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## **NORTH AYRSHIRE COUNCIL**

**29 September 2020**

### **Audit & Scrutiny Committee**

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**Title:** **HSCP – Budget Monitoring Report**

**Purpose:** To provide an update on the projected financial outturn for the financial year as at July 2020.

**Recommendation:** It is proposed that the Committee note the attached report.

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#### **1. Executive Summary**

- 1.1 The attached 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. The report also outlines the estimated financial impact of the Covid-19 response, the associated funding and financial risks.

#### **2. Background**

- 2.1 The Audit and Scrutiny Committee agreed to receive regular reports on the financial performance of the Health and Social Care Partnership. The Budget Monitoring report presented to the IJB on 24 September 2020 outlined the projected financial outturn for the financial year as at July 2020 and is attached as an appendix.

#### **3. Proposals**

- 3.1 It is proposed that the Committee note the report.

#### **4. Implications**

<b>Financial:</b>	The implications are outlined in the attached report.
<b>Human Resources:</b>	The implications are outlined in the attached report.

<b>Legal:</b>	The implications are outlined in the attached report.
<b>Equality:</b>	The implications are outlined in the attached report.
<b>Environmental &amp; Sustainability:</b>	The implications are outlined in the attached report.
<b>Key Priorities:</b>	The implications are outlined in the attached report.
<b>Community Benefits:</b>	The implications are outlined in the attached report.

## 5. Consultation

5.1 The attached report outlines the consultation that has taken place.



Stephen Brown  
Director Health & Social Care Partnership

For further information please contact **Caroline Cameron** on **07801 439900**.

### Background Papers

None

**Integration Joint Board**  
**24 September 2020**

**Subject:** **2020-21 – Month 4 Update**

**Purpose:** To provide an overview of the IJB's financial performance as at Period 4 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 2020-21 and the overall projected year-end overspend of £0.066m at period 4;
- (b) notes the estimated costs of the Covid mobilisation plan of £7.2m, including savings delays, and the associated funding received to date;
- (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB;
- (d) approve the budget changes outlined at section 2.8.

<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
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

<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 July period end that 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 overspend of £0.066m for 2020-21 which is an adverse movement of £0.039m. It should be noted that this is at a point relatively early in the financial year and there is scope for this

	<p>position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services. In the absence of any alternative risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years. The South and East partnerships did not report at period 3 so this is the first month that their recharges are included in the report with a net adverse impact of £0.028m on the North HSCP.</p>
1.3	<p>From the core projections, overall the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been delayed or impacted by the Covid-19 response. If this position can be sustained as we move through the year, and assuming all Covid-19 costs are fully funded, the IJB will secure financial balance and repay £1.5m of the debt to North Ayrshire Council as planned.</p>
1.4	<p>The most up to date position in terms of the mobilisation plan for Covid-19 based on the return to the Scottish Government on 14 August projects £7.2m of a financial impact, which is split between additional costs of £6.1m and anticipated savings delays of £1.115m. The impact of savings delays has been built into the core financial projection above on the basis that there is less confidence that funding will be provided to compensate for this. There are financial risks associated with Covid-19 as the IJB has yet to receive confirmation of the full funding allocation, to date we have received a share of £83m nationally (£3.5m for North Ayrshire) to assist with pressures for social care services, we have not received any funding to date to fund any additional health costs. It is anticipated that funding for NHS Boards for Health Services will be allocated by the end of September.</p>
1.5	<p>Until the funding for Covid-19 is confirmed there is a risk that there may be a shortfall in funding to fully compensate the North Ayrshire IJB for the additional costs. However, there is no recommendation at this time to implement a Financial Recovery Plan on the basis that:</p> <ul style="list-style-type: none"> <li>• There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations;</li> <li>• It is likely that any gap will be clearer towards the end of September when NHS Board funding allocations are expected to be confirmed;</li> <li>• The potential worst-case scenario in terms of any funding shortfall would be in the range of £1.3m and £1.9m, if this gap materialises there are areas we could explore to mitigate later in the year as part of a recovery plan if required;</li> <li>• The most significant area of additional Covid cost is the purchase of PPE for social care, the model for the purchase and supply is currently under review and any options to change from the current model are likely to reduce the future estimated costs;</li> <li>• The period 4 position projects a balanced financial position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery.</li> </ul>

	<p>The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.</p>
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	<b>FINANCIAL PERFORMANCE – AT PERIOD 4</b>
2.2	<p>The projected outturn position at period 4 reflects the cost of core service delivery and does not include the costs of the Covid 19 response as these costs are considered separately alongside the funding implications.</p> <p>Against the full-year budget of £252.768m there is a projected year-end overspend of £0.066m (0.03%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.644m in social care services offset by a projected underspend of £0.578m in health services.</p> <p>As highlighted at the end of last year the payroll turnover target was to be centralised for future years as the approach in previous years left some service areas with unachievable targets whilst other areas were able to overachieve, it was agreed that a more transparent approach would be to manage the payroll turnover and vacancy savings centrally. This approach has been adopted for 2020-21, this has helped to de-clutter the financial report and to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership. Section 2.6 highlights progress with the partnership vacancy target.</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 with detailed analysis provided in Appendix B.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £69.757m there is an underspend of £1.184m (1.7%) which is an adverse movement of £0.153m. The main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions) – underspent by £1.024m (adverse movement of £0.373m). The care home budget moved into a sustainable position towards the end of 2019-20 and the opening position for the budget for 2020-21 was expected to be an underspend position as at that time we set the budget at a level to fund 810 places and we were funding 782. The occupancy in care homes has fallen further in the first quarter of 2020-21 and there are significant vacancies in care homes, the projected</p>

	<p>underspend includes a steady net increase of 10 placements per month until the year-end. The main reason for the adverse movement is a reduction of £0.293m to the respite budget as the Carers funding previously allocated to this area is no longer required as the respite budget is projecting an underspend.</p> <p>b) Independent Living Services are overspent by £0.321m (adverse movement £0.021m) which is due to an overspend on physical disability care packages within the community and direct payments. There is an expectation that there will be some recovery of funds from Direct Payments where services have ceased, this may improve the projected position. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services was postponed towards the year-end due to the Covid response and will be implemented early October.</p> <p>c) Care at home is projected to overspent by £0.049m (adverse movement £0.033m). Significant progress was made during 2019-20 to reduce the overspend as part of the Financial Recovery Plan, the remaining overspend was considered and addressed as part of the budget approved for 2020-21 as part of the overall budget re-alignment, demand pressures and savings included in the budget. This left care at home with resources to grow the service during the year which has assisted with the response to Covid 19. The financial projections reflect recent recruitment and assumes maintaining the service at the current level until the end of 2020-21 and we are currently reviewing the financial impact of transferring work from two of the commissioned framework providers to the in-house service.</p> <p>d) Aids and adaptations projected underspend of £0.300m (no movement). There have been significant delays with carrying out assessments and providing equipment and adaptations during lock down. The year to date spend at period 4 is less than £0.100m, but there are some larger orders recently placed. It is expected that during the year there will be considerable delays with this spend, the level projected currently is in line with the underspend in 2019-20 and it is likely this underspend will be greater, however this cannot be determined at this stage in the year.</p> <p>e) Carers Act Funding is projected to underspend by £0.443m (£0.293m favourable movement) based on the currently committed spend and delays with taking forward developments to support carers. The total uncommitted budget is £0.560m so this projected position assumes there will be carers' support plans undertaken and a level of demand/services identified from these plans to be delivered later in the year. The favourable movement is due to the return of £0.293m from the respite budget as the Carers funding previously allocated to this area is no longer required as the respite budget is projecting an underspend.</p>
2.4	<p><b>Mental Health Services</b></p>
	<p>Against the full-year budget of £77.324m there is a projected underspend of £0.202m (0.3%) which is an adverse movement of £0.558m. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.827m (adverse movement £0.204m), included within this is £1.503m (£0.068m adverse movement) in relation to community care packages and £0.367m (£0.175m adverse movement) for residential placements. The adverse movement in residential placements relates</p>

to double running costs for service users unable to move to Trindlemoss due to COVID and we continued to pay for their previous placement until they could move in. The 2020-21 budget for all adult care packages (LD, PD and MH) were realigned with any projected underspends in other areas being used to reduce the LD projected overspend. 2020-21 savings relating to the implementation of the Adult Community Support Contract are delayed as the full implementation of the CM2000 system has been postponed as the focus has been on the response to COVID-19, the financial benefits of the system are included in the projection later in the year. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The current projection assumes the current level of commissioned support will continue for the year, there are opportunities to reduce this commitment as a significant number of these care packages were reduced or suspended during lock down, these will be reviewed when services are re-started to ensure support is re-started at the appropriate level, this may potentially reduce the year-end projected position.

- b) Community Mental Health services are projected to underspend by £0.254m (£0.046m favourable movement) mainly due to a reduction in care packages. There has been a reduction in the number of care packages since the start of the year and there have been some temporary reductions to care packages during lock-down, currently these are assumed to be temporary reductions, these will also be reviewed when brought back online.
- c) The Lead Partnership for Mental Health has an overall projected underspend of £1.361m (adverse movement of £0.435m) which consists of:
- A projected overspend in Adult Inpatients of £0.600m (adverse movement of £0.329m) mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but the assumption around staff re-deployment costs have been increased which is the reason for the adverse movement and the overspend may reduce if alternatives can be identified for displaced staff sooner.
  - UNPACS is projected to underspend by £0.187m (no movement) based on current placements, this is also an improved position from last year.
  - A projected underspend of £0.350m in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving with the full financial benefit being available in 2021-22 (est £0.934m). Staff re-deployment costs have been included in the projection and the underspend may increase if alternatives can be identified for displaced staff sooner.
  - A projected underspend in MH Pharmacy of £0.190m (no movement) due to continued lower substitute prescribing costs.
  - The target for turnover or vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.187m in 2020-21, further information on this is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2021	£1.587m
Over/(Under) Achievement	£1.187m

There were significant vacancy savings delivered during 2019-20 from lead partnership services and these were brought into the financial position during the year as it became clear that services were not going to be able to recruit to all vacancies. The current

	<p>projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.</p> <p>The main areas contributing to this position are noted below:</p> <ul style="list-style-type: none"> <li>• Adult Community Health services £0.143m</li> <li>• Learning Disability £0.060m</li> <li>• Addictions £0.041m</li> <li>• CAMHS £0.170m</li> <li>• Mental Health Admin £0.280m</li> <li>• Psychiatry £0.488m</li> <li>• Psychology £0.387</li> <li>• Associate Nurse Director £0.033m</li> </ul>
2.5	<b>Children Services &amp; Criminal Justice</b>
	<p>Against the full-year budget of £35.981m there is an overspend of £0.336m (1%) which is a favourable movement of £0.223m. The main variances are:</p> <p>a) Looked After and Accommodated Children are projected to overspend by £0.398m (favourable movement of £0.301m). 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 £0.543m (£0.178m favourable movement), as at period 4 there are 17 placements with plans to reduce this by 4 by the end of October and an assumption that there will be no further placements during the year, therefore ending the year with 13 placements. The favourable movement is mainly due to one placement ending sooner than budgeted (£0.126m movement) and another transferring to children's care packages (£0.052m movement). Budget plans for 2020-21 were based on starting the year with 18, reducing to 14 by the end of Q1 and to 10 places by the end of Q2 and for the remainder of the year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and this has limited the availability of tenancies. However, despite these delays it is positive that there were no children placed into external residential placement during lock down and the numbers did not increase. Children's services are hopeful to further improve the position as we move through the year as starting the 2021-22 financial year with 13 placements will impact on the savings planned for next year.</li> <li>• Fostering placements are projected to overspend by £0.093m (no movement) based on the budget for 129 places and 133 actual placements since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs have been included on the Covid-19 mobilisation plan.</li> <li>• Kinship placements are projected to underspend by £0.173m on the budget for 359 places and 342 actual placements since the start of the year.</li> </ul>
2.6	<b>Turnover/Vacancy Savings</b>



The payroll turnover target has been centralised for 2020-21 as it was noted last year that some service areas have historic targets which cannot be achieved whilst others overachieve, the financial monitoring report was cluttered with over and underspends as a result and a more transparent way to report on progress with the overall achievement of payroll turnover is to manage it centrally. The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

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	* (£1.957m)	(0.645m)
Projected to March 2021	£1.957m	0.829m
Over/(Under) Achievement	0	0.184m

(\*the target for social care services has been increased on a non-recurring basis for 2020-21 only by £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 2021-22 onwards)

The position in the table above reflects the assumption in the current financial projections. For social care vacancies there have been significant vacancy savings to period 4 due to delays with recruitment and a total of £0.856m has been achieved to date. It is not anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target is expected to be achieved on the basis that there will vacancies sustained at around 64% of that level. We may potentially exceed the target, as was the case in previous years, but the likelihood of this will not be known with confidence until services and recruitment re-starts fully over the coming months.

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.

The main 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 most notable in terms of value being social worker posts (across all services), the Community Mental Health Teams and Allied Health Professionals.

## 2.7 Savings Progress

a) The approved 2020-21 budget included £3.861m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 4 £m
Red	-	0.274
Amber	2.801	1.887
Green	1.060	1.700
<b>TOTAL</b>	<b>3.861</b>	<b>3.861</b>

b) The main areas to note are:

- i) Red savings of £0.274m relating to reducing LD sleepovers and the review of Adoption Allowances, both of which have been impacted by Covid-19, the delays in these savings have been included in the overall projected outturn position;
- ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the implementation of the Adult Community Support Framework as the introduction of the CM2000 system is on hold as providers are focussing on COVID related service and staffing issues;
- iii) The confidence with some savings has increased since the budget was set due to the progress made towards the end of 2019-20, for example with freeing up additional capacity for Care at Home services by reducing care home placements.

Appendix C provides an overview of the savings plan, this highlights that during 2020-21 it is anticipated that a total of £2.872m of savings will be delivered in-year, with £0.989m of savings potentially delayed or reduced. The delays are due to Covid-19 and have been included in the mobilisation plan return to the Scottish Government, but at this stage they have also been reflected in the overall projected outturn position as there is less confidence that the impact of savings delays will be compensated with additional funding.

The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track. Whilst some of our plans were put on hold due to Covid, the transformation plans will be re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back online. The Transformation Board has re-started in July and there will be a concerted effort to ensure the maximum savings delivery can be achieved in-year, to assist with the current year position and to ensure there is no budget gap rolled forward into 2021-22.

## 2.8 **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 basis....without 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:***

The specific reductions the IJB are required to approve are:

- Prescribing £1.497m – reduction to the prescribing budget to reflect revised base budgets for pharmacists and reparenting of cost centres.
- TEC project £0.053m – non-recurring contribution to the pan Ayrshire TEC project

It is recommended that the IJB approve the budget reductions outlined above.

	<p><b>Future Planned Changes:</b></p> <p>An area due to be transferred in the future are the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire and Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and plans are well progressed to reduce the projected overspend prior to any transfer.</p>
2.9	<p><b>NHS – Further Developments/Pan Ayrshire Services</b></p>
	<p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 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 will be the default position at the start of 2020-21 as the further work taken forward 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.</p> <p>The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been 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. East and South did not report at month 3 and an on-line impact on North was assumed. At month 4 the impact on NAHSCP is a £0.028m overspend (£0.053m underspend for East and £0.081m overspend for South)</p> <p><b>East HSCP</b> – projected underspend of £0.146m (£0.053m NRAC share for NAHSCP). The main areas of variance are:</p> <ul style="list-style-type: none"> <li>a) Primary Care and Out of Hours Services (Lead Partnership) - there is a projected underspend of £0.085m on the Primary Care Lead Partnership budget. This relates to savings in Primary Care Transformation / Integration offset by a small overspend on Ayrshire Urgent Care Services and Contracting and Support Services. In previous financial years, GP practices in difficulty have required additional funding to ensure sustainability and continuity of patient care. There are presently no practices in difficulty however this remains an extremely fluid area of the budget and continues to be closely monitored.</li> <li>b) Prison and Police Healthcare (Lead Partnership) - £0.054m projected underspend relates to anticipated part-year savings from vacant posts within the Service, partially offset by recharged costs in respect of temporary management arrangements.</li> </ul> <p><b>South HSCP</b> – projected overspend of £0.221m (£0.081m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store.</p> <p><u>Set Aside:</u></p>

	<p>The budget for set aside resources for 2020-21 is assumed to be in line with the amount for 2019-20 (£30.094m) inflated by the 3% baseline uplift, this value was used in the absence of any updated information on the share of resources and is £30.997m.</p> <p>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 further update will be provided to IJBs as this work progresses.</p> <p>The acute directorate, which includes the areas covered by the set aside budget, is overspent by £2.1m after 4 months. £1.8 million is attributable to COVID-19.</p> <p>In the early stages of the pandemic the combination of additional social care provision and lower hospital attendance largely removed bed pressure at Crosshouse. In recent weeks however there has been an increase in demand.</p> <p>The Health Board and the IJBs continue to work together to ensure patients are looked after in the most suitable environment.</p>
	<b>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</b>
2.10	<b>Summary of position</b>
	<p>The IJB were provided with a report on 16 July 2020 which highlighted the potential financial impact of the Covid-19 response and the significant financial risk to the IJB. 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 have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. 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.</p> <p>The IJB were updated in August outlining the up to date cost estimates, the financial year-end projections and any potential funding gap based on scenarios re Covid-19 funding. The IJB also need to consider any action required to recover the financial position in-year.</p>
2.11	<b>Mobilisation Plan Costs</b>
	<p>The cost return for North Ayrshire HSCP submitted on 22 June 2020 estimated additional costs of £7.255m for the duration of 2020-21. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The most recent mobilisation plan cost submission submitted on 14 August 2020 estimates the costs to be £7.211m to March 2021.</p> <p>The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional care home placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.</p>

The mobilisation plan submission is included as Appendix E. The main areas of cost together with the change in estimates from June are summarised below:

<b>Service Area</b>	<b>Previous (22 June 2020) £m</b>	<b>Latest (14 Aug 2020) £m</b>	<b>Increase/( Decrease) £m</b>
Payments to Providers	1.648	1.655	0.007
Personal Protective Equipment (PPE)	1.628	2.052	0.424
Savings Delays	1.508	1.115	-0.393
Nursing – Students and Bank Staff	0.848	0.733	-0.115
Care at Home Capacity	0.669	0.416	-0.253
Loss of Income	0.442	0.442	0.000
Staff Cover	0.425	0.425	0.000
Care Home Beds – Delayed Discharges	0.396	0.396	0.000
Fostering Placements	0.000	0.196	0.196
Other costs	0.221	0.311	0.090
Offsetting cost reductions	-0.530	-0.530	0.000
<b>TOTAL</b>	<b>7.255</b>	<b>7.211</b>	<b>-0.044</b>

Further information on the elements of the plan are included in the IJB report from 16 July 2020. There is little movement in the overall estimated cost but there are some significant movements for individual cost elements, the main areas where estimates have been updated are noted below:

- Payments to providers have been re-phased to reflect the extension of the principles to the end of September and the cessation of support thereafter, this is currently being reviewed by COSLA and the Scottish Government to determine the best approach to taper down support and also the model of support for ongoing increases in costs beyond the end of September;
- PPE returns have been updated to include the continuation of the current purchasing arrangements that are currently in place for social care PPE, i.e. being that social care providers (including the HSCP) primarily source and procure their own supplies and use the cluster PPE hubs as a top up and emergency stock. A business case is being developed by the Scottish Government for approval at the end of August, this will determine the future supply of PPE, a change in approach, for example with SG centrally sourced and supplied PPE will change the estimated future costs;
- Savings delays have been re-visited based on the P3 position with a more optimistic view of deliverable savings in the year;
- Nursing – Students and Bank staff have been reduced in line with updated cost estimated supplied by NHS finance, the previous estimate was based on limited information provided by NES on the posts, the position has been clarified in relation to the individual students;
- Care at Home Capacity has been reduced following analysis of the period 3 position, the original estimate was a 5% increase in capacity, in reality the increase has been less as the 2020-21 budget already allowed for an element of growth within the service, the current estimates include maintaining the current capacity levels until March 2021 and for an additional 20 planned posts;
- Fostering placements have been added to the updated plan, there are 20 additional short term placements which have been necessary due to Covid-19, these have been facilitated by the Scottish Government permitting foster carers to look after 3 or more children and it has been difficult to reduce these

	placements with the impact on Children's Hearings. The updated estimates assume half of these placements will remain at the end of September and all will be removed by December.
2.12	<b>Covid-19 Funding Position</b>
	<p>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.</p> <p>On 12 May 2020 we received confirmation of initial funding of £50 million, particularly to support immediate challenges in the social care sector. This interim funding was released to support sustainability across the sector and the ongoing provision of social care, while further work is undertaken to provide the necessary assurance for further allocations of funding to support additional costs. The share of this allocation is £1.339m for North Ayrshire.</p> <p>Following on from this on 3 August it was confirmed that in recognition of challenges for Local Authorities, IJBs and social care providers, and commensurate with data submitted through the local mobilisation plan financial returns, the Scottish Government would provide an additional tranche of funding up to £50 million to meet costs. The full funding will be provided on the basis of appropriate evidence and assurance in respect of actual expenditure and will continue to be considered within the context of the overall package of financial support. On 10 August it was advised that £25m of this funding would be released immediately, the North Ayrshire share is £0.669m and has been allocated on an NRAC/GAE basis in line with the original £50m. Following submission of cash flow information £8m of the remaining up to £25million was allocated on 26<sup>th</sup> August of which £1.5m was allocated to North IJB. The remaining £17m has not yet been allocated and the distribution of this funding will be reliant on additional information being provided to the Scottish Government to evidence the funding requirement.</p> <p>To date this is the total funding received to date, i.e. £3.508m towards the social care response. No funding has been allocated for the Health delivered services, the NHS Boards were required to submit detailed quarter 1 returns to the Scottish Government on 14 August and these will inform an allocation at the start of October, this will include the allocation to IJBs for health services.</p> <p>Whilst the allocations of funding for social care are welcomed to support cash flow for Local Government and provides some assurance that funding will be released, this is clearly not sufficient to fund all our highlighted pressures and there remains a significant gap. The Scottish Government are considering the approach to a further funding allocation and we expect to be notified of the outcome early in October, for both Health and Social Care allocations.</p>
2.13	<b>Covid – Financial Risk</b>
	<p>There are a number of financial risks related to the Covid-19 response for North Ayrshire IJB, risks include:</p> <ul style="list-style-type: none"> <li>• Delays in funding being confirmed result in the IJB considering balancing the budget based on funding assumptions in the absence of a confirmed funding allocation;</li> </ul>

- Scottish Government funding is not sufficient to fully fund the response and there is a shortfall in funding when allocated;
- Risk that financial position cannot be recovered in-year and the IJB overspend and add to the debt owed to North Ayrshire Council;
- If insufficient funding is provided an exercise will be required at a later stage to re-allocate costs and funding to the 3 IJB areas for Lead Partnership services, this could lead to greater costs being aligned to the North IJB particularly for any shortfall in funding for Primary Care including Covid Assessment Hubs;
- Further uncertainty of funding for pressures which may continue beyond 2020-21, including for example PPE;
- Currently provider Sustainability Payment Principles are due to cease at the end of September with tapering down of support, some elements may be extended beyond that time, there is an ongoing responsibility for HSCPs to ensure the sustainability of the social care sector;
- Financial position from 2021-22 onwards and the impact on public sector funding and the future funding of Health and Social Care services.

The table below summarises the overall estimated Covid-19 costs for the North HSCP alongside the funding received to date to highlight the potential gap:

<b>ESTIMATED COVID COSTS</b>	<b>Social Care £m</b>	<b>Health £m</b>	<b>Total £m</b>
Additional Spend	5.414	0.682	6.096
Delayed Savings	1.115	0	1.115
<b>Total Costs</b>	<b>6.529</b>	<b>0.682</b>	<b>7.211</b>
Covid Funding - to date - £83m social care	(3.508)	0	(3.508)
Up to additional £17m	tbc	0	tbc
<b>Estimated Net Spend (Exc Savings)</b>	<b>1.906</b>	<b>0.682</b>	<b>2.588</b>
Actual Spend to 14 August (exc savings delay)	2.937	0.457	3.394
<b>YTD Net Spend (Exc Savings)</b>	<b>(0.571)</b>	<b>0.457</b>	<b>(0.114)</b>

- The savings delays impact estimated at £1.115m has been removed from the above net position as these delays have already been factored into the period 4 position, this is a prudent approach on the basis that despite this financial impact being highlighted on mobilisation plan returns there is no agreement in principle re savings delays being financially compensated for;
- The estimated additional costs to March 2021 compared to the funding received to date leaves an estimated balance of £2.588m for which funding has not yet been received or allocated;
- The year to date spend to 14 August is noted in the table and compared to the funding received to date gives a surplus of £0.114m

The funding received to date is not the final allocation of funding for IJBs for the Health and Social Care response to Covid-19, we fully expect to receive an allocation for Health services towards the end of September and the initial allocation of up to £100m for social care services has been allocated in response to cash flow issues faced by some Local Authorities and also to provide confidence that funding will flow through the system to allow for sustainability payments to be made to commissioned social care providers.

To two scenarios below illustrate the estimated worst-case scenarios where funding may not be sufficient to cover the estimated costs:

	Total Potential Gap £m
<u>Scenario 1</u> £100m NRAC/GAE Social Care & Health Fully Funded	<b>1.906</b>

or:

<u>Scenario 2</u> Policy Areas Fully Funded*	<b>1.311</b>
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\*policy areas/decisions including PPE, Sustainability Payments, delayed discharge care home beds, Student Nurses

The estimated worst-case scenario funding shortfall is estimated to be between £1.3m and £1.9m based on the two scenarios above. The below illustrates the ways in which this financial risk can be mitigated:



Given the scale of the financial risk at this stage in the year it is not recommended that the IJB consider a formal financial recovery plan at this time.

This recommendation is on the basis that:

- There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations;
- It is likely that any gap will be clearer towards the start of October when NHS Board funding allocations are expected to be confirmed;
- The potential worst-case scenario in terms of any funding shortfall would be in the range of £1.3m and £1.9m, if this gap materialises there are areas we could explore to mitigate later in the year as part of a recovery plan if required;
- The most significant area of additional Covid cost is the purchase of PPE for social care, the model for the purchase and supply is currently under review



	<p>and any options to change from the current model are likely to reduce the future estimated costs;</p> <ul style="list-style-type: none"> <li>The period 4 position projects a balanced financial position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery.</li> </ul> <p>The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.</p>
<b>3.</b>	<b>PROPOSALS</b>
<b>3.1</b>	<b><u>Anticipated Outcomes</u></b>
	<p>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 2020-21 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>
<b>3.2</b>	<b><u>Measuring Impact</u></b>
	Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.
<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £252.768m there is a projected overspend of £0.066m (0.03%). The report outlines the main variances for individual services.</p> <p>This is an early indication of the projected outturn at month 4, there are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported.</p> <p>One of the main areas of risk is the additional costs related to the Covid-19 response and these are detailed in the report together with an updated position in relation to funding.</p>
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None

<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	Within the projected outturn there are various over and underspends including the non-achievement of savings. The greatest financial risk for 2020-21 is the additional costs in relation to Covid-19.
<b>Community Benefits:</b>	None

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

<b>4.</b>	<b>CONSULTATION</b>
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran and North Ayrshire Council Head of Finance after the report has been finalised for the IJB.</p>
<b>5.</b>	<b>CONCLUSION</b>
5.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end overspend of £0.066m at period 4;</p> <p>(b) notes the estimated costs of the Covid mobilisation plan of £7.3m, including savings delays, and the associated funding received to date;</p> <p>(c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB;</p> <p>(d) approve the budget changes outlined at section 2.8.</p>

**For more information please contact:**

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2020-21 Budget Monitoring Report–Objective Summary as at 31<sup>st</sup> July 2020

## Appendix A

Partnership Budget - Objective Summary	2020/21 Budget									Over/ (Under) Spend Variance at Period 3	Movement in projected variance from Period 3
	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		
COMMUNITY CARE AND HEALTH	56,037	54,674	(1,363)	13,720	13,899	179	69,757	68,573	(1,184)	(1,337)	153
: Locality Services	23,317	22,669	(648)	4,755	4,799	44	28,072	27,468	(604)	(1,098)	494
: Community Care Service Delivery	28,600	28,592	(8)	0	0	0	28,600	28,592	(8)	14	(22)
: Rehabilitation and Reablement	1,982	1,694	(288)	1,922	1,910	(12)	3,904	3,604	(300)	(282)	(18)
: Long Term Conditions	1,776	1,345	(431)	4,949	5,100	151	6,725	6,445	(280)	35	(315)
: Integrated Island Services	362	374	12	2,094	2,090	(4)	2,456	2,464	8	(6)	14
MENTAL HEALTH SERVICES	24,843	26,465	1,622	52,481	51,061	(1,420)	77,324	77,526	202	(356)	558
: Learning Disabilities	18,643	20,470	1,827	448	448	0	19,091	20,918	1,827	1,623	204
: Community Mental Health	4,726	4,521	(205)	1,685	1,636	(49)	6,411	6,157	(254)	(208)	(46)
: Addictions	1,474	1,474	0	1,351	1,341	(10)	2,825	2,815	(10)	25	(35)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,997	47,636	(1,361)	48,997	47,636	(1,361)	(1,796)	435
CHILDREN & JUSTICE SERVICES	32,136	32,472	336	3,845	3,845	0	35,981	36,317	336	559	(223)
: Irvine, Kilwinning and Three Towns	3,197	3,136	(61)	0	0	0	3,197	3,136	(61)	(45)	(16)
: Garnock Valley, North Coast and Arran	1,256	1,176	(80)	0	0	0	1,256	1,176	(80)	(76)	(4)
: Intervention Services	2,098	2,088	(10)	315	315	0	2,413	2,403	(10)	(10)	0
: Looked After and Accommodated Children	17,680	18,078	398	0	0	0	17,680	18,078	398	699	(301)
: Quality Improvement	4,310	4,393	83	0	0	0	4,310	4,393	83	(6)	89
: Public Protection	628	633	5	0	0	0	628	633	5	(2)	7
: Justice Services	2,506	2,506	0	0	0	0	2,506	2,506	0	(2)	2
: Universal Early Years	461	462	1	3,120	3,120	0	3,581	3,582	1	1	0
: Lead Partnership NHS Children's Services	0	0	0	410	410	0	410	410	0	0	0
PRIMARY CARE	0	0	0	51,024	51,024	0	51,024	51,024	0	0	0
ALLIED HEALTH PROFESSIONALS				5,498	5,498	0	5,498	5,498	0	0	0
MANAGEMENT AND SUPPORT COSTS	8,012	8,061	49	4,160	3,935	(225)	12,172	11,996	(176)	9	(185)
CHANGE PROGRAMME	1	1	0	1,011	1,011	0	1,012	1,012	0	17	(17)
OUTTURN ON A MANAGED BASIS	121,029	121,673	644	131,739	130,273	(1,466)	252,768	251,946	(822)	(1,108)	286
Return Hosted Over/Underspends East	0	0	0	0	441	441	0	441	441	582	(141)
Return Hosted Over/Underspends South	0	0	0	0	419	419	0	419	419	553	(134)
Receive Hosted Over/Underspends South	0	0	0	0	81	81	0	81	81	0	81
Receive Hosted Over/Underspends East	0	0	0	0	(53)	(53)	0	(53)	(53)	0	(53)
OUTTURN ON AN IJB BASIS	121,029	121,673	644	131,739	131,161	(578)	252,768	252,834	66	27	39

## 2020-21 Budget Monitoring Report – Detailed Variance Analysis

## Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>COMMUNITY CARE AND HEALTH</b>	<b>69,757</b>	<b>68,573</b>	<b>(1,184)</b>	
Locality Services	28,072	27,468	(604)	<b>Older People care homes inc respite</b> - underspend of £1.024m based on 734 placements (694 plus 40 new funding) and including Income from Charging Orders - under recovery of £0.078m <b>Independent Living Services :</b> * Direct Payment packages- overspend of £0.131 on 62 packages. * Residential Packages - overspend of £0.058m based on 33 packages.
Community Care Service Delivery	28,600	28,592	(8)	Outwith the threshold for reporting
Rehabilitation and Reablement	3,904	3,604	(300)	<b>Aids and Adaptations</b> - underspend of £0.300m related to the reduced number of OT assessments taking place during COVID 19.
Long Term Conditions	6,725	6,445	(280)	Carers Centre - projected underspend of £441k, budget vired in 19/20 of £293k to OP Repsite returned to increase projected underspend Anam Cara - projected overspend in Employee costs of £25k due to pilot of temporary post with a view to longer term savings in bank & casual hours
Integrated Island Services	2,456	2,464	8	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>MENTAL HEALTH SERVICES</b>	<b>77,324</b>	<b>77,526</b>	<b>201</b>	
Learning Disabilities	19,091	20,918	1,827	<b>Residential Packages-</b> overspend of £0.367m based on 41 current packages, including future transfers to Trindlemoss. <b>Community Packages (inc direct payments)</b> - overspend of £1.84m based on 337 current packages. The direct payments projection is based on 41 current packages. Covid 19 community service reductions were approx. £191k for first qtr and a further £97k reduction for Day services not delivered
Community Mental Health	6,411	6,157	(254)	<b>Employee costs</b> - on line with budget <b>Community( inc direct payments) and Residential Packages</b> - underspend of £0.202m based on 92 community packages, 31 Direct Payments and 29 residential placements.
Addictions	2,825	2,815	(10)	Outwith the threshold for reporting
Lead Partnership (MHS)	48,997	47,636	(1,361)	<b>Adult Community</b> - underspend of £0.143m due to vacancies. <b>Adult Inpatients-</b> overspend of £0.600m due to a delay in closing the Lochranza wards and revised assumptions on redeployed staff. <b>UNPACs</b> - underspend of £0.187m based on current placements and assumed service level agreement costs. <b>Elderly Inpatients</b> - underspend of £0.300m which includes the £0.934m of unallocated funding following the elderly MH review. <b>Learning Disability</b> - underspend of £0.060m due to vacancies. <b>CAMHS</b> - underspend of £0.200m due to vacancies. <b>MH Admin</b> - underspend of £0.300m due to vacancies. <b>Psychiatry</b> - underspend of £0.508m due to vacancies. <b>MH Pharmacy</b> - underspend of £0.190m mainly within substitute prescribing. <b>Psychology-</b> underspend of £0.447m due to vacancies.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>CHILDREN'S AND JUSTICE SERVICES</b>	<b>35,981</b>	<b>36,317</b>	<b>336</b>	
Irvine, Kilwinning and Three Towns	3,197	3,136	(61)	Outwith the threshold for reporting
Garnock Valley, North Coast and Arran	1,256	1,176	(80)	<b>Employee Costs</b> - Projecting £0.054m underspend due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement. <b>Transport costs</b> - Projected underspend of 0.010m due a reduction in spend in Staff Mileage costs, assumes a 65% spend of all mileage budgets across the service.
Intervention Services	2,413	2,403	(10)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,680	18,078	398	<b>Employee Costs</b> - Projected overspend of £0.029m which is due to additional hours/overtime hours being worked within the Children's Houses <b>Looked After Children placements - Projected underspend of £0.073m, favourable movement of £163k which is made up of the following:-</b> <b>Kinship</b> - projected underspend of £0.172m. Budget for 359 placements, currently 342 placement but projecting 350 placements by the year end. (Note £81k pressure money allocated in P4) <b>Adoption</b> - projected overspend of £0.033m. Budget for 69 placements, currently 71 placements. <b>Fostering</b> - projected overspend of £0.93m. Budget for 129 placements, currently 133 placements and projecting 133 placements by the year end. <b>Fostering Xtra</b> - projected overspend of £0.037m. Budget for 32 placements, currently 34 placements but projecting 34 placements by the year end. <b>Fostering Respite</b> - Projected underspend of £0.050m which is due to respite services not taking place due to COVID <b>Private fostering</b> - projected underspend of £0.018m. Budget for 10 placements, currently 10 placements. <b>IMPACCT carers</b> - projected online Budget for 2 placements, currently 2 placements.  <b>Residential School placements</b> - Projected overspend £0.543m, current number of placements is 17, assumption that 3 will end in September and 1 ending in October and no further new admissions resulting in 13 placements at the year end. No secure placements.
Quality Improvement	4,310	4,393	83	<b>Employee Costs</b> - Projected Overspend £67k, Note £60k overspend relates to employee acting up to Senior Manager which will being offset with her vacant post within the Irvine Locality. Additional costs CSW payments, £30k also being paid to employee for ASN School, these additional costs are being offset with vacant posts in other teams. - No Movement <b>Transport costs</b> - Projected underspend of £25k due a reduction in spend in Staff Mileage costs, assumes a 65% spend of all mileage budgets across the service. Favourable movement £1k due to previously % reduction in expected mileage spend. <b>Community Packages</b> - Projected underspend of £17k, adverse movement of £8.8k 110 Community Packages on establishment list. <b>Direct Payments</b> - Projected Underspend £39k, favourable movement of £9k which is due to increase % clawback from 8% to 10%. Current number of packages in place is 42 and projecting an increase of further 5 packages until end of FY, savings of around £36k made due to temporary decreases in packages due to PA being furloughed.
Public Protection	628	633	5	Outwith the threshold for reporting
Justice Services	2,506	2,506	0	Outwith the threshold for reporting
Universal Early Years	3,581	3,582	1	Outwith the threshold for reporting
: Lead Partnership NHS Children's Services	410	410	0	Outwith the threshold for reporting
PRIMARY CARE	51,024	51,024	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,498	5,498	0	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	12,172	11,996	(176)	Over recovery of payroll turnover on health services.
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,012	0	Outwith the threshold for reporting
<b>TOTAL</b>	<b>252,768</b>	<b>251,946</b>	<b>(822)</b>	

Threshold for reporting is + or - £50,000

# 2020-21 Savings Tracker

# Appendix C

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
<b>Children, Families &amp; Criminal Justice</b>								
1	Children and Young People - External Residential Placements	Amber	0.583	Amber	-	0.284	0.299	Currently projecting an overspend. Some plans to move children have been impacted by COVID. Expect to have 13 places at the year-end when the original plan was to have 10 places, will impact on savings for 2021-22.
2	Adoption Allowances	Amber	0.074	Red	-	-	0.074	Current projected overspend but outcome of the adoption review to be implemented
3	Children's Services - Early Intervention and Prevention	Amber	0.050	Green	0.050	-	-	Fully achieved, met through efficiencies across Children's services
4	Fostering - Reduce external placements	Green	0.036	Amber	-	-	0.036	Not been able to reduce placements, may progress later in the year.
5	Community Support - Children's Care Packages	Amber	0.008	Green	0.008	-	-	Tender delayed, saving can be met through budget underspend for 2020-21.
<b>Mental Health and LD Services</b>								
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red	-	-	0.200	Cluster sleepover models centred around core supported accommodation are being considered but will be delayed. The supported accommodation build timescales have slipped due to COVID.
7	Learning Disability Day Services	Amber	0.279	Amber	-	0.050	0.229	The provision of day care is being reviewed to ensure it can be delivered safely. This will include a review of the staffing, a new staffing structure has been planned which will deliver the full year saving but will be delayed until January 2021.
8	Trindlemoss	Green	0.150	Amber	0.150	-	-	Fully achieved but final tenancies to be decided.
9	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-	-	Fully achieved, slightly over-delivered (£10k)
<b>Health and Community Care</b>								
10	Roll out of multidisciplinary teams - Community Care and Health	Amber	0.110	Green	-	0.110	-	For 2020-21 only this saving has been added to the vacancy savings target to be met non-recurringly. There are a number of vacancies across Community Care and Health but at this stage the service can not identify posts to be removed on a permanent basis, will be formalised and removed from establishment from 2021-22.
11	Carers Act Funding - Respite in Care Homes	Green	0.273	Green	0.273	-	-	Fully achieved
12	Care at Home - Reablement Investment	Amber	0.300	Green	-	0.300	-	Expect to fully achieve, level of service activity within budget.
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	-	0.135	-	Expect to fully achieve, level of service activity within budget.
14	Day Centres - Older People	Amber	0.038	Amber	-	-	0.038	Day centres are currently closed and staff have been re-deployed, will look for opportunities to release savings when the services re-open.
15	Charging Policy - Montrose House	Amber	0.050	Amber	-	-	0.050	New charging policy in place, achieving the saving has been impacted by movement in care home placements.
<b>Whole System</b>								
16	Adults - New Supported Accommodation Models	Amber	0.063	Amber	-	0.025	0.038	Project has slipped. Expected completion date is early 2021. Saving was based on 5mths, Assume only 2mths are achieved
17	Adult Community Support - Commissioning of Services	Amber	0.638	Amber	-	0.512	0.126	Implementation of CM2000 was delayed due to Covid, expect to bring system on line for Adult providers from the start of October.
18	Charging Policy - Inflationary Increase	Green	0.050	Amber	-	0.025	0.025	Charging has been suspended during COVID 19, with the exception of care homes and community alarms, expect to bring back on line in September.
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>3.045</b>		<b>0.489</b>	<b>1.441</b>	<b>1.115</b>	

**Health:**

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Trindlemoss	Green	0.120	Green	0.120	-	-	Fully achieved
20	Packages of care	Green	0.100	Green	0.100	-	-	Fully achieved
21	Elderly Mental Health inpatients (lead partnership)	Green	0.216	Green	0.216	-	-	Fully achieved
22	MH Payroll Turnover (lead partnership)	Green	0.100	Green	0.100	-	-	Fully achieved
23	North Payroll Turnover	Green	0.280	Green	0.280	-	-	Fully achieved

**TOTAL HEALTH SAVINGS**
**0.816**
**0.816**
**0.000**
**0**
**TOTAL NORTH HSCP SAVINGS**
**3.861**
**1.305**
**1.441**
**1.115**

# 2020-21 Budget Reconciliation

# Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Rounding error			4
Error in budget			1,299
Resource Transfer			22,769
WAN Circuits Budget Transfer - Kyle Road - New data Connection (Store Costs)	1	P	(1)
British Sign Language funding transferred to Democratic Services	3	P	(5)
<b>Budget Reported at Month 4</b>			<b>121,029</b>
HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget			149,830
Resource Transfer			(22,769)
Adjustment to base budget	1	P	(90)
2019/20 Month 10-12 budget adjustments	1	P	3,999
Non recurring Funding 19/20	3	T	(298)
Full Year effect of Part Year Reductions	3	P	(54)
Additional COVID funding	3	T	1,339
Additional living wage funding	3	P	186
V1P Funding 20/21	3	T	105
Primary Care Prescribing - Uplift	3	P	2,060
Primary Care Prescribing - CRES	3	P	(756)
Outcomes Framework - Breast Feeding	3	T	33
South HSCP V1P contribution	3	T	20
ANP Allocation - MIN	3	T	20
Training Grade Funding	3	P	49
Funding transfer to Acute (Medical Records)	3	T	(33)
Public Health Outcomes Bundle	3	T	235
Specialist Pharmacist in Substance Misuse	3	T	12
Prescribing Reduction - COVID	3	T	(540)
Lochranza Discharges to South HSCP	3	P	(170)
Prescribing Reduction	4	P	(1,497)
Training Grade Funding	4	T	36
TEC Contribution	4	T	(53)
Admin posts from South HSCP	4	P	54
Uplift Adjustment	4	P	21
<b>Budget Reported at Month 4</b>			<b>131,739</b>
<b>COMBINED BUDGET</b>			<b>252,768</b>



## COVID-19 Local Mobilisation Plan- Financial Plan- H&amp;SCP

Name of Body	North Ayrshire HSCP
Finance Contact:	Caroline Cameron, Chief
Date of last update	11/08/2020

Delayed Discharge Reduction- Assumptions	Supporting Narrative
	32 placements from March to date where funding accelerated or agreed to reduce DD in hospital and expediate discharge, further DD in hospital but not all will require care home placement
Delayed Discharge Reduction- Additional Care Home Beds	
Delayed Discharge Reduction- other measures	Anam Cara Respite in-house respite facility being used temporarily for step down

H&SCP Costs	Revenue												Revenue	Capital	Body incurring cost (NHS or LA)	Supporting Narrative
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	2020/21		
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564								396,358		LA	Only requested funding to August on the basis that interim funding is to facilitate discharge and HSCP would have to fund placements in the longer term. This is to fund 32 specific placements, not assuming there will be additional funding for any new discharges to maintain DD performance.
Delayed Discharge Reduction- other measures	5,453	4,362	4,362	4,362	4,362	4,362							27,263		LA	Anam Cara Respite facility being used temporarily for step down - cost is only in relation to lost income from respite charging, existing staff group delivering care
Delayed Discharge Reduction- other measures	60,151												60,151		LA	Adaptations and equipment purchased to get social care surge sites ready for use, would likely to be further costs if sites are required to be brought into use in the future.
Personal protection equipment	259,469	263,477	249,157	142,248	142,248	142,248	142,248	142,248	142,248	142,248	142,248	142,248	2,052,335		NHS/LA	Sourcing majority of PPE for social care locally. Currently sourcing about 85%-95% (range depending on items) of social care PPE supply by HSCP with the rest coming from NSS top up supply. Orders placed totalling £912k as at 18th June. Assumption that from October onwards (linked to MoU for PPE Hub) NSS supply will potentially increase to provide 50% of requirement, however there remains a risk that costs will continue to rise and this depends on arrangement for national distribution.
Deep cleans		224	971										1,195		NHS	
Estates & Facilities cost		4,790	3,549										8,339		NHS	
Additional staff Overtime and Enhancements	70,596	43,682	47,882	50,000	50,000	50,000	25,000	25,000	25,000	12,500	12,500	12,500	424,660		LA	Cost of additional staff hours to cover absence, mainly in Care at Home Services and residential Children's Houses
Additional temporary staff spend - Student Nurses & AHP		227,159	142,067	142,067	142,067	79,704							733,063		NHS	Actual spend to June for student nurses and other nursing and AHP additional hours, from July onwards based on student costs plus £50k estimate of ongoing additional bank hours.
Additional temporary staff spend - Health and Support Care Workers			40,958										40,958		NHS	
Additional costs for externally provided services	220,798	278,694	314,548	264,036	264,036	188,268	25,000	25,000	25,000	25,000	25,000	-	1,655,380			Provision per month for additional payments to providers primarily for PPE and sickness absence, position statement shared with providers in line with COSLA commissioning guidance. Additional provision for occupancy payments to care homes from April to September and assuming tapered reduction in Sept. Included provision for 5% increase in costs for community support services (care at home and adults) from April to September, not included at 25% as not seen requests at that level, this may increase as sickness policy is implemented. Included small provision for support after Sept with PPE and infection control costs.
Additional FHS Payments- GP Practices	13,527	6,203	7,000	7,000	7,000								40,730		NHS	Additional GP sessions for Arran for the hospital and to support local team in co-ordinating planning and response
Loss of income	88,500	88,500	88,500	88,500	88,500								442,500		LA	Ceased provision of day services and respite, also suspended charges for community supports on basis of rapid changes to care, capacity to ensure accurate financially assessed charges and also financial hardship.
Additional Travel Costs		1,304	4,553										5,857			
IT & Telephony Costs		937											937			
Equipment & Sundries		75,584											75,584		NHS/LA	Thermometers moved here from PPE
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	17,380	17,380	17,380				196,394			Additional Fostering Placements, 20 increased placements from April to now which are Covid related temporary placements, delay in children's hearings and housing has led to a delay in moving children on from foster care. Cost of 20 placements as they came on line from April, assume 10 will leave care by Sept and a further 10 between October and December.
Other- Security Costs PPE Store	8,000	8,000	8,000	8,000	8,000	8,000							48,000		LA	
Other- Additional Care at Home Capacity	38,845	38,845	38,845	38,845	38,845	31,649	31,649	31,649	31,649	31,649	31,649	31,649	415,768		LA	Additional costs for in-house service to ensure service can facilitate hospital discharge and put in place care packages despite operating at high absence levels. Demands for this service have increased with more individuals and families choosing to be cared for at home.
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)							(529,770)		NHS/LA	
<b>Total</b>	<b>746,386</b>	<b>1,024,484</b>	<b>941,805</b>	<b>789,799</b>	<b>789,799</b>	<b>470,408</b>	<b>241,277</b>	<b>241,277</b>	<b>241,277</b>	<b>211,397</b>	<b>211,397</b>	<b>186,397</b>	<b>6,095,703</b>	<b>-</b>		
												<b>Subtotal</b>	<b>6,095,703</b>			
Expected underachievement of savings (HSCP)	139,375	139,375	139,375	139,375	139,375	139,375	46,458	46,458	46,458	46,458	46,458	46,458	1,115,000		NHS/LA	
<b>Total</b>	<b>885,761</b>	<b>1,163,859</b>	<b>1,081,180</b>	<b>929,174</b>	<b>929,174</b>	<b>609,783</b>	<b>287,735</b>	<b>287,735</b>	<b>287,735</b>	<b>257,855</b>	<b>257,855</b>	<b>232,855</b>	<b>7,210,703</b>	<b>-</b>		
												<b>Total</b>	<b>7,210,703</b>			

Cash Flow Analysis	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Local Authority- Actual Spend	535,748	831,861	1,050,255	858,028	358,372							
Local Authority- Accrual	904,830	970,158	928,998	787,599	787,599	537,571	287,735	287,735	287,735	257,855	257,855	232,855