Health | |
| TBC E | 10 | Integration of LD/MH Teams | 50,000 |
| SP-HSCP-20-9 | | | |
| | 11 | Learning Disability Day Services | 88,000 |
| SP-HSCP-20-14 | 12 | Mental Health - Flexible Intervention Service | 8,000 |
| TBC F | 13 | Rehab Model/ Stepdown from woodland view | |
| TBC G | 14 | Perinatal Mental Health model | |
| TBC H TBC I | 15 | Unschedule Care hub | |
| TBC J | 16 17 | LD Adult Respite Delivery at Red Rose House Community MDT Model | |
| | | | |
| TBC K NAC/4168 | 18 19 | ACORN busines model Self Harm Project | |
| NAC/4185 | 20 | Peer Support | |
| NAC/4257 | 21 | IPA (Employment) | |
| TBC L | 22 | Elderly Mental Health Phase 3 | |
| | | | |
| | | Health and Community Care | |
| TBC M | 23 | Care Homes | 500,000 |
| TBC N | 24 | TEC Solutions | 150,000 |
| SP/HSCP/20/17 | 25 | Care at Home - Reablement Investment | 300,000 |
| | | Care at Home - Review | 135,000 |
| TBC O | 26 | | |
| SP/HSCP/20/20 | 27 | Day Centres - Older People | 50,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 | | Day Centres - Older People Charging Policy - Montrose House | 50,000 50,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P | 27 28 29 | Charging Policy - Montrose House Community elderly MH Team Model | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q | 27 28 29 30 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R | 27 28 29 30 31 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC R TBC S | 27 28 29 30 31 32 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC R TBC S TBC T | 27 28 29 30 31 32 33 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC R TBC S | 27 28 29 30 31 32 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC R TBC S TBC T | 27 28 29 30 31 32 33 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC R TBC S TBC T | 27 28 29 30 31 32 33 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide | 50,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC S TBC T TBC U | 27 28 29 30 31 32 33 34 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital | |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC S TBC T TBC U | 27 28 29 30 31 32 33 34 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund | 50,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC V TBC V TBC W TBC X | 27 28 29 30 31 32 33 34 35 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 | 204,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC V TBC W TBC W TBC X TBC Y | 27 28 29 30 31 32 33 34 35 35 36 37 38 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation | 50,000 204,000 57,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC U TBC V TBC W TBC X TBC X TBC Y TBC Z | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes | 50,000 204,000 57,000 150,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC U TBC V TBC W TBC X TBC X TBC Y TBC Z SP/HSCP/20/22 | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 40 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport | 50,000 204,000 57,000 150,000 50,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC U TBC V TBC W TBC X TBC X TBC Y TBC Z | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes | 50,000 204,000 57,000 150,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC U TBC V TBC W TBC X TBC X TBC Y TBC Z SP/HSCP/20/22 | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 40 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport Charging Policy - Inflationary Increase North Payroll Turnover Inflation | 50,000 204,000 57,000 150,000 50,000 50,000 10,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC V TBC V TBC V TBC V TBC X TBC X TBC Y TBC Z SP/HSCP/20/22 TBC AA | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 40 41 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport Charging Policy - Inflationary Increase | 50,000 204,000 57,000 150,000 50,000 50,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC V TBC V TBC W TBC X TBC X TBC Y TBC Z SP/HSCP/20/22 TBC AA TBC AB TBC AC | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 40 41 42 43 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport Charging Policy - Inflationary Increase North Payroll Turnover Inflation North Elderly Mental Health inpatients (lead partnership) | 50,000 204,000 57,000 150,000 50,000 50,000 10,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC V TBC V TBC W TBC X TBC Y TBC X TBC Y TBC Z SP/HSCP/20/22 TBC AA TBC AB TBC AD | 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport Charging Policy - Inflationary Increase North Payroll Turnover Inflation North Elderly Mental Health inpatients (lead partnership) HSCP Challenge Fund - invest to save | 50,000 204,000 57,000 150,000 50,000 50,000 10,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC V TBC V TBC V TBC W TBC X TBC Y TBC X TBC Y TBC Z SP/HSCP/20/22 TBC AA TBC AB TBC AB TBC AC TBC AD TBC AE | 27 28 29 30 31 32 33 34 35 35 36 37 38 39 40 41 41 42 43 44 45 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport Charging Policy - Inflationary Increase North Payroll Turnover Inflation North Elderly Mental Health inpatients (lead partnership) HSCP Challenge Fund - invest to save Transitions | 50,000 204,000 57,000 150,000 50,000 50,000 10,000 |
| SP/HSCP/20/20 SP/HSCP/20/21 TBC P TBC Q TBC R TBC S TBC T TBC U TBC U TBC V TBC V TBC W TBC X TBC Y TBC X TBC Y TBC Z SP/HSCP/20/22 TBC AA TBC AB TBC AD | 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 | Charging Policy - Montrose House Community elderly MH Team Model NHS Beds Complex Care MH Beds Pallative care and EOL business case develop care at home minimum dataset Occupational Therapy Review Analogue to digital Partnership Wide Supported acc models - NAC housing/ Sleepover/ outreach model Complex Care Model - Independent living change fund Adult Complex care model - CM2000 Payroll Turnover Inflation Review of Admisinistrative Systems and Processes Transport Charging Policy - Inflationary Increase North Payroll Turnover Inflation North Elderly Mental Health inpatients (lead partnership) HSCP Challenge Fund - invest to save | 50,000 204,000 57,000 150,000 50,000 50,000 10,000 |

2021-22 Savings Tracker

| 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 | | |
|-----------------------|--|---|----------------------------------|-------------------------------------|--|--|------------------------------|--|--|--|
| Children, I | Families & Criminal Justice | | | | | | | | | |
| 1 | Children and Young People - External Residential Placements | Green | 0.450 | Red | - | - | 0.450 | Currently projecting an overspend. Further focus session arranged. | | |
| 2 | Adoption Allowances | Green | 0.066 | Red | - | - | 0.066 | Currently projecting an overspend. | | |
| 3 | Fostering - Reduce external placements | Green | 0.036 | Red | - | - | | Currently projecting an overspend. | | |
| 4 | Community Support - Children's Care Packages | Green | 0.008 | Blue | 0.008 | - | - | Achieved | | |
| Mental Hea | alth and LD Services | | | | | | | · | | |
| 5 | Integration of LD/ MH Teams | Green | 0.050 | Blue | 0.050 | - | - | Achieved | | |
| 6 | Learning Disability Day Services | Green | 0.088 | Blue | 0.088 | - | - | Delayed due to Covid-19 but will be achieved due to vacant posts | | |
| 7 | Mental Health - Flexible Intervention Service | Green | 0.008 | Blue | 0.008 | - | - | Achieved | | |
| Health and | Community Care | | | | | | | · | | |
| 8 | Care Homes | Green | 0.500 | Green | 0.292 | 0.208 | - | Small overspend projected - covid funding re delayed discharges. | | |
| 9 | TEC Solutions | Green | 0.150 | Amber | - | 0.150 | - | Ability to make savings in this area | | |
| 10 | Care at Home - Reablement Investment | Green | 0.300 | Amber | - | 0.300 | - | whilst responding to the pandemic | | |
| 11 | Care at Home - Review | Green | 0.135 | Amber | - | 0.135 | - | are limited. | | |
| 12 | Day Centres - Older People | Green | 0.050 | Blue | 0.050 | - | - | Delayed due to Covid-19 but will be achieved due to vacant posts | | |
| 13 | Charging Policy - Montrose House | Green | 0.050 | Green | 0.029 | 0.021 | - | Will be achieved. | | |
| Whole Sys | stem | | | | | | | | | |
| 14 | Payroll Turnover Inflation | Green | 0.057 | Blue | 0.057 | - | - | Achieved | | |
| 15 | Business Support Review | Green | 0.150 | Amber | 0.120 | - | 0.030 | Small shortfall but work continuing to identify further savings. | | |
| 16 | Suppprted Accomodation | Amber | 0.204 | Amber | - | 0.204 | - | Projected to be achieved but depends on the completion date and subsequent move in date. | | |
| 17 | Transport | Green | 0.050 | Blue | 0.050 | - | - | Achieved | | |
| 18 | Charging Policy - Inflationary Increase | Green | 0.050 | Blue | 0.050 | - | - | Achieved | | |
| TOTAL SO | CIAL CARE SAVINGS | | 2.402 | | 0.802 | 1.018 | 0.582 | | | |

Appendix C (ii)

| 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 |
|--------------------------|---|---|----------------------------------|-------------------------------------|--|--|------------------------------|----------|---------|
| 19 | Payroll Turnover Inflation | Green | 0.010 | Blue | 0.010 | 0 | 0 | Achieved | |
| 20 | Elderly Mental Health inpatients (lead partnership) | Green | 0.116 | Blue | 0.116 | 0 | 0 | Achieved | |
| TOTAL HEALTH SAVINGS | | | 0.126 | | 0.126 0.000 | | 0.000 | | |
| TOTAL NORTH HSCP SAVINGS | | | 2.528 | | 0.928 | 1.018 | 0.582 | _ | |

2021-22 Budget Reconciliation

Appendix D

| COUNCIL | Period | Permanent or Temporary | £'m |
|---|--------|---------------------------|----------|
| Initial Approved Budget | | | 100.065 |
| Base budget adjustments | 1 | | (0.053) |
| Resource Transfer | 1 | Р | 21.086 |
| BSL Budget Correction | 2 | Р | (0.005) |
| 941 x CAH O365 Licences (6 months) | 2 | Р | (0.017) |
| Summer Play Funding | 4 | Т | 0.042 |
| Education Contribution - Roslin House | 5 | Т | 0.311 |
| MH INVESTMENT - EM FUNDS | 5 | Т | 0.445 |
| Computer Lines Budget Transfer WAN | 6 | Р | (0.002) |
| £500 Payment reimburse other departments | 6 | Т | (0.054) |
| Commercial Waste - Corporate Adjustment | 7 | Т | 0.020 |
| Occupational Health Recharges | 7 | Р | (0.121) |
| Budget Reported at Month 7 | 1 | | 121.717 |
| HEALTH | Period | Permanent or Temporary | £'m |
| Initial Approved Budget | | | 154.659 |
| Resource Transfer | | | (21.086) |
| Month 10-12 Adjustments | | | 18.437 |
| Adjust for Non recurring funding | | | (20.435) |
| Full Year effect of Part Year Reductions | | | (0.057) |
| RX Return to reserves | | | 1.027 |
| Additional 1.3% Uplift | | | 1.324 |
| RX Cres | | | (0.828) |
| REVISED 21-21 BUDGET | | | 133.041 |
| Anticipate Trauma Funding | 3 | Р | 0.375 |
| Anticipate Vet 1st Point - North Hscp | 3 | Т | 0.105 |
| Anticipate Nsais Funding | 3 | Р | 0.634 |
| Podiatry Re-align | 3 | Р | 0.678 |
| RX Uplift 21.22 | 3 | Р | 0.756 |
| RX Uplift 21.22 NR | 3 | Р | 0.396 |
| DOAC REVERSAL DRUG-NORTH | 3 | Р | 0.100 |
| Funding transfer to Acute (Medical Records) | 3 | Р | (0.034) |
| Specialist Pharmacist in Substance Misuse | 3 | Р | 0.012 |
| Public Health Outcomes Bundle | 3 | Р | 0.242 |
| Training Grade Funding | 3 | Р | (0.044) |
| District Nursing Funding | 3 | Р | 0.119 |
| Respiratory Rapid Response | 3 | Р | (0.078) |
| Hd56 Action 15 Tranche 1 | 3 | Р | 1.180 |

| 6 6 7 7 7 7 7 7 7 7 7 7 7 | T P P P P T T T T | 0.328 (0.017) 0.082 (0.021) (0.140) (0.001) 0.108 0.112 0.080 (0.002) 143.856 |
|---|--|---|
| 6 6 7 7 7 7 7 7 7 7 | P T P P T T P | (0.017) 0.082 (0.021) (0.140) (0.001) 0.108 0.112 0.080 |
| 6 6 7 7 7 7 7 7 | P T P P P T T | (0.017) 0.082 (0.021) (0.140) (0.001) 0.108 0.112 |
| 6 6 7 7 7 7 7 | P T P P P T | (0.017) 0.082 (0.021) (0.140) (0.001) 0.108 |
| 6 6 7 7 7 7 | P T P P P | (0.017) 0.082 (0.021) (0.140) (0.001) |
| 6 6 7 7 | P T P P | (0.017) 0.082 (0.021) (0.140) |
| 6 6 7 | P T P | (0.017) 0.082 (0.021) |
| 6 6 | P T | (0.017) 0.082 |
| 6 | Р | (0.017) |
| | | |
| 6 | T | 0.320 |
| | | 0 220 |
| 6 | Т | 0.053 |
| 6 | Р | 0.226 |
| 6 | Р | 0.129 |
| 6 | Р | 0.086 |
| 6 | Р | 0.052 |
| 6 | Р | 0.148 |
| 6 | Р | 0.122 |
| 6 | Р | 0.001 |
| 5 | Т | 0.147 |
| 5 | Т | 0.744 |
| 5 | Р | 0.366 |
| 5 | Р | (0.044) |
| 5 | Р | 0.029 |
| 4 | Т | 0.028 |
| 4 | Т | 0.283 |
| 4 | Т | 0.400 |
| 4 | Т | 0.020 |
| 4 | Т | (0.053) |
| 4 | Т | (0.046) |
| 4 | Т | 0.040 |
| 3 | Т | 0.034 |
| 3 | Т | 0.158 |
| 3 | Т | 0.103 |
| 3 | Т | 2.393 |
| 3 | Р | 0.303 |
| | 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 5 5 5 5 | 3 P 3 T 3 T 3 T 3 T 3 T 4 T 4 T 4 T 4 T 4 T 4 T 4 T 5 P 5 P 5 P 5 T 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 T |

Mobilisation Submission – Quarter 2

| Quarterly Covid/Remobilisation Cost Analysis | Please Insert HSCP Name | North Ayrshire HSCP | | | | | | input cells | | | | | | | |
|--|----------------------------|---------------------|------|------|--------|-------------------|----------|-------------|----------|---------|----------|-------|---------------|---------------|-----------|
| Total Covid-19 Costs | | | | | | | | | | | | | | | |
| £000s | April | May | June | July | August | September | October | November | December | January | February | March | Revenue Total | Non-recurring | Recurring |
| Additional PPE | 167 | 167 | 167 | 0 | 0 | 0 | 0 | 12 | 12 | 12 | 12 | 12 | 562 | 0 | 562 |
| Additional Capacity in Community | 81 | 81 | 139 | 182 | 149 | 149 | 144 | 237 | 237 | 237 | 237 | 237 | 2,112 | 2,112 | 0 |
| Additional Equipment and Maintenance | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 19 | 0 |
| Additional Staff Costs | 40 | 42 | 154 | 172 | 131 | 146 | 151 | 151 | 151 | 151 | 151 | 151 | 1,592 | 1,592 | 0 |
| Additional FHS Contractor Costs | 6 | 9 | 8 | 7 | 7 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 108 | 108 | 0 |
| Social Care Provider Sustainability Payments | 422 | 422 | 422 | 163 | 143 | 157 | 165 | 45 | 45 | 45 | 45 | 45 | 2,119 | 2,119 | 0 |
| Children and Family Services | 18 | 18 | 18 | 18 | 18 | 18 | 445 | 79 | 79 | 79 | 79 | 79 | 949 | 949 | 0 |
| Loss of Income | 61 | 61 | 61 | 44 | 44 | 44 | 44 | 44 | 44 | 11 | 11 | 11 | 480 | 480 | 0 |
| Other | 0 | 0 | 0 | 25 | 6 | 49 | 6 | 6 | 6 | 6 | 6 | 6 | 118 | 118 | 0 |
| Total Covid-19 Costs | 800 | 801 | 972 | 611 | 489 | 592 | 965 | 584 | 584 | 551 | 551 | 551 | 8,059 | 7,497 | 562 |
| Unachievable Savings | 23 | 23 | 23 | 23 | 23 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 138 | 138 | 0 |
| Offsetting Cost Reductions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Covid-19 Costs - HSCP - NHS | 823 | 824 | 995 | 634 | 512 | 615 | 965 | 584 | 584 | 551 | 551 | 551 | 8,197 | 7,635 | 562 |
| | - | - | - | - | - | - | - | - | - | - | - | - | 8 | 7 | 1 |
| | | | | | To | otal Remobilisati | on Costs | | | | | | | | |
| £000s | April | May | June | July | August | September | October | November | December | January | February | March | Revenue Total | Non-recurring | Recurring |
| Adult Social Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reducing Delayed Discharge | 0 | 0 | 0 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 170 | 170 | 0 |
| Total Remobilisation Costs | 0 | 0 | 0 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 170 | 170 | 0 |
| | - | | | - | - | - | - | - | - | - | - | - | | | - |
| Total HSCP Costs | 823 | 824 | 995 | 653 | 531 | 634 | 984 | 603 | 603 | 570 | 570 | 570 | 8,367 | 7,805 | 562 |