

Subject: **Budget Monitoring – Month 6 (September 2019)**

Purpose: To provide an update on financial performance to September 2019, including the projected outturn for the 2019-20 financial year.

Recommendation: It is recommended that the IJB:

- a) Note the projected year-end overspend of £2.969m;
- b) Note the changes in funding as detailed in section 2.11 and Appendix E; and
- c) Note the potential impact of the Lead Partnerships.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation Committee

1.	EXECUTIVE SUMMARY
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 September 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 is a year-end overspend of £2.969m for 2019-20 which is an adverse movement of £0.661m from the previous reporting period. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. A financial recovery plan was approved by the IJB in September to work towards delivering financial balance. Progress against the plan will be closely monitored as the IJB may be required to approve additional actions later in the financial year if the planned impact is not realised.

1.3	There has been as adverse movement in the position which mainly relates to a review of the assumptions for care at home, an increase in fostering, children's residential placements, care home respite and South Lead Partnership services. The main areas of pressure continue to be learning disability care packages, care homes, care at home, looked after children, and adult in-patients within the lead partnership. Alongside the specific actions outlined in the financial recovery plan services will continue to deploy tight financial management controls to support bringing expenditure back into line with budget.
1.4	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis as financial balance needs to be achieved. North Ayrshire Council continue to hold £1.486m on behalf of the IJB to allow the repayment of the outstanding debt of £5.139m to the Council over the next 3-4 years. This resource is not currently included in the projected outturn position, any overspend position at the year-end would impact on the ability of the IJB to make the planned debt repayment.
2.	CURRENT POSITION
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 action required to work towards financial balance.</p> <p>The funding in relation to Frank's Law (free personal care for under 65's) and the Carers Act had previously been held outwith services, during this period the budget has been allocated to the relevant service areas. This impacts on the projection for each service area but not the overall financial position as the funding was already factored into the projected outturn.</p>
	FINANCIAL PERFORMANCE
2.2	<p>Against the full-year budget of £242.394m there is a projected overspend of £2.969m (1.2%). An integrated view of the financial position should be taken; however, it is useful to note that this overall position consists of a projected overspend of £3.069m in social care services offset by a projected underspend of £0.100m in health services.</p> <p>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.</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	Community Care and Health Services
	<p>Against the full-year budget of £67.878m there is a projected overspend of £1.275m (1.9%) which is a favourable movement of £0.213m due to the allocation of Frank's Law and Carers funding. The main reasons for the projected overspend are:</p> <p>a) Care home placements including respite placements – projected to overspend by £0.090m (£0.077m favourable movement). Permanent placements will continue to be managed to bring the budget back into line. The projection can</p>

vary due to factors other than the number of placements e.g. the impact of interim funded places and outstanding requests for funding, this will require to be monitored closely. The overspend in permanent placements is partly offset by a projected over-recovery of Charging Order income of £0.200m which is based on income received to date and improved processes to track the charging orders.

- b) Independent Living Services are projected to overspend by £0.230m which is due to an overspend on physical disability care packages within the community and residential packages. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and payment only for the actual hours of care delivered. The favourable movement of £0.038m is due to the allocation of funding from Frank's Law.
- c) Packages of care are projected to underspend by £0.090m which is a favourable movement of £0.006m. This is due to delays in new packages offsetting the use of supplementary staffing for existing packages, this has improved from the 2018-19 position.
- d) Care at home is projected to overspend by £0.893m which is an adverse movement of £0.298m. The movement is due to updating the assumptions re how much of a reduction can be achieved through reviews by the year-end, with a realistic estimate that hours can be reduced by 50 per week. This reduction will allow for capacity to be freed up in the internal service to facilitate hospital discharge and manage waiting lists and a reduction in cost from commissioned services. The overspend for in-house services relates to providing additional hours to cover a service that a provider handed back and the in-house service had to increase capacity to ensure the safety of vulnerable service users within the community of the North Coast locality and also the need to facilitate patient discharges from Crosshouse Hospital. The projection assumes that the number of hours currently being invoiced will reduce further following an internal review of the hours provided and an ongoing contractual issue with a commissioned provider. In addition previously unfunded costs relating the Care at Home service are now reported within the overall position for CAH to be managed within that delegated budget. The service currently has, between hospitals and community a managed waiting list of individuals waiting on a care at home package or an increase in their existing care package.
- e) Long Term Conditions (Ward 1), projected overspend of £0.274m (adverse movement of £0.004m) which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified. This will be reviewed during 2019-20 along with other wards. Ward 2 is projected to be £0.020m underspent (adverse movement of £0.006m) but this is subject to continuing to receive £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds, this is not anticipated to be implemented during 2019-20.
- f) Community Care employee costs are projected to overspend by £0.193m (favourable movement of £0.115m) due to supernumerary / unfunded posts and the non achievement of payroll turnover. Some of these posts have been

	<p>allocated to care at home and others have still to be allocated to the appropriate service to manage the costs within the delegated budget.</p> <p>g) Locality services employee costs are projected to overspend by £0.161m (favourable movement of £0.015m) due to a projected shortfall in payroll turnover targets.</p> <p>h) Carers Act Funding is projected to underspend by £0.268m based on the currently committed spend. This could fluctuate depending on the volume of carers' support plans undertaken and the level of demand/services identified from these plans. This underspend will be used in the first instance to fund the projected overspend on care home respite placements.</p> <p>i) Intermediate Care (excluding Models of Care) is projected underspend by £0.089m due to vacancies.</p> <p>j) Intermediate Care and Rehab Models of Care is projected to overspend by £0.247m (favourable movement of £0.013m) which represents the full year funding impact of the model. The projected overspend is based on the posts which are currently filled, with an assumption that any vacancies would be held until a longer term decision on funding investment is taken.</p> <p>k) Aids and adaptations – are projected to underspend by £0.200m per the approved recovery plan.</p>
2.4	<p>Mental Health Services</p>
	<p>Against the full-year budget of £75.958m there is a projected overspend of £0.860m (1.1%) which is a favourable movement of £0.415m due to the allocation of Frank's Law and Carers funding. The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> • Learning Disabilities – projected overspend of £0.977m (favourable movement of £0.387m), of which £0.531m is in relation to community care packages, £0.272m for direct payments and £0.361m for residential placements. The projection assumes that savings of £0.368m will be made before the year end, that the level of invoice variations will be higher than previously assumed and some slippage with planned new packages. These overspends are partially offset by vacant posts. • Community Mental Health – is projected to underspend by £0.043m (favourable movement of £0.012m) mainly due to vacancy savings (after allocating £0.090m of payroll turnover) and an overall underspend in care packages. • Addictions – is projected to be underspent by £0.110m (favourable movement of £0.015m) due to vacant posts. • Lead Partnership for Mental Health – overall projected overspend of £0.036m (favourable movement of £0.001m) which consists of:

Overspends:

- Adult inpatients £0.600m (adverse movement of £0.020m) - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza is dependent on discharging at least two patients from South Ayrshire. South HSCP have been advised that the Lochranza ward will close, the projection also assumes subsequent redeployment costs.
- Psychiatry £0.025m (favourable movement of £0.020m) – overspend primarily due to agency costs. Agency staff are used in the absence of being able to recruit permanent posts.
- UNPACS £0.282m (£0.040m adverse movement) – based on current placements which increased by one and an increased charge from the state hospital for the period April to August 2019.
- Elderly inpatients £0.100m - due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim.

Underspends:

- CAMHS £0.270m (no movement) – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover.
- Psychology £0.200m (£0.040m favourable) – due to vacancies. This is after applying £0.150m of payroll turnover.
- Adult Community Mental Health £0.098m (£0.029m favourable movement) - due to vacancies.
- MH Pharmacy £0.160m (£0.006m favourable movement) – due to continued lower substitute prescribing costs.
- MH Admin £0.139m (favourable movement of £0.014m) - due to vacancies.

2.5

Children & Justice Services

Against the full-year budget of £35.744m there is a projected overspend of £1.415m (4%) which is an adverse movement of £0.346m. The main reasons for the projected overspend are:

- a) Residential Schools and Community Placements – projected overspend of £1.386m (adverse movement of £0.124m). The projection is based on the current number of placements and estimated discharge dates for each placement. There are 20 placements and 2 secure placements. The reported projection assumes 2 discharges by December with the remaining 18 assumed to be still in a placement at the year end. There is no provision for any increase in placements. The adverse movement relates to a child being placed in a secure placement, one child in remand and another with an extended discharge date due to a decision made by the Children's Panel. Whilst there has been

some progress in reducing the overall number of external placements the financial benefit of this has been offset by unplanned secure and remand placements as well as decisions made by the Children's Panel.

- b) Looked After Children Placements – projected overspend of £0.083m (adverse movement of £0.201m) due to the current demand for fostering, adoption and kinship placements. There were an additional 9 in house foster placements and 2 external placements in the last month. The external placements were made as there were no internal foster carers available. Unless additional internal foster carers are recruited there will be a continued need to use external foster placements.
- c) Early Years – projected to underspend by £0.048m (favourable movement of £0.030m) mainly due to the level of vacancies in health visiting. This is after allocating £0.200m of payroll turnover and accounting for £0.175m of potential additional costs for the regrading of the HV posts.
- d) Children with Disabilities Residential Placements – projected underspend of £0.093m (adverse movement of £0.084m) as one placement is no longer funded on a shared basis with education. This budget requires to be maintained at a level to fund the investment in the new ASN residential facility.

2.6 Management and Support Costs

Against the full-year budget of £8.776m there is a projected underspend of £0.635m (7.2%) which is an adverse movement of £0.861m. The adverse movement is due to reallocating the funding for Frank's Law to the relevant service areas. The remaining underspend relates to the potential delay in commitment for pressure funding set aside in the 2019-20 budget, the most significant element of this is linked to the delay in opening of the Trindlemoss development. The requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.

2.7 Primary Care and Prescribing

Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme the Health Board continues to underwrite the prescribing position across the three Ayrshire IJBs. At month 6 prescribing is projected to be £1.383m overspent (adverse movement of £0.276m). This is not included in the projected outturn due to the NHS underwriting the overspend.

2.8 Savings Progress

- a) The approved 2019-20 budget included £6.134m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 6 £m
Red	-	0.215
Amber / Red	-	1.738
Amber	2.980	0.874
Green	3.154	3.307
TOTAL	6.134	6.134

	<p>b) The projected year-end outturn position assumes:</p> <ul style="list-style-type: none"> i) £0.215m of the Red savings in relation to reducing LD sleepovers will not be delivered as planned and this is reflected in the overall projected outturn position; and ii) The £0.328m risk of savings relating to Trindlemoss is partially reflected (£0.178m) in the projected overspend position as there is ongoing work to establish the deliverability of the saving given that the savings were based on the service being operational from September. <p>If progress is made to deliver the savings this would improve the overall outturn position (LD sleepovers) or prevent the overspend increasing further (Trindlemoss).</p> <p>Some savings have been reclassified as Amber / Red as the budget has been removed from the service area but these areas are overspending.</p> <p>The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. It is essential that if a saving cannot be achieved by the year end that there are plans in place to achieve it moving into 2020-21.</p> <p>Appendix C provides an overview of the savings plan, this highlights that at this stage a total of £2.461m of savings have been delivered successfully.</p> <p>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.</p>
2.9	<p>Financial Recovery Plan</p> <p>The Integration Scheme requires the implementation of a recovery plan if an overspend position is being projected, to take action to bring overall service delivery back into line with the available resource. The previously approved financial recovery plan is included in Appendix D.</p> <p>This includes specific targeted actions with a focus on addressing the pressure areas, the actions will not only improve the projected overspend this year but will also address recurring overspends in service areas moving into future years. The plan requires the IJB support as whilst many of the actions are operational management decisions there may be some resistance from service users and communities to any changes to care packages and services.</p> <p>The plan will be monitored closely and is underpinned by more detailed plans with clear actions for high risk service areas. One of the most significant risk areas is Learning Disabilities, a more detailed plan with all actions including tracking progress with reviews is co-ordinated between the service and finance and transformation team. Weekly cross-service progress meetings are being held to track progress and to ensure progress at pace.</p> <p>The overall recovery plan will be an iterative document to remain under review. Progress with the plan will be monitored against to ensure it has the required impact</p>

and this will feature in future reporting to the IJB. The plan was agreed in September therefore at this stage the full impact is not known.

Given the potential impact so far it is proposed that the further actions below are undertaken:

- 1) **Care at Home** – review feedback from the Thinking Differently Doing Better sessions to identify the main ‘themes’ that can be taken forward to maximise capacity, including visits, assessment and review process, electronic communication with staff.
- 2) **Learning Disability** – continue the focussed work with weekly progress updates. Hold a development session with the learning disability team to ensure that progress made to date is embedded moving forward. Progress the responder service on a geographical cluster basis with Trindlemoss being the piloted area.
- 3) **In house fostering** – grow the number of in-house foster carers through a recruitment campaign (advertising, radio and social media campaign). Review the terms and conditions for foster carers.
- 4) **Children’s Residential Placements** – work with housing colleagues to develop alternatives for older children in care to ensure local capacity can be used to reduce the numbers of external placements.

There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front-line services. The plan also highlights areas where a future policy decision may be required by the IJB to support delivery, where required this will be brought back to the IJB.

2.10 **Financial Risks**

The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. This included:

- a) Paid as if at work is a pressure relating to health employed staff and the payment of a holiday pay element for regular additional payments, e.g. overtime. The cost across the Health Board is estimated to be £1.4m but is unclear at this stage what the cost will be for each service, for North Ayrshire this is estimated to be around £0.2m. When the cost pressure value is known the partnership will look to services to fund from within existing resources where possible.
- b) There is a potential pressure in relation to GP practices in difficulty. This is a dynamic pressure which we will look to manage in-year. If this cannot be achieved, then the default position would be to fund the North fair share of this (circa £0.2m) from any underspend in the Primary Care Improvement Fund (PCIF).

In addition to these pressures there is a potential reduction to the funding available for Ward 2 in Woodland View as East HSCP are reviewing the number of beds they want to commission from the ward. It is unlikely that this will be implemented during 2019-20 due to the limited notice given re the intent to reduce.

	The IJB may be asked to take further decisions during 2019-20 in relation to managing the above pressures.
2.11	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”</i>.</p> <p>Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p>Reduction Requiring Approval:</p> <p>There are no specific reductions that the IJB are required to approve.</p> <p>Future Planned Changes:</p> <p>Further areas which are outstanding and will be included in future reports include:</p> <ol style="list-style-type: none"> 1) Transfer of hub funding to the Communities Directorate (approx. £57k) 2) The transfer of 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 & Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.
2.12	<p>Lead Partnerships</p> <p>North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.035m (£0.036m MH over and £0.001m Children under) overspent. Full detail on the underspend is given in section 2.4 above.</p> <p>South Ayrshire HSCP Services hosted and/or led by the South Partnership are forecast to be £0.225 million overspent. The Community Equipment Store was funded with an additional £0.280m as part of the budget for this year, however it continues to be a source of pressure and represents the majority of the overspend. It should be noted that expenditure is volatile depending on the timing of purchases. This issue is being discussed by SPOG.</p> <p>East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.288m in total. The overall Primary Care Lead Partnership projected overspend is £0.266m and this projected variance mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty (mainly practices that the NHS Board is administering due to previous GPs handing back contracts). The GP practices in difficulty issue is extremely fluid however negotiations are progressing</p>

	<p>with practices with a view to them returning to independent contractor status. Additional Ayrshire Urgent Care Services costs resulting from increased rates being paid to attract GPs over certain periods can prove challenging to fill without financial incentives. These additional costs are partially offset by savings in Dental services. This reflects the month 4 position for East as the updated information for month 6 was not available to incorporate into the report.</p>
	<p>Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.</p> <p>At month 6 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads. The NRAC shares are: North 36.6%, South 30.5% and East 32.9%</p>
2.14	<p>Set Aside</p> <p>The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2019-20 set aside budget for North HSCP is £30.094m, based on expenditure in 2018-19. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £6.4m after 6 months.</p> <p>58 additional and unfunded beds were open at the 31st March 2019. Crosshouse and Ayr hospitals have experienced a high level of demand and delayed discharges, resulting in increased operational pressures and additional expenditure.</p> <p>During 2018-19 the North Partnerships use of the set aside resources was £30.094m against the NRAC 'fair share' of £28.697m which is £1.127m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources. Currently however the funding for the ICR model is not able to be released from the acute set-aside budget due to service pressures and the overall overspend in acute services.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>Continuing to implement and monitor the financial recovery plan will allow the IJB to take the action where required to ensure the partnership can deliver services in 2019-20 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of</p>

	progress with plans and any actions that can be taken to bring the change programme into line.
3.2	<u>Measuring Impact</u>
	Updates to the financial position will be reported to the IJB throughout 2019-20.
4.	IMPLICATIONS
Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £242.394m there is a projected overspend of £2.969m (1.2%). The report outlines the action being taken and proposed action to reduce the projected overspend.</p> <p>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>The financial recovery plan details planned actions to reduce the projected overspend, this plan will require to be closely monitored and reviewed to determine if further actions may be required to bridge the gap.</p> <p>The main areas of financial risk which may impact on this position are highlighted in the report.</p> <p>North Ayrshire Council hold £1.486m on behalf of the IJB to allow the repayment of the outstanding debt of £5.139m to the Council over future years. This resource is not currently included in the projected outturn position, any remaining overspend position at the year-end would impact on the ability of the IJB to make the planned debt repayment.</p>
Human Resources:	None
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 which need to be addressed. If the financial recovery plan does not deliver the required improvements to the financial position, there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.

Community Benefits:	None
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Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	√

4.	CONSULTATION
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.</p>
5.	CONCLUSION
	<p>It is recommended that the IJB:</p> <p>a) Note the projected year-end overspend of £2.969m; b) Note the changes in funding as detailed in section 2.11 and Appendix E; and c) Note the potential impact of the Lead Partnerships.</p>

For more information please contact:

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North Ayrshire Health & Social Care Partnership
Objective Summary Report as at 30th September

Appendix A

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 5 £'000	Movement in projected budget variance from Period £'000
	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	54,873	55,931	1,058	13,005	13,222	217	67,878	69,153	1,275	1,488	(213)
: Locality Services	25,271	25,507	236	4,517	4,421	(96)	29,788	29,928	140	721	(581)
: Community Care Service Delivery	26,035	27,391	1,356	0	0	0	26,035	27,391	1,356	1,169	187
: Rehabilitation and Reablement	1,765	1,531	(234)	1,925	2,034	109	3,690	3,565	(125)	(54)	(71)
: Long Term Conditions	1,443	1,168	(275)	4,574	4,788	214	6,017	5,956	(61)	(318)	257
: Integrated Island Services	359	334	(25)	1,989	1,979	(10)	2,348	2,313	(35)	(30)	(5)
MENTAL HEALTH SERVICES	24,109	25,248	1,139	51,849	51,570	(279)	75,958	76,818	860	1,275	(415)
: Learning Disabilities	18,240	19,325	1,085	511	403	(108)	18,751	19,728	977	1,364	(387)
: Community Mental Health	4,504	4,558	54	1,611	1,514	(97)	6,115	6,072	(43)	(31)	(12)
: Addictions	1,365	1,365	0	1,345	1,235	(110)	2,710	2,600	(110)	(95)	(15)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,382	48,418	36	48,382	48,418	36	37	(1)
CHILDREN & JUSTICE SERVICES	32,134	33,519	1,385	3,610	3,640	30	35,744	37,159	1,415	1,069	346
: Intervention Services	3,859	3,862	3	325	368	43	4,184	4,230	46	137	(91)
: Looked After & Accomodated Children	16,325	17,603	1,278	0	0	0	16,325	17,603	1,278	1,016	262
: Fieldwork	4,713	4,833	120	0	0	0	4,713	4,833	120	52	68
: CCSF	309	289	(20)	0	0	0	309	289	(20)	(45)	25
: Criminal Justice	2,627	2,627	0	0	0	0	2,627	2,627	0	0	0
: Early Years	394	358	(36)	2,868	2,856	(12)	3,262	3,214	(48)	(18)	(30)
: Policy & Practice	3,907	3,947	40	0	0	0	3,907	3,947	40	(87)	127
: Lead Partnership NHS Children's Services Area Wide	0	0	0	417	416	(1)	417	416	(1)	14	(15)
PRIMARY CARE	0	0	0	47,170	47,170	0	47,170	47,170	0	0	0
ALLIED HEALTH PROFESSIONALS				5,131	5,071	(60)	5,131	5,071	(60)	(50)	(10)
MANAGEMENT AND SUPPORT COSTS	6,899	6,436	(463)	1,877	1,705	(172)	8,776	8,141	(635)	(1,496)	861
CHANGE PROGRAMME	655	605	(50)	1,082	1,082	0	1,737	1,687	(50)	(50)	0
TOTAL	118,670	121,739	3,069	123,724	123,460	(264)	242,394	245,199	2,805	2,236	569
Return Hosted Over/Underspends East	0	0	0		0	(12)			(12)	(17)	5
Return Hosted Over/Underspends South	0	0	0		0	(11)			(11)	(16)	5
Receive Hosted Over/Underspends South	0	0	0		0	82			82	0	82
Receive Hosted Over/Underspends East	0	0	0		0	105			105	105	0
REVISED PROJECTED OUTTURN	118,670	121,739	3,069	123,724	123,460	(100)	242,394	245,199	2,969	2,308	661

2019-20 Budget Monitoring Report – Detailed Variance Analysis per service

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	67,878	69,153	1,275	
Locality Services	29,788	29,928	140	<p>Older People permanent care homes - projected overspend of £0.290m based on 815 placements. Respite care is projected to be online.</p> <p>Income from Charging Orders - projected over recovery of £0.200m'</p> <p>Independent Living Services :</p> <ul style="list-style-type: none"> * Direct Payment packages- projected overspend of £0.086m on 62 packages and a net decrease of 1 packages expected during the year.. * Residential Packages - projected overspend of £0.014m based on 35 packages. * Community Packages (physical disability) - projected overspend of £0.130m based on 50 packages <p>NHS Packages of Care - projected underspend of £0.090m due to use of supplementary staffing offset by slippage in other packages.</p>
Community Care Service Delivery	26,035	27,391	1,356	<p>Care at home</p> <ul style="list-style-type: none"> - in house service - projected overspend of £0.271m based on the current level of contracted costs remaining until the year end. Care at home staff have been incurring additional hours as there are moratoria on four of the purchased care providers. - Purchased Care at home - projected overspend of £0.672m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving. <p>Direct Payments - projected underspend of £0.050m based on 29 packages continuing until the year end.</p> <p>Transport costs - projected overspend of £0.072m due to increase in staff mileage within care at home.</p> <p>Admin costs - projected overspend of £0.103m mainly due to mobile phone equipment.</p> <p>Supplies and Services - projected overspend of £0.125m in relation to uniforms and other supplies.</p> <p>Voluntary Organisations - projected overspend £0.088m mainly in relation to the Alzheimer service.</p> <p>Income - projected over recovery £0.053m mainly in relation to CM2000 non compliance charges.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,690	3,565	(125)	Employee costs - projected underspend £0.154m due to vacancies. Intermediate Care and Rehab Models of Care - projected to overspend by £0.247m which is the full year funding impact. Aids and Adaptations - projected underspend of £0.200m per the approved recovery plan
Long Term Conditions	6,017	5,956	(61)	Ward 1 - projected overspend of £0.274m due to the use of supplementary staffing. Ward 2 - projected underspend of £0.020m assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients. Elderly CMHT - underspend of £0.055m due to vacancies. Carers Act Funding - projected underspend of £0.268m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.
Integrated Island Services	2,348	2,313	(35)	Outwith the threshold for reporting
MENTAL HEALTH SERVICES	75,958	76,818	860	
Learning Disabilities	18,751	19,728	977	Residential Packages - projected overspend of £0.361m based on 41 current packages. Community Packages (inc direct payments) - projected overspend of £1.287 based on 294 current packages less 5% invoice variances. The projection assumes savings of £0.490m will be achieved and that any new packages or increases to current packages will be cost neutral. The direct payments projection is based on 41 current packages with a net increase of 2 to the year end less £0.102m recovery of unspent balances. Employee costs - projected underspend £0.084m mainly due to vacant posts
Community Mental Health	6,115	6,072	(43)	Outwith the threshold for reporting
Addictions	2,710	2,600	(110)	Employee costs - projected underspend £0.110m due to vacant posts ADP - projected online position as any underspend will be carried forward into 2020/21.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,382	48,418	36	<p>Adult Community - projected underspend of £0.098m due to vacancies.</p> <p>Adult Inpatients- projected overspend of £0.600m due to a delay in closing the Lochranza wards. Assumes a 5th bed is sold from October.</p> <p>UNPACs - projected overspend of £0.282m which includes the charges from the state hospital (April - August 2019).</p> <p>LDS - assumed online pending completion of the relocation of services to Woodland View.</p> <p>Elderly Inpatients - projected overspend of £0.100m due to use of supplementary staffing. This could fluctuate pending the finalisation of the elderly mental health bed redesign.</p> <p>Addictions - projected underspend of £0.025m due to vacancies.</p> <p>CAMHS - projected underspend of £0.270m due to vacancies.</p> <p>MH Admin - projected underspend of £0.139 due to vacancies..</p> <p>Psychiatry - projected overspend of £0.025m due to agency costs.</p> <p>MH Pharmacy - projected underspend of £0.160 mainly within substitute prescribing.</p> <p>Psychology- projected underspend of £0.200 due to vacancies.</p> <p>Action 15 - assumed online position</p>
CHIDREN'S AND JUSTICE SERVICES	35,744	37,159	1,415	
Intervention Services	4,184	4,230	46	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,325	17,603	1,278	<p><u>Looked After Children placements - projected overspend of £0.083m based on the following:-</u></p> <p>Kinship - projected overspend of £0.041m. Budget for 339 placements, currently 331 placement but projecting 338 placements by the year end.</p> <p>Adoption - projected overspend of £0.015m. Budget for 74 placements, currently 74 placements.</p> <p>Fostering - projected overspend of £0.153m. Budget for 120 placements, currently 134 placements</p> <p>Fostering Xtra - projected underspend of £0.104m. Budget for 32 placements, currently 25 placements but projecting 24 placements by the year end.</p> <p>Private fostering - projected overspend of £0.033m. Budget for 11 placements, currently 12 placements.</p> <p>IMPACCT carers - projected underspend of £0.016m. Budget for 4 placements, currently 2 placements.</p> <p>Residential School placements including community packages - projected overspend of £1.386m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. There are currently 23 placements. The projection assumes 3 discharges in December with the remaining 20 assumed to be still in a placement at the year end. There is no provision for any increase in placements.</p>
Fieldwork	4,713	4,833	120	<p>Employee costs - projected overspend of £0.106m in relation to non achieved payroll turnover. Various minor overspends on transport and the out of hours service.</p>
CCSF	309	289	(20)	Outwith the threshold for reporting
Criminal Justice	2,627	2,627	0	Outwith the threshold for reporting
Early Years	3,262	3,214	(48)	Outwith the threshold for reporting
Policy & Practice	3,907	3,947	40	Outwith the threshold for reporting
Lead Partnership (CS)	417	416	(1)	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,170	47,170	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,131	5,071	(60)	Employee costs - projected underspend £0.060m due to vacancies.
MANAGEMENT AND SUPPORT	8,776	8,141	(635)	Projected underspend - this underspend relates to pressure funding awarded as part of the 2019-20 and the pressures have not yet arisen. This funding will be closely monitored and delegated to services as and when required.
CHANGE PROGRAMME & CHALLENGE FUND	1,737	1,737	(50)	Outwith the threshold for reporting
TOTAL	242,394	245,249	2,805	

Threshold for reporting is + or - £50,000

2019-20 Savings Tracker

Appendix C

Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Approved Saving 2019/20 £	Deliverability Status Month 6	Net Saving Achieved at Period 6 £
Health and Community Care					
Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	55,000	Amber / Red	0
Day Centres - Older People	Helen McArthur	Green	38,232	Green	38,232
Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	130,350	Amber	0
Care at Home - Reablement Investment	Helen McArthur	Amber	500,000	Amber / Red	0
Assessment and Self Directed Support	Isabel Marr	Green	150,000	Amber / Red	0
Packages of Care	Isabel Marr	Amber	150,000	Green	150,000
Mental Health and Learning Disabilities					
Integration of the Learning Disability team	Jan Thomson	Amber	56,000	Green	56,000
Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	328,000	Amber	150,000
Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	250,000	Green	0
LD - Reduction to Sleepover Provision	Jan Thomson	Amber	215,000	Red	25,000
Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	111,000	Green	0
Adult Community Support - Commissioning of Services	Jan Thomson / Julie Barrett	Green	388,000	Amber / Red	1,500
UnPACs - 7% reduction*	John Taylor	Green	200,000	Amber / Red	0
Substitute Prescribing - 5% reduction*	John Taylor	Green	135,000	Green	135,000
Review of Elderly Mental Health Inpatients*	William Lauder	Green	727,000	Green	0
See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	90,000	Amber / Red	0

Children, Families and Justice Services					
Fostering - reduce external placements.	Mae Henderson	Green	127,408	Green	127,408
Children's residential placements (CF)	Mae Henderson	Amber	355,000	Amber / Red	0
Partnership Wide					
Charging Policy	Lisa Duncan	Green	200,000	Green	200,000
Reduce business admin services	Julie Davis	Green	50,000	Green	50,000
ICF Project - Partnership Enablers	Michelle Sutherland	Amber	27,000	Green	27,000
ICF Project - Buckreddan care home	Michelle Sutherland	Amber	16,000	Amber	8,000
Uncommitted ICF Funding	Michelle Sutherland	Green	80,000	Green	80,000
Living Wage	n/a	Green	187,000	Green	187,000
Resource Transfer to South Lanarkshire	n/a	Green	40,000	Green	40,000
19/20 impact of 18/19 part year savings	Stephen Brown	Green	113,000	Green	113,000
Respite	n/a	Green	200,000	Green	200,000
Payroll Turnover Target	Stephen Brown	Amber	500,000	Amber	208,333
Lean Efficiency Programme	Stephen Brown	Green	50,000	Amber	0
Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	300,000	Green	300,000
Payroll Turnover Target - Other Services	Thelma Bowers	Amber	365,000	Green	365,000
			6,133,990		2,461,473

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
Health and Community Care:							
1	Care at Home	Reduction in Care at Home Provision: <ul style="list-style-type: none"> - reduce weekly hours of purchased provision by between 50 and 100 hours per week, by closing cases for clients admitted to hospital. - review care packages with any reduction in hours closed to offset the overspend. - continue to review the actions of Independent Providers in the use of CM2000 for maximum efficiency - further roll out and embedding of reablement approach in CAH service to allow packages to be reduced 	May lead to delays in care at home packages being delivered and may impact on hospital discharges and increase delayed discharges. May have impact on waiting list. Risk of this will be mitigated by ensuring resources are used efficiently, with a risk based approach to allocating resources.			200	Helen McArthur
2	Care Homes - Respite Placements	Health and Community Care Service to enforce a policy and criteria in relation to emergency respite in commissioned care home settings: <ul style="list-style-type: none"> - significant increase in emergency respite where in many cases residents are placed in long term care, action taken to fund long term placements in September - change of practice for social workers in relation to use of respite - provide clarity to commissioned care home providers that respite beds will be used for short term care to ensure expectations of service, care home and service user are aligned 	Action has been taken to address current placements to ensure the service delivered is equitable, that the HSCP are appropriately financially assessing residents and that the commissioned care homes are funded for long term care placements. The appropriate use of emergency respite placements will be reinforced to the social work team. The longer term commissioning and use of respite provision for older people is being considered as part of the Care Home Strategy.	√	√	-	Helen McArthur
3	Equipment & Adaptations	Temporary reduction (2019-20 only) in the equipment and adaptations budget. <ul style="list-style-type: none"> - mirrors the reduction made in 2018/19 to assist with overall financial position, would not be sustainable on a recurring basis as provision of equipment fundamental to keeping people safe at home - priority for equipment provision will be: <ol style="list-style-type: none"> 1. support for end of life care 2. complete adaptations started or committed to in writing prior to tightened control of expenditure 3. maintain equipment and adaptations in situ and on which service users depend 4. provide essential equipment to support avoidance of hospital admission 	Potential delays to equipment and adaptations for service users, this will be kept under review together with any waiting lists and impact on delivery of community based services, including monitoring the costs of any delays in supporting individuals to be supported in the community.		√	200	Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
Mental Health and Learning Disabilities:							
4	Learning Disabilities	Prioritised Review of Adult Community Packages: <ul style="list-style-type: none"> - targeted reviews to be carried out immediately, reviews co-ordinated on a prioritised list with a focus on individuals moving service provider following the outcome of the tender exercise and with high cost packages being prioritised - will be supported with significant additional LD social work capacity with additional professional lead, additional social workers and the employment of agency staff to accelerate planned reviews - reviews will ensure the split of personal and non-personal care is appropriate and equitable (to ensure equity of provision and charging) - direct payments to be reviewed to progress claw-back of underspends - incorporates looking at clients where the service provided has been less than than commissioned to formalise re-alignment of care packages based on need. 	Service users will be reviewed by a dedicated review team, the outcome should ensure that all reviews are up to date and appropriate and equitable levels of care are being provided. This process may cause some anxiety for service users as there is an expectation that significant reductions can be made to care packages. No reduction will be made to care packages unless deemed to be safe and appropriate by the service, however there may be some resistance to change from service users, their families and advocates.	√		750	Thelma Bowers
5	Learning Disabilities	Trindlemoss development finalise the financial impact of the new service (LD day service, complex care unit and supported accommodation): <ul style="list-style-type: none"> - for 2019/20 require to plan to mitigate delay in savings being achieved - opportunities to further reduce cost of amalgamating day services - identifying supports required for service users in supported accommodation - policy in relation to eligibility and prioritisation for supported accommodation, model of care blueprint for other supported accommodation coming online 	The opening of the new service at Trindlemoss (originally planned August 2019) has been delayed due to delays in the building works, this has impacted on the timescales for service users and patients transferring. The service will require to be configured around the affordability of the care and support, taking into account the positive environment and the opportunities the shared accommodation space offers in terms of reducing existing high cost care packages.	√		tbc	Thelma Bowers
6	Learning Disabilities	Sleepovers - develop policy in relation to 24 hour care for Adults in the Community: <ul style="list-style-type: none"> - policy decision to not provide one to one 24 hour sleepover service where there are: <ul style="list-style-type: none"> * supported accommodation alternatives available; * opportunities for service users to share a service (will be identified by geographically mapping services); or * where technology supports can be provided supported by a responder service. - Recovery plan action and financial impact is based on a plan to deliver a responder service from the Trindlemoss supported accommodation to support removal of sleepovers in the area 	This will result in the removal of one to one 24 hour support from service users, an enhanced overnight service will be provided from Trindlemoss to support capacity for response. Individual service user safety will be a priority and the one to one support will only be removed where safe to do so.	√		128	Thelma Bowers
7	Learning Disabilities	Transition Cases (Adults aged 65+): <ul style="list-style-type: none"> - reviews undertaken jointly with LD and Older People's service which will deliver some savings, some work outstanding in relation to these reviews where changes to care packages have been identified - further action to scrutinise outcome of reviews and equity of service provision across client groups, particularly for high cost care packages which are not equitable with community care provided in Older People's services - requires a clear policy decision in relation to transitions of care and funding for community based supports <p><i>Note that there have been several reviews undertaken which indicate that savings will be made. These savings can be limited in some of the more complex care packages as care is required on a 24/7 basis.</i></p>	Service users are being reviewed with a view to reducing the cost of packages as the clients transition to the Older People's service. Some reviews for high cost community packages have identified individuals suitable for the criteria of long term care but resistance from service users to change from current care and support. If care packages cannot be reduced the IJB will be asked to agree a policy decision on the level of care provided in such cases.			134	

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
8	Adult Community Packages	Adult Resource Group no overall increase in care package provision: <ul style="list-style-type: none"> - ARG in place for Mental Health and Learning Disability care packages for approval, ARG will no longer be permitted to approve any increase to existing or new care packages unless there has been a reduction in service elsewhere - will require social workers to proactively review caseload and use finite resource available to support whole client group - arrangements will remain in place until the service brings the overall expenditure on community care packages back into line 	Service users assessed as requiring a service will have to wait until resource has been identified to fund the care package, this is equitable with waiting lists for other services where resources are limited. This may result in delays in supports being provided but will also ensure that the service is managing, directing and prioritising resources effectively.	√			Thelma Bowers
9	All	Self Directed Support: <ul style="list-style-type: none"> - exploring how to embed this alongside the asset based approach promoted through the HSCP <i>Thinking Different, Doing Better</i> experience into services to change how we deliver services and balance service user and community expectations - undertaking self-evaluation for North Ayrshire against good practice, this will include stakeholder engagement to develop future approach 	Positive impact to embed Self Directed Support, with a view to being realistic in managing expectations of services and service users. Address a perceived inequity in how services are delivered and how embedded SDS is across social care services.	√		-	Stephen Brown
Children and Families:							
10	Looked After and Accommodated Children	Children's External Residential Placements bring forward planned discharge dates: <ul style="list-style-type: none"> - overspend due to delays in bringing children back from expensive external residential placements due to timescales slipping, recovery action based on pulling forward all estimated timescales by one month and moving to planned level of 14 placements by March 2020 - scrutiny of detailed plans for individual children, to be reviewed alongside the internal children's houses to free up capacity to bring children back to NA sooner - close working with Education services as shared ambition and requirements to provide educational supports within NA - formalise and reinforce governance arrangements for approval of new external children's placements 	Transformation plan to support more looked after children in North Ayrshire is focussed on delivering more positive outcomes for Children. Accelerating plans to move children to different care settings is challenging for the service as these are sensitive complex cases.			200	Alison Sutherland

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
Other:							
11	All	Recruitment freeze non-front line posts: - hold recruitment to all vacant non-front line care posts, eg support services, admin support - partnership vacancy scrutiny group remains in place and will ensure posts are not approved for recruitment until the new financial year	Minimal impact on front line services but depending on where vacancies arise during the rest of the year could have an impact on the capcity of support services, in particular to respond to service requests. The HSCP vacancy scrutiny group will ensure consideration is given to the impact on services when recruitment is delayed for individual posts.			200	Caroline Whyte
12	All	Moratorium non-essential expenditure: - communication issued to all budget holders (social care and health) with an instruction to delay or cease any areas of discretionary spend (areas including supplies and services, training, third party payments etc) - finance teams will liaise with budget holders as part of regular engagement and budgets will be removed non-recurringly to allow target reduction to be met	Minimal impact on front line services but is a short term one-off approach to reducing expenditure.			184	Caroline Whyte
13	All	Systems improvements re care packages: - Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered, being rolled out to some providers in advance of new tender - finance working with services to review areas where service delivered differs from that commissioned to improve systems and basis of financial projections, this work also supports ongoing reviews - action plan in relation to improving projections and actions identified from recent internal audit report re Community Based Care, including streamlining systems and processes to remove duplication, scope for error and reliability of information	Significant work required to review systems across social care services where different approaches are used for different service areas, some areas involve duplication of information and systems. Work will result in more assurance re the information reported, including financial projections and will also ensure the partnership has assurance that we only pay for the direct care delivered.		v	-	Thelma Bowers/ Helen McArthur/ Caroline Whyte

TOTAL

1,996

Less achieved to date (Aids and Adaptations)

- 200

1,796

2019-20 Budget Reconciliation

Appendix E

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			95,067
Resource Transfer	3	P	22,993
ICF Procurement Posts - Transfer to Procurement	3	T	(85)
FPC under 65's Scottish Government Funding	3	P	702
Transfer to IT WAN circuit Kilwinning Academy	4	P	(3)
Waste Collection Budget	4	P	27
CLD Officer from ADP Budget to E & C	4	T	(31)
Period 6 reported budget			118,670

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (based on month 9 of 2018-19)			145,425
Adjustments to reflect month 10 -12 of 2018-19 including non-recurring amounts			(1,845)
Opening baseline budget for 19-20			143,580
Resource Transfer	3	P	(22,993)
Superannuation Uplift	3	P	2,994
Voluntary Redundancy Scheme	3	P	271
Post from acute - PA to Clinical Nurse Manager, Long Term conditions	3	P	15
Post from acute - Clinical Nurse Manager, Long Term Conditions	3	P	34
Functional Electrical Stimulation Equipment from acute			10
Pharmacy Fees	3	P	19
HPV Boys Implementation	3	P	18
Action 15 (anticipated increase)	3	P	930
Post from Acute -Specialist Pharmacist in Substance Misuse	3	T	12
Old age liaison psychiatrist from acute	3	P	108
Patient Transport Service	3	P	49
Infant feeding nurse	3	T	41
Assoc Medical Director responsibility payment to Medical Director	3	T	(24)
Associate Medical Director sessions to the Medical Director	3	T	(71)
Contribution to the Technology Enabled Care (TEC) project	3	T	(50)
Superannuation Uplift Overclaimed	4	P	(270)
Action 15 overclaimed	4	T	(485)
Prescribing Reduction	5	P	(550)
Medical Training Grade Increase	5	P	51
Admin Transfer from South HSCP	6	P	19
NMAHP Clinical Lead	6	T	16
Period 6 reported budget			123,724
GRAND TOTAL			242,394

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	21112019-XX	
2.	Date Direction Issued by IJB	21 st November 2019	
3.	Date Direction takes effect	22 nd November 2019	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	X
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	X 24102019-13
		No	
6.	Functions covered by the direction	All NAHSCP delegated functions	
7.	Full text of direction	NHS Ayrshire & Arran are directed to: <ul style="list-style-type: none"> Action the budget changes outlined in para 2.11 and Appendix E. Deliver the Financial Recovery Plan detailed in Appendix D 	
8.	Budget allocated by Integration Joint Board to carry out direction	North Ayrshire Council £118.670m NHS Ayrshire & Arran £123.724m TOTAL £242.394m	
9.	Performance Monitoring Arrangements	Regular financial updates will be reported to the IJB during 2019-20, the financial recovery plan will be monitored to ensure this aligns with delivering financial balance.	
10.	Date of Review of Direction (if applicable)	n/a	