This paper relates to Agenda Item 6





Title/Subject:	IJB Budget Recovery Plan
Meeting:	Integration Joint Board
Date:	03 June 2016
Submitted By:	Chief Finance Officer
Action:	For Decision

#### 1. INTRODUCTION

1.1. The purpose of this report is to report the progress of the Falkirk Partnership Leadership Group in developing a Budget Recovery Plan as agreed at the meeting of 24 March 2016. Whilst this report deals largely with the initial financial challenges facing the IJB further reports will be brought to the Board on the wider service issues and implications including the relationship to delivery of the Strategic Plan.

The Leadership Group has met weekly since 18<sup>th</sup> April 2016 to oversee the development of the financial recovery plan to ensure services are delivered within resources available. The terms of reference and membership of the Leadership Group are attached at Appendix I.

- 1.2. The requirement for a Budget Recovery Plan was driven by a combination of a historical overspends and a projected £2m for 2015/16 relating to Adult Social Care Services and significant financial risks highlighted in the initial budget setting papers which were:
  - delivery of 16/17 and beyond savings programmes
  - the full year effect of implementing the Living Wage
  - delivery of the relevant elements of NHS Scotland Outcomes Framework within reduced resources
  - continued uncertainty relating to some Scottish Government allocations where the delivery of outcomes will lie within functions delegated to the IJBs
  - delivery of Alcohol and Drugs services within a significantly reduced financial envelope and changing accountability arrangements
  - the potential recurrent shortfall relating to investment of Partnership Funding (see separate report on partnership funding)
  - implementation of major service redesign and service change

#### 2. **RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1. Note the 2015/16 Outturn
- 2.2. Note the 2016/17 Pressures, Projections and Issues Relating to Savings Delivery
- 2.3. Note the updated estimates of cost in relation to the National Care Home Contract and the Living Wage
- 2.4. Note the work underway to address the projected overspend in Adult Social Care Services and approve the provision of £1m from the balance of the integration fund to cover this risk contingent on efforts being continued to address the overspend.
- 2.5. Note the terms of reference of the Leadership Group
- 2.6. Note the development of the Financial and Sustainability Elements of the Strategic Risk Register
- 2.7. Note the ongoing development of Assurance, Controls and Reporting Arrangements and in particular
  - Development of IJB financial reporting arrangements
  - Establishment of systems to provide assurance to the Board on the use of resources through a structure of regular joint management meetings with the General Manager of the Community Services Directorate, the Head of Social Work Adult Services, IJB Chief Finance Officer and Programme Manager and appropriate Service Managers/ budget holders from across the 'in scope' partnership services.

# 3. INTEGRATION JOINT BOARD BUDGET

3.1. At its meeting on 24 March 2016 the IJB set an initial 2016/17 budget totalling £200.078m. The totality of the resources is set-out in the table below and represents the resources aligned to the Board's span of responsibilities.

	£m	£m
Falkirk Council per Appendix I of Integration Joint Board Budget Report		
Gross Expenditure Payment	91.653	
Offset by Grants, Fees and Charges	-30.187	
Net Payment		61.466
NHS Forth Valley Per Appendix I of Integration Joint Board Budget - Supplementary Report		
Set Aside Budget		24.155
Payment to IJB Consisting of:		
Operational	39.725	
Family Health Services	66.719	
		106.444
Partnership Funding Streams		
Delayed Discharges	0.864	
Integrated Care Fund	2.880	
Prior Year Slippage	1.739	
Balance of Integration Funding not Assumed within Falkirk Council Payment (£7.070m-£4.540m)	2.530	
		8.013
TOTAL		200.078

Directions to Forth Valley Health Board and Falkirk Council were issued based upon the above directing the carrying out of functions within the resources specified. This includes the delivery of savings requirements reflected in the sums stated above.

The directions may be require to be revised in August to reflect any changes arising from the review of partnership funding.

#### 3.2. 2015/16 Outturn

#### **Adult Social Care Services**

IJB Element of Adult Services Budget	
	£'000
15/16 Budget	59,500
Projected Outturn	61,131
Over/(Under)spend	1,631

The above table reflects an overspend of  $\pounds$ 1.855m in relation to functions delegated as of 1<sup>st</sup> April to the IJB offset by  $\pounds$ 0.224m from other Adult Services budgets.

## **NHS Board Budgets**

The NHS Board has confirmed that, subject to audit, it has met its financial targets and therefore is assumed to bring a net initial breakeven position in relation to in-scope budgets.

## 3.3. 2016/17 Pressures

The main financial pressures in relation to the IJBs budget in 2016/17 are derived from:

- The overspend on adult social care services as detailed in section 3.3 of this report
- Projected shortfall in delivery of 2016/17 savings programmes in relation to Oakbank and Summerford Care Homes and Eligibility Criteria for Adult Social Care Services as detailed in section 3.5 of this report.
- Areas of savings within the NHS Board budgets identified as Red Risks in terms of delivery.
- Key areas of financial risk within the NHS Board budgets notably cost of Complex Care Packages and Prescribing.
- Any share of the previously reported additional savings requirements (£5m) in relation to the NHS Board budgets which would fall to budgets delegated to the IJB.
- Ongoing growth in demand for Health and Social Care Services linked to demographic change and rising expectations.

# 3.4. Projections

#### **Adult Social Care Services**

Projections have been updated taking into account the 2015/16 outurn and current best information on expenditure projections and savings delivery. This is summarised in the table below.

16/17 Projection for IJB Adult Services	
	£'000
16/17 Budget per Falkirk Budget Book	60,466
Add £1m Integration Funding (Share of £250m)	1,000
Total Approved Budget	61,466
Add 15/16 Overspend (Unfunded)	1,631
Add Savings Not Likely to be Achieved	470
Add Projected cost from transitional cases	480
Less: National Care Home Contract /Living Wage Reduction in Projection	
	62,534
Current Projected Overspend	1,068

The above projected overspend is largely driven by historic spending patterns resulting in significant overspends relating to:

- 24 Hour Care; and
- Home Care

Comparative data confirms by way of illustration that the per capita adjusted rate of care home occupancy for the 65+ population is higher for Falkirk than for a suite of comparator Council areas. Expenditure on this budget line can only be reduced by shifting the balance of care away from higher reliance upon care home admission, which indicates that the time line for effecting change is in the medium to longer term. This reflects the budgetary impact of supporting the existing service provision model while implementing new models.

The work that will be undertaken to address the social care budgetary overspend will consider a number of areas including:

- Operating tighter eligibility criteria, and offering lower cost packages of care to meet need
- Reducing costs through efficiencies and bringing down the price paid for procured services, while increasing revenue through review of charging policy
- Improved planning and commissioning processes
- Improved budgetary control and review
- Improved assessment, care planning and review of care packages
- Increased access to Reablement services for clients who are newly referred to services
- Cutting costs in staffing across management, admin and frontline
- Reducing costs through integration of health and social care

 Transformational savings through managing demand [the Christie principles] diverting more people away from formal paid service.

Through the above approaches every effort will be made to reduce the projected overspend as far as is possible. However given levels of risk regarding savings delivery, general demand pressures and the potential volatility of costs of care packages it would be prudent to make provision of £1m from the balance of the integration fund to cover the projected level of overspend in the current year.

Should there be confidence during the financial year that this level of provision is not required it can then the considered for alternative use. Regular updates on progress will be provided to the Board as part of ongoing reporting arrangements.

# 3.5. Savings Delivery Across IJB Functions

The leadership group, over the previous weeks, has continued to discuss and enhance understanding of savings programmes relating to in-scope functions of the IJB.

A risk based format of reporting has been adopted on a RED/AMBER/GREEN or RAG reporting basis highlighting where initiatives are at risk of less than full delivery of planned savings amounts.

Summaries of these programmes are attached at Appendices III and IV. However, to give the IJB a sense of the level of overall risk against the IJB budget a combined summary of red risks is provided in the table below.

COMBINED RED RISKS ON SAVINGS DELIVERY RELATING TO IJB BUDGET FOR 2016/17			
	£'000		
Eligibility Criteria	500		
Oakbank and Summerford	70		
Shopping Service	20		
Offset: Over Delivery of Asset Savings	(120)		
Mental Health Inpatients - Female Low Secure *	112		
Learning Disability Inpatient - Achieving Appropriate Supports *	140		
Alcohol and Drug Partnership - Savings to Match Reduced Resources *	177		
NHS Board: Original Proposals Not Now Progressing	331		
TOTAL	1,230		

\* indicates items requiring discussion and agreement with IJB

Additional savings requirements relating the NHS Board budget, as referenced in Section 3.7 of this report may increase the level of risk detailed above.

# 3.6. Savings Delivery - Adult Social Care Services

## **Oakbank and Summerford Care Homes**

The Council's budget for 2016/17 includes a saving of £300K to be delivered from the Oakbank / Summerford Care Homes closure programme. The programme requires to be delivered in a planned and phased manner, commencing with the closure of Oakbank. The timeline for the Oakbank closure provides a current estimated completion date of November 2016. Assuming this target date is met the estimated associated saving to be delivered during 2016/17 is estimated at £230k. This leaves a gap of £70k for which contingency planning will be required.

This programme of work will be followed by the joint development of a new build bed based intermediate care facility the business case for which will be brought to the Board in due course.

## **Eligibility Criteria**

The Council's budget for 2016/17 includes a saving of £500K to be delivered from re-profiled eligibility criteria for adult social care. The saving is predicated upon focusing care provision around critical and substantial need. The existing operational procedure for eligibility criteria has been in place since November 2010 and does not reflect current resource pressures or related policy developments including new legislative requirements around Self Directed Support. A change programme around eligibility criteria involves work across a wide gamut of interlinked activities. These include engagement with stakeholders including service users and providers, staff training and redesign of key processes. Some logistical difficulties were encountered with early stage planning for this saving of £500K against changed eligibility criteria. In consequence there remains uncertainty around to the extent to which this saving can be delivered in 2016/17. Potential shortfall on delivery of this saving may be mitigated through compensatory action to review current care provision within existing eligibility criteria. Given the current level of uncertainty it is proposed that this saving be the subject of a specific report to the next meeting of the IJB.

# 3.7. Savings Delivery – NHS Board Budgets

The schedule attached at Appendix IV details a number of savings programmes identified as red risks.

In relation to Alcohol and Drugs services plans have been established to meet the required savings level and presented to the Forth Valley Alcohol and Drug Partnership. It is therefore anticipated that this level of risk will reduce as plans begin to be implemented.

Plans to achieve the other savings programmes identified as Amber and Red Risks require further discussion and development and agreement including agreement with the IJB where they involve material changes relating to functions delegated to the IJB. These are marked with an \* in the Table @ Section 3.5 and Appendix IV.

Overall NHS Forth Valley has identified a recurring savings requirement in 2016/17 of £26.6m. The initial Local Delivery Plan Financial Template submitted to the Scottish Government in March detailed a balanced position, however there remained a shortfall of circa £5m. Work has been continuing to eliminate this gap, however savings are increasing difficult to identify without impacting on service provision. It is anticipated therefore that both IJBs will receive a further share of savings plans for those services which fall under the IJB scope.

## 3.8. Integration Fund

The Integration Fund was introduced through the 2016/17 Scottish Budget and amounts to  $\pounds$ 250m nationally with Falkirk Partnerships share being  $\pounds$ 7.070m.

The budget setting papers for the IJB highlighted the proposed use of the integration fund based on best estimates and the position of national level negotiations at that point in time. This left a balance of £2.5m of the funding for the IJB to decide on best use of.

Since this point in time negotiations around the National Care Home Contract and have progressed and estimates around this and the Living Wage have been further refined per the table below.

National Care Home Contract/Living Wage		
Amount Provided for in IJB Budget		4,370
Revised Estimate - May 2016		2,857
Amount to be applied to Adult Social Care Budget		1,513

It should be noted that the above estimates are part-year costs based on implementation from 1<sup>st</sup> October 2016.

Given demand and therefore spend on Adult Social Care Services is closely linked to changing need driven by demographic change it is therefore proposed that provision of £1m be made from the balance of this funding to meet the risk of projected overspend as detailed in Section 3.4 of this report.

It is critical given:

- future years requirements for cash savings;
- the case for change identified within the Strategic Plan;
- risks around the full-year effect of the National Care Home Contract, Living Wage and other legislative requirements relating to the functions delegated to the IJB
- the need to continue to drive efficiency and change programmes

that this is proposed use is considered to be, in effect, a bridging finance resource to allow the required time for change and efficiency programmes to be implemented and wider 'whole system' service and financial planning to develop

The IJB Chief Finance Officer will work with the Chief Officer and Head of Service to produce ensure evidence of compliance with the terms of the Local Government Finance Settlement including the Due Diligence Obligations placed on the IJB Chief Finance Officer.

Plans will be brought forward for the utilisation of the balance of this funding to support the delivery objectives of the strategic plan in due course.

## 3.9. **Risk**

In relation to developing risk management arrangements for the partnership the strategic risk register incorporates a section on financial and operational risk flowing from the significant financial risks identified in the budget setting paper. This section is attached as Appendix II to this report.

# 4. ASSURANCE, CONTROLS AND REPORTING

- 4.1. The Integration Scheme requires quarterly financial reporting to the IJB
- 4.2. As previously reported to the IJB there are several challenges in consolidating financial information from the NHS Board and Council to produce informative and high quality financial information including:
  - Reporting on a cash (used by Local Authority) or accruals (used by Health Board) basis
  - Differing reporting and accounting timetables
  - Structure and presentation style of financial reports
  - Structure of the financial ledger, including who is going to host the financial ledger of the IJB
- 4.3. The Integration Finance Workstream is currently considering proposals for IJB financial reporting and this work is due to be completed by June 2016 to allow financial reports to be produced in line with the requirements of the Integration Scheme
- 4.4. The Falkirk IJB will receive a financial report covering the first quarter of the financial year at its August meeting
- 4.5. Consideration is required in planning IJB meetings schedule for 2017 onward to financial reporting timetables to allow, where possible, for as up to date as possible financial information to be reported to the Board.
- 4.6. The Chief Officer and Chief Finance Officer of the IJB are required to establish systems to provide assurance to the Board on the use of resources. It is proposed that this is secured through a structure of regular joint management meetings with the General Manager of the Community Services Directorate, the Head of Social Work Adult Services, IJB Chief Finance Officer and Programme Manager and appropriate Service Managers/ budget holders from across the 'in scope' partnership services.

# 5. CONCLUSIONS

- 5.1. This report sets out the work to date of the Leadership Group and the development of a financial recovery plan to address the historic overspend relating to Adult Social Care Services and risks surrounding savings delivery relating to the IJB budget.
- 5.2. Further information on the issues highlighted including actions to address overspends and savings delivery will be included in financial reporting to the IJB.

# **Resource Implications**

The resource implications are set out in the body of the report.

## Impact on IJB Outcomes and Priorities

The resources detailed in this report represent the resources available to support the delivery of the Strategic Plan

## Legal & Risk Implications

The Financial and Operational Element of the Strategic Risk Register is attached at Appendix II

# Consultation

Members of the leadership group, The Chief Officer, the Chief Finance Officer of Falkirk Council and Director of Finance of NHS Forth Valley have been consulted on this report.

#### **Equalities Assessment**

There will be appropriate consideration to equalities assessment in line any further decisions required to ensure services are delivered within resources available.

Approved for Submission by: Patricia Cassidy, Chief Officer

Author: Ewan Murray; Chief Finance Officer Date: 24 May 2016

List of Background Papers:

Integration Scheme Financial Governance – 5 February 2016 Financial Regulations 24 March 2016 Falkirk Council Revenue Budget 2016/17 NHS Forth Valley Financial Plan 2016/17 Integration Joint Board 24 March 2016 – Papers 7 and 22 Integration Joint Board Budget and Supplementary Budget Report

# APPENDICES

- I. Leadership Group Terms of Reference and Membership
- II. Strategic Risk Register Finance Section
- III. Assessment of Savings Delivery Adult Social Care Services
- IV. Assessment of Savings Delivery In Scope NHS Services

## APPENDIX I

## Falkirk HSCP Leadership Group Terms of reference

## Background

At the IJB meeting on 24 March 2016 members of the Board discussed the Integration Joint Budget as detailed in agenda items 7 and 22. (<u>http://www.falkirk.gov.uk/coins/Agenda.asp?meetingid=2519</u>)

The papers identified areas of significant financial risk within the challenging financial climate for 2016/17 and beyond. The current financial pressures: ongoing demand, growth linked to changes in the demography of the population, advancements in medical, pharmaceutical and other new developments. Technology enabled care will present both significant risks and opportunities in delivering services and the priorities identified within the Strategic Plan going forward.

At the IJB meeting on 24 March 2016 members of the board remitted the Chief Officer to develop a Recovery Plan for the Board to mitigate the financial risks as outlined below. It was agreed that the Chief Officer set up a leadership group of senior managers, including finance, operations and governance from the partnership to develop a recovery plan for the June 2016 Board meeting.

#### **Membership**

Patricia CassidyCEwan MurrayCColin MoodieDSimon DryburghABryan SmailCAmandaTemplemanCKathy O'NeillCJoe McelholmHSuzanne ThomsonFAlison CookeSMarlyn GardnerS

Chief Officer Chief Finance Officer Depute Chief Governance Officer Associate Director of Finance Chief Finance Officer Capital Manager General Manager Head of Social Work Adult Services Programme Manager Service Manager Falkirk HSCP Falkirk HSCP Falkirk Council NHS Forth Valley Falkirk Council NHS Forth Valley Falkirk Council Falkirk HSCP Falkirk Council NHS Forth Valley

# <u>Remit</u>

Develop a financial strategy and recovery plan to complement and support delivery planning to implement the Strategic Plan and to mitigate financial risks.

#### Short Term Actions deliverable by 3 June 2016

- Review the respective partners budgets and budget pressures
- Understand the controls and assurance processes in place for the budgets and savings assumptions
- Understand the impact on services as a result of the budget pressures
- Address the current projected overspend within in-scope Adult Social Work services which are projected in the region of £2m (as reported to the IJB 24.3.16)
- Review all other areas of projected overspend that may impact on the financial balance and make allowances as required

- Obtain confirmation of the NHS plans to address the relevant elements of NHS Scotland Outcomes Framework within reduced resources and provide reassurance to the IJB
- Obtain confirmation of the plans to address the delivery of Alcohol and Drugs services within a significantly reduced financial envelope and changing accountability arrangements and provide reassurance to the IJB
- Obtain confirmation of the NHS plans to address the potential recurrent shortfall relating to investment of Partnership Funding as previously reported to the IJB
- Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams and agree investment plan for 2016/17 and 2017/18
- Establish financial reporting arrangements including operational reporting to Chief Officer and quarterly reporting to Integration Joint Board based per terms of Integration Scheme

## **Medium Term Actions**

- Review the delivery of 2016/17 savings programmes and identify alternative plans as required
- Align the recovery plan actions with the implementation of major service redesign and service change
- Identify Locality budget profiles
- Examine options appraisal and prioritisation approaches such as Programme Budget and Market Analysis (PBMA) and their relevance and applicability to the challenges faced by the partnership.
- Establish savings monitoring arrangements
- Establish protocols for variations of budgets and directions.

# Accountability to and Timescales

Short term Actions	Report to the IJB
Medium Term Actions	Confirm plan and timeframe by 3 June 2016

#### **Meeting Frequency**

Weekly until the end May 2016 then review meeting frequency

# APPENDIX II

Risk Type	<b>Risk Title / Description</b>	Current Risk Score	Lead Officer		
SHORT-TERM PF	NORITIES: SIGNIFICANT INTEGE CHALLENGES	RATION UNC	ERTAINTIES /		
1 Financial and Operational	Financial Stability and Commissioning (including sustainable capacity across all sectors, and co-location / sharing of teams and assets)	High	Chief Finance Officer		
Risks	<ul> <li>a) Current projected overspend within c£2.0m</li> <li>b) Delivery of 16/17 saving programmed</li> <li>c) Full year effect of implementing Livid</li> <li>d) Delivery of the relevant elements of Framework within reduced resources</li> <li>e) Continued uncertainty relating to som where the delivery of outcomes will IJB</li> <li>f) Delivery of Alcohol and Drug service</li> <li>g) Potential recurrent shortfall relating Funding Streams</li> <li>h) Implementation of major service red</li> </ul>	es ng Wage NHS Scotland C ne Scottish Gove ie within function es within reduced to investment of esign and signific	Dutcomes ernment allocation ns delegated to the I financial envelope Partnership cant service change		
Controls / Actions	<ul> <li>a) Establish leadership group and agree membership and terms of reference</li> <li>b) Draft Financial Recovery Plan for Integration Joint Board for approval on 3 June 2016</li> <li>c) Establish financial reporting arrangements including operational reporting to Chief Officer and quarterly reporting to Integration Joint Board based per terms of Integration Scheme</li> <li>d) Establish savings monitoring arrangements</li> <li>e) Establish protocols for variations of budgets and directions</li> <li>f) Monitor Scottish Government and COSLA approach / policy on Living Wage and relationship to Integration Joint Board</li> <li>g) Review and assess deliverability of savings and efficiency programmes</li> <li>h) Facilitate an Integration Joint Board development session on financial issues by 3 June 2016</li> <li>i) Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes.</li> <li>j) Produce and agree evaluation of impact and outcomes form investment of Partnership Funding Streams and agree investment plan for 2016/17 and 2017/18</li> <li>k) Develop financial strategy to compliment and support delivery planning that to implement Strategic Plan</li> <li>Examine options and appraisal and prioritisation approaches such as PBMA and their relevance and applicability to the challenges faced by the partnership</li> </ul>				

# APPENDIX III

<u>Summ</u>	hary of 2016/17 Savings-	Social Work Adu	<u>lt Services</u>			
No	Description	Planned Saving	Anticipated Saving	<u>Net</u> Shortfall £'000	RAG Rating	Notes / Actions
1	Increase existing non	35	35	<del>* 000</del>	Maung	
1	residential charges and charging caps in line with inflation	55			0	Letters issued to Users. Savings will be met.
2	Inflationary uplift in income for services funded by NHS Forth Valley	100	100		0	NHS uplift confirmed so saving met.
3	No inflationary uplift for supporting people expenditure	200	200		0	Top slicing of budget
4	Home Care - Shift the balance of internal/external provision towards a greater proportion of external provision	38	38		0	Savings to be taken out of "bucket of hours" so target will be met.
5	Redesign of employment services to people with a disability and potential closure of ASSET	102	222	-120	0	ASSET closed. Savings will be met.
6	Potential reduction of existing buildings based day services in response to anticipated increase in demand for packages of self directed support with built in efficiencies of 20%	230	230		0	In progress
7	Switch existing shopping service to an alternative reduced service being commissioned through the voluntary sector	60	40	20	<u> </u>	Service Level Agreement with the Provider is to be concluded. Around £40k savings is expected.
8	Review Caledonia Clubhouse and Services provided by FDAMH with a view to achieving efficiency savings of 20%	35	35		0	Efficiency savings being identified.
10	Redesign of care home provision with closure of Oakbank and reprovision of Summerford	300	230	70	<u> </u>	In progress. Services is drawing up closure plan.
11	Reprofiled Eligibility Criteria for adult social care with a focus on provision for people whose needs are critical or substantial	500	0	500	•	Work has not yet commenced due to lack of capacity at Service Manager and Team level.
	UMATLANA	1,600	1,130	470		
		1,000	1,120	4/0		

BUDGET PLAN £'000 RAG Notes / Actions Discuss	APPENDIX IV					
BUDGET         PLAN         É000         RAG         Notes / Actions         Furth prime prime prime prime prime           SET ASDE         Covert bed capacity in Trystview to low secure unit for females, reparting patients from unit for females, reparting patients from unit for females, reparting pay saving         66         67         6         6           Learning Disability inpatient         Review of on call rots and mon pays saving         10         R         Case for Change to be developed         -           Learning Disability inpatient         Review of on call rots and mon pays saving         10         R         Case for Change to be developed         -           Deriver Names         Non-pays savings.         100         R         Case for Change to be developed         -           Deriver Names         Non-pays savings.         10         R         Case for Change to be developed         -           Deriver Names         Non-pays savings.         10         R         Case for Change to be developed         -           Deriver Names         Reduction in non-pays and equipment.         121         G         -         -           Community Addiction Services         Revised Advocay Contract         131         G         -         -           Control Deriver Names         Revised Progrement Paid         131         G						
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private Facilities     112     R     developed     +       Learning Disability inpatient     Review of on-ally constants on pays savings     127     G     -       Achieving appropriate support for people with learning disabilities in appropriates     120     R     Case for Change to be developed     -       ToTAL SET ASIDE     335     -     -     -     -       District Nursing     Non - pays savings, including travel and drug     6     G     -     -       Community Addiction Services     Non - pays savings, including travel and drug     24     G     -     -       Community Addiction Services     Non - pays savings, including travel and drug     24     G     -     -       Community Mased AHP services     Non - pays savings, including travel and REACH AtPs     -     -     -     -       Community Mental Health Services     Reduction in non-pays     124     G     -     -       Dutside Hospital Genatric Meditione     Older People's services - salit Imix review     126     G     -     -       Community Mental Health Services     Revised Advocast, Contract     144     G     -     -       Phythatic Kemory Clinic     188     G     -     -     -       Dutside Hospital Services     G     -     -     -					Case for Change to be	
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