

Subject: Budget Monitoring – Month 4 (July 2019)

Purpose: To provide an update on financial performance to July 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 £1.997m;
- b) Approves the financial recovery plan detailed in Appendix D;
- c) Approve the changes in funding as detailed in section 2.11 and Appendix E; and
- d) 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 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 is a year-end overspend of £1.997m for 2019-20 which is a favourable movement of £0.804m 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. The position at June was a projected overspend of £2.8m and it was noted at that time if there remained a forecast overspend in the July period that a financial recovery plan would be developed and presented to the IJB for approval. This requirement is set out in the Integration Scheme and a financial recovery plan is included for approval at Appendix D. These actions will be put in place to progress delivering financial balance, the financial impact is estimated at this stage. 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	Since month 3 the underlying information supporting the projections has been reviewed with services and this has contributed to the overall reduction in the projected overspend. Whilst there has been some improvement in the overall position, 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. The service transformation programme and the delivery of those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.
2.	CURRENT POSITION
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and action required to work towards financial balance.
	FINANCIAL PERFORMANCE
2.2	<p>Against the full-year budget of £242.858m there is a projected overspend of £1.997m (0.82%). 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 £2.263m in social care services offset by a projected underspend of £0.266m 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	Health and Community Care Services
	<p>Against the full-year budget of £67.704m there is a projected overspend of £1.104m (1.6%). The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> a) Care home placements including respite placements – projected to overspend by £0.157m which is a favourable movement of £0.156m. This is mainly due to funding a number of emergency respite placements on a permanent basis which brings the care home respite budget online but increases the overspend on permanent placements to £0.357m. This was agreed as it was likely that the emergency placements would not be discharged, and it allows the permanent placements to be financially assessed with the individual contributing appropriately to their care. Permanent placements will continue to be managed to bring the budget back into line. The projection can 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.

These overspends are partially 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 £0.316m which is due to an overspend on physical disability care packages within the community and residential packages. This is a favourable movement of £0.105m which is mainly due to two packages transferring to Learning Disability services. Both the community and residential packages continue to be reviewed and reduced where appropriate. 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 the HSCP only pay for the care delivered.
- c) Packages of care are projected to underspend by £0.103m which is a favourable movement of £0.160m. 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 (purchased and in house) projected to overspend by £0.498m which is a favourable movement of £0.278m. The overspend is due to an increase in provided hours and the budget being reduced to reflect the 2019-20 approved saving (purchased care). The overspend on 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. The favourable movement in the projection relates to an assumption that the number of hours currently being invoiced will reduce following an internal review of the hours provided. The service currently has, between hospitals and community individuals waiting on a care at home package and individuals waiting on an increase in their care packages.
- e) Long Term Conditions (Ward 1), projected overspend of £0.264m (adverse movement of £0.003m) 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 online, but this is subject to receiving £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds.
- f) District Nursing is projected to break even (adverse movement of £0.028m). This is after applying £0.075m of payroll turnover.
- g) Community Care employee costs are projected to overspend by £0.288m (adverse movement of £0.034m) due to supernumerary / unfunded posts. These posts will be allocated to the appropriate service to manage the costs within the delegated budget in period 5.
- h) Locality services employee costs are projected to overspend by £0.145m (adverse movement of £0.181m) due to a projected shortfall in payroll turnover targets.
- i) Carers Act Funding is projected to underspend 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.
2.4	<p>Mental Health Services</p> <p>Against the full-year budget of £75.202m there is a projected overspend of £1.276m (1.7%). The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> • Learning Disabilities – projected overspend of £1.329m, of which £0.932m is in relation to community care packages (favourable movement of £0.499m) and £0.358m for residential placements (adverse movement of £0.098m). The favourable movement in the projection relates to an assumption 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 £0.053m (adverse movement of £0.061m) mainly due to vacancy savings (after allocating £0.090m of payroll turnover) and an underspend in care packages. • Addictions – is projected to be underspent by £0.090m (favourable movement of £0.009m) due to vacant posts. • Lead Partnership for Mental Health – overall projected overspend of £0.090m (adverse movement of £0.274m) which consists of: <p><i>Overspends:</i></p> <ul style="list-style-type: none"> • Adult inpatients £0.589m (adverse movement of £0.075m) - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza will be dependent on discharging at least two patients. The projection also assumes that a fifth bed will be sold by October 2019. • Psychiatry £0.045m (adverse movement of £0.011m) - primarily due to agency costs. Agency staff are used in the absence of being able to recruit permanent posts. • UNPACS £0.242m (adverse movement of £0.122m) – based on current placements and an increased charge from the state hospital for the period April to August 2019. <p><i>Underspends:</i></p> <ul style="list-style-type: none"> • CAMHS £0.255m (favourable movement of £0.015m) – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover. • Psychology £0.160m (favourable movement of £0.003m) – due to vacancies. This is after applying £0.150m of payroll turnover.

	<ul style="list-style-type: none"> • Adult Community Mental Health £0.069m (favourable movement of £0.004m) - due to vacancies. • MH Pharmacy £0.154m (favourable movement of £0.044m) – due to continued lower substitute prescribing costs. • MH Admin £0.116m (favourable movement of £0.007m) - due to vacancies. <p>Note that elderly inpatients are reporting an adverse position at month 4 due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim, but it is assumed to be online following implementation of the elderly mental health review.</p>
2.5	Children & Justice Services
	<p>Against the full-year budget of £35.745m there is a projected overspend of £0.919m (2.6%) which is an adverse movement of £0.220m. The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> a) Residential Schools and Community Placements – projected overspend of £1.371m (adverse movement of £0.319m). 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 investment. The discharge dates have slipped from the plan at the month 3 position. There are currently 28 placements including 1 on remand (ends September 2019) and 2 secure placements. The projection assumes 2 discharges in August 2 in October and 5 in 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. To bring this budget online the discharge dates for each person would need to be brought forward and this may not be possible for all placements. To minimise the impact of this overspend the underspends being reported below for looked after children and children with a disability will need to be maintained which means any additional demand would need to be cost neutral. b) Looked After Children Placements – projected underspend of £0.136m due to the current demand for fostering, adoption and kinship payments. There has been no movement in this position from month 3. c) Early Years – projected to underspend by £0.044m (favourable movement of £0.016m) 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 £0.365m (favourable movement of £0.085m) due to one child transitioning to adult services and another planned to transfer to Trindlemoss.
2.6	Management and Support Costs
	<p>Against the full-year budget of £9.620m there is a projected underspend of £1.241m (12.9%) which is a favourable movement of £0.537m. This underspend relates to the potential delay in commitment for pressure funding set aside in the 2019-20 budget, the requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.</p>

2.7	<p>Primary Care and Prescribing</p> <p>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 4 prescribing is projected to be online at the year end.</p>																		
2.8	<p>Savings Progress</p> <p>a) The approved 2019-20 budget included £6.134m of savings.</p> <table><tr><th>BRAG Status</th><th>Position at Budget Approval £m</th><th>Position at Period 4 £m</th></tr><tr><td>Red</td><td>-</td><td>0.543</td></tr><tr><td>Amber</td><td>2.980</td><td>2.589</td></tr><tr><td>Green</td><td>3.154</td><td>3.002</td></tr><tr><td>Blue</td><td>-</td><td>-</td></tr><tr><td>TOTAL</td><td>6.134</td><td>6.134</td></tr></table> <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 may not be delivered as planned and this is reflected in the overall projected outturn position; andii) 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>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. Appendix C provides an overview of the savings plan.</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>	BRAG Status	Position at Budget Approval £m	Position at Period 4 £m	Red	-	0.543	Amber	2.980	2.589	Green	3.154	3.002	Blue	-	-	TOTAL	6.134	6.134
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TOTAL	6.134	6.134																	
2.9	<p>Financial Recovery Plan</p> <p>The projected outturn at June was an estimated year-end overspend of £2.8m. When this position was reported to the IJB it was noted that a financial recovery plan would require to be developed and implemented a projected overspend remained for the July period. The forecast year-end overspend has improved but this has not reduced to a level where there is confidence that financial balance can be delivered without putting in place targeted measures to address the projected overspend.</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 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 and approval, while many of the plans are operational management actions 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 ensure are implemented 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 and this will feature in future reporting to the IJB. 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.</p>
2.10	<p>Financial Risks</p>
	<p>The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. This included:</p> <ul style="list-style-type: none"> a) Intermediate Care and Rehab investment was funded by the Health Board on a part-year basis in 2018-19. The business case was predicated on acute hospital savings offsetting the investment, however with the approach taken to pass through the funding uplift there is an expectation that the IJBs will fund the full year impact of the investment. Currently there is part year funding in the IJB budget to support the investment for about 6 months, the full year impact would be a further £0.280m assuming no recruitment to unfilled posts. b) 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. c) 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).

	<p>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.</p> <p>The IJB may be asked to take further decisions during 2019-20 in relation to managing the above pressures.</p>
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><i>Reductions Requiring Approval:</i></p> <p>The specific reductions that the IJB are required to approve are:</p> <ol style="list-style-type: none"> 1) Superannuation reduction £0.270m – the funding for the NHS superannuation uplift was assumed to be based on budgeted figures but should have been based on actual costs which were less, this is an adjustment to the additional funding provided at the start of the year. 2) Action 15 £0.485m – reduction to reflect the actual amount to be received in 2019-20. 3) IT circuit costs £0.003m – a transfer of funds to IT to cover a circuit required to roll out the former Challenge Fund project to into Kilwinning Academy. 4) ADP funded CLD officer costs to education £0.031m – the ADP have agreed to fund a CLD officer who is based in education services. <p>It is recommended that the IJB approve the budget reductions outlined above.</p> <p><i>Future Planned Changes:</i></p> <p>Further areas which are outstanding and will be included in future reports include:</p> <p>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.</p>
2.12	<p>Lead Partnerships</p>
	<p><i>North Ayrshire HSCP</i></p>

	<p>Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.104m overspent. Full detail on the underspend is given in section 2.4 above.</p>
	<p><i>South Ayrshire HSCP</i></p> <p>Services hosted and/or led by the South Partnership are forecast to be online. An overspend on incontinence advisors is more than offset by an underspend on the Community Equipment Store. The Community Equipment Store was funded an additional £0.280m in budget setting, although it should be noted that expenditure is volatile depending on the timing of purchases.</p>
	<p><i>East Ayrshire HSCP</i></p> <p>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 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.</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 4 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.</p> <p>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 £5.3m after 4 months.</p> <p>58 additional and unfunded beds were open at the 31st March 2019. This had reduced to 42 by the 31st July 2019. The high level of delayed discharges at both Crosshouse and Ayr is causing increased operational pressure 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</p>

	investment and the Palliative End of Life proposals being developed represent agreed or potential investment by NHS A&A to invest in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources.
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>Implementing the financial recovery plan and continuing to closely monitor the financial position 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 progress with plans and any actions that can be taken to bring the change programme into line.</p>
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 £242.858m there is a projected overspend of £1.997m (0.82%). 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 includes actions to reduce the totality of the projected overspend, this plan will require to be closely monitored and reviewed to determine if further actions may be required.</p> <p>The main areas of financial risk which may impact on this position are highlighted in the report.</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

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> <ul style="list-style-type: none"> a) Note the projected year-end overspend of £1.997m; b) Approves the financial recovery plan detailed in Appendix D; c) Approve the changes in funding as detailed in section 2.11 and Appendix E; and d) Note the potential impact of the Lead Partnerships.

For more information please contact:

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2019-20 Budget Monitoring Report–Objective Summary as at 31 July 2019

Appendix A

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 3 £'000	Movement in projected budget variance £'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	54,743	55,835	1,092	12,961	12,973	12	67,704	68,808	1,104	1,511	(407)
: Locality Services	24,802	25,500	698	4,486	4,396	(90)	29,288	29,896	608	711	(103)
: Community Care Service Delivery	26,014	27,005	991	0	0	0	26,014	27,005	991	1,190	(199)
: Rehabilitation and Reablement	1,765	1,772	7	1,912	1,805	(107)	3,677	3,577	(100)	(59)	(41)
: Long Term Conditions	1,803	1,193	(610)	4,574	4,789	215	6,377	5,982	(395)	(331)	(64)
: Integrated Island Services	359	365	6	1,989	1,983	(6)	2,348	2,348	0	0	0
MENTAL HEALTH SERVICES	23,424	24,851	1,427	51,778	51,627	(151)	75,202	76,478	1,276	1,126	150
: Learning Disabilities	17,693	19,130	1,437	511	403	(108)	18,204	19,533	1,329	1,505	(176)
: Community Mental Health	4,366	4,356	(10)	1,611	1,568	(43)	5,977	5,924	(53)	(114)	61
: Addictions	1,365	1,365	0	1,345	1,255	(90)	2,710	2,620	(90)	(81)	(9)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,311	48,401	90	48,311	48,401	90	(184)	274
CHILDREN & JUSTICE SERVICES	32,135	33,006	871	3,610	3,658	48	35,745	36,664	919	699	220
: Intervention Services	3,859	3,970	111	325	371	46	4,184	4,341	157	127	30
: Looked After & Accomodated Children	16,325	17,384	1,059	0	0	0	16,325	17,384	1,059	679	380
: Fieldwork	4,713	4,719	6	0	0	0	4,713	4,719	6	89	(83)
: CCSF	311	290	(21)	0	0	0	311	290	(21)	(28)	7
: Criminal Justice	2,627	2,627	0	0	0	0	2,627	2,627	0	0	0
: Early Years	394	362	(32)	2,868	2,856	(12)	3,262	3,218	(44)	(33)	(11)
: Policy & Practice	3,906	3,654	(252)	0	0	0	3,906	3,654	(252)	(149)	(103)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	417	431	14	417	431	14	14	0
PRIMARY CARE	0	0	0	47,719	47,719	0	47,719	47,719	0	0	0
ALLIED HEALTH PROFESSIONALS				5,131	5,081	(50)	5,131	5,081	(50)	(45)	(5)
MANAGEMENT AND SUPPORT COSTS	7,713	6,636	(1,077)	1,907	1,743	(164)	9,620	8,379	(1,241)	(704)	(537)
CHANGE PROGRAMME	655	655	(50)	1,082	1,082	0	1,737	1,737	(50)	1	(51)
TOTAL	118,670	120,983	2,263	124,188	123,883	(305)	242,858	244,866	1,958	2,588	(630)
Return Hosted Over/Underspends East	0	0	0		0	(34)			(34)	56	(90)
Return Hosted Over/Underspends South	0	0	0		0	(32)			(32)	52	(84)
Receive Hosted Over/Underspends East	0	0	0		0	105			105	105	0
REVISED PROJECTED OUTTURN	118,670	120,983	2,263	124,188	123,883	(266)	242,858	244,866	1,997	2,801	(804)

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	67,704	68,808	1,104	
Locality Services	29,288	29,896	608	<p>Older People permanent care homes - projected overspend of £0.357m 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 underspend of £0.094m on 53 packages and a net decrease of 1 packages expected during the year.. * Residential Packages - projected overspend of £0.010m based on 35 packages. * Community Packages (physical disability) - projected overspend of £0.212m based on 50 packages <p>NHS Packages of Care - projected underspend of £0.103m due to use of supplementary staffing offset by slippage in other packages.</p>
Community Care Service Delivery	26,014	27,005	991	<p>Care at home</p> <ul style="list-style-type: none"> - in house service - projected overspend of £0.083m 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 £0.415m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving. There are four moratoria in place but the hours purchased from other providers has increased. <p>Direct Payments - projected underspend of £0.129m based on 36 packages continuing until the year end.</p> <p>Transport costs - projected overspend of £0.068m due to increase in staff mileage within care at home.</p> <p>Admin costs - projected overspend of £0.072m mainly due to mobile phone equipment.</p> <p>Voluntary Organisations - projected overspend £0.088m mainly in relation to the Alzheimer service.</p> <p>Income - projected over recovery £0.020m mainly in relation to Community Alarm income and CM2000 non compliance charges.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,677	3,577	(100)	Employee costs - projected underspend £0.121m due to vacancies.
Long Term Conditions	6,377	5,982	(395)	<p>Ward 1 - projected overspend of £0.264m due to the use of supplementary staffing.</p> <p>Ward 2 - projected underspend of £0.022m assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients.</p> <p>Elderly CMHT - underspend of £0.044m due to vacancies.</p> <p>Carers Act Funding - projected underspend of £0.500m 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.</p>
Integrated Island Services	2,348	2,348	0	
MENTAL HEALTH SERVICES	75,202	76,478	1,276	
Learning Disabilities	18,204	19,533	1,329	<p>Residential Packages - projected overspend of £0.358m based on 41 current packages and a net increase of 1 package until the year end.</p> <p>Community Packages - projected overspend of £0.932m based on 291 current packages less 5% invoice variances and a net movement in year of 3 new packages for provided packages. The projection assumes savings of £0.490m will be achieved. The projection for direct payments is based on 40 current packages with a net increase of 3 to the year end less £0.101m recovery of unspent balances.</p> <p>Employee costs - projected underspend £0.151m mainly due to vacant posts</p>
Community Mental Health	5,977	5,924	(53)	<p>Residential Packages - projected overspend of £0.023m based on 27 current placements with an assumed net reduction of 3 places by the year end.</p> <p>Employee costs - projected underspend £0.083m mainly due to vacant posts</p>
Addictions	2,710	2,620	(90)	<p>Employee costs - projected underspend £0.090m due to vacant posts</p> <p>ADP - projected online position.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,311	48,401	90	<p>Adult Community - projected underspend of £0.069m due to vacancies.</p> <p>Adult Inpatients- projected overspend of £0.589m due to a delay in closing the Lochranza wards. Assumes a 5th bed is sold from October.</p> <p>UNPACs - projected overspend of £0.242m 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 - assumed online pending the finalisation of the elderly mental health bed redesign.</p> <p>Addictions - projected underspend of £0.030m due to vacancies.</p> <p>CAMHS - projected underspend of £0.255m due to vacancies.</p> <p>MH Admin - projected underspend of £0.116m due to vacancies..</p> <p>Psychiatry - projected overspend of £0.045m due to agency costs.</p> <p>MH Pharmacy - projected underspend of £0.154m mainly within substitute prescribing.</p> <p>Psychology- projected underspend of £0.160m due to vacancies.</p> <p>Action 15 - assumed online position</p>
CHIDREN'S AND JUSTICE SERVICES	35,745	36,664	919	
Intervention Services	4,184	4,341	157	<p>Employee costs - projected overspend of £0.068m mainly due to incremental drift.</p> <p>Supported Carers Scheme - projected overspend of £0.024m based on 6 carers supporting 6 children.</p> <p>Transport Costs - projected overspend of £0.035m in relation to mileage costs.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,325	17,384	1,059	<p>Looked After Children placements - projected underspend of £0.136m based on the following:-</p> <p>Kinship - projected overspend of £0.023m. Budget for 339 placements, currently 339 placement but projecting 356 placements by the year end.</p> <p>Adoption - projected overspend of £0.007m. Budget for 74 placements, currently 74 placements.</p> <p>Fostering - projected underspend of £0.030m. Budget for 120 placements, currently 122 placements but projecting 116 placements by the year end.</p> <p>Fostering Xtra - projected underspend of £0.151m. Budget for 32 placements, currently 27 placements but projecting 23 placements by the year end.</p> <p>Private fostering - projected overspend of £0.006m. Budget for 11 placements, currently 11 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 £1.371m. 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. The discharge dates have slipped from the month 3 assumptions. There are currently 28 placements including 1 on remand (ends September 2019) and 2 secure placements. The projection assumes 2 discharges in August 2 in October and 5 in 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.</p>
Fieldwork	4,713	4,719	6	Outwith the threshold for reporting
CCSF	311	290	(21)	Outwith the threshold for reporting
Criminal Justice	2,627	2,627	0	Outwith the threshold for reporting
Early Years	3,262	3,218	(44)	Outwith the threshold for reporting
Policy & Practice	3,906	3,654	(252)	<p>Employee costs - projected overspend of £0.107m due to non achieved payroll turnover.</p> <p>Residential Placements - projected underspend of £0.365m due to one child transitioning to adult services and another assumed to be transferring to Trindlemoss.</p>
Lead Partnership (CS)	417	431	14	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,719	47,719	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,131	5,081	(50)	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	9,620	8,379	(1,241)	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	242,858	244,866	1,958	

Threshold for reporting is + or - £50,000

2019-20 Savings Tracker

Appendix C

Savings reference number	Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Deliverability Status Month 4	Approved Saving 2019/20 £	Net Saving Achieved at Period 4 £000's
	Health and Community Care					
SP-HSCP-19-02	Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	Amber	55,000	0
SP-HSCP-19-04	Day Centres - Older People	Helen McArthur	Green	Green	38,232	38,232
SP-HSCP-19-05	Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	Amber	130,350	0
SP-HSCP-19-09	Care at Home - Reablement Investment	Helen McArthur	Amber	Amber	500,000	0
SP-HSCP-19-12	Assessment and Self Directed Support	Isabel Marr	Green	Amber	150,000	0
NHS - HSCP-9	Packages of Care	Mary Francey	Amber	Green	150,000	0
	Mental Health and Learning Disabilities					
SP-HSCP-19-01	Integration of the Learning Disability team	Jan Thomson	Amber	Green	56,000	56,000
SP-HSCP-19-07	Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	Red	328,000	0
NHS - HSCP-1	Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	Green	250,000	0
SP-HSCP-19-10	LD - Reduction to Sleepover Provision	Jan Thomson	Amber	Red	215,000	25,000
SP-HSCP-19-11	Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	Amber	111,000	0
SP-HSCP-19-06	Adult Community Support - Commissioning of Services	Jan Thomson/Julie	Green	Amber	388,000	1,500
NHS - HSCP-4	UnPACs - 7% reduction*	John Taylor	Green	Amber	200,000	
NHS - HSCP-5	Substitute Prescribing - 5% reduction*	John Taylor	Green	Green	135,000	135,000
NHS - HSCP-3	Review of Elderly Mental Health Inpatients*	William Lauder	Green	Green	727,000	
NHS - HSCP-6	See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	Green	90,000	
	Children, Families and Justice Services					
SP-HSCP-19-03	Fostering - reduce external placements.	Mae Henderson	Green	Green	127,408	127,408
SP-HSCP-19-08	Children's residential placements (CF)	Mae Henderson	Amber	Amber	355,000	0

Savings	Description	Responsible Senior	Deliverability	Deliverability	Approved	Net Saving
	Partnership Wide					
SP-HSCP-19-13	Charging Policy	Lisa Duncan	Green	Green	200,000	200,000
NHS - HSCP-10	Reduce business admin services	Julie Davis	Green	Green	50,000	
NHS - HSCP-11	ICF Project - Partnership Enablers	Michelle Sutherland	Amber	Green	27,000	27,000
NHS - HSCP-12	ICF Project - Buckreddan care home	Michelle Sutherland	Amber	Green	16,000	16,000
NHS - HSCP-13	Uncommitted ICF Funding	Michelle Sutherland	Green	Green	80,000	80,000
SP-HSCP-19-20	Living Wage	n/a	Green	Green	187,000	187,000
NHS - HSCP-7	Resource Transfer to South Lanarkshire	n/a	Green	Green	40,000	40,000
SP-HSCP-19-14	19/20 impact of 18/19 part year savings	Stephen Brown	Green	Green	113,000	113,000
SP-HSCP-19-15	Respite	n/a	Green	Green	200,000	200,000
SP-HSCP-19-16	Payroll Turnover Target	Stephen Brown	Amber	Amber	500,000	
SP-HSCP-19-17	Lean Efficiency Programme	Stephen Brown	Green	Amber	50,000	0
NHS - HSCP-2	Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	Green	300,000	300,000
NHS - HSCP-8	Payroll Turnover Target - Other Services	Thelma Bowers	Amber	Green	365,000	365,000
					6,133,990	1,911,140

Recovery Plan

Appendix D

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 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 embed the 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 P4 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 	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	Thelma Bowers/Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 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 Accomodated 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. Accellerating 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 P4 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.			185	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.		√	-	Thelma Bowers/Helen McArthur/Caroline Whyte

TOTAL

1,997

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 4 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 (Physio Equip) 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
Associate 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)
Period 4 reported budget			124,188

GRAND TOTAL	242,858
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