

Title/Subject: Integration Joint Board Financial Report and Budget Recovery Plan Update

Meeting: Integration Joint Board

Date: 7 October 2016

Submitted By: Chief Finance Officer

Action: Decision

1. Introduction

- 1.1 The purpose of this report is to provide the IJB with an overview of the financial position of the Health and Social Care Partnership. This report has been prepared based on information supplied by the finance teams within Falkirk Council and NHS Forth Valley and on the basis of financial reporting arrangements and format agreed through the Finance Workstream.
- 1.2 The IJB will normally receive a financial report at each meeting.

2. Recommendations

- 2.1 The Integration Joint Board is asked to:
- 2.1.1 Note the financial position of a reported overspend of £1.117m for the 5 month period ended 31 August 2016
- 2.1.2 Note the current projected overspend of £1.114m for the year to 31 March 2017.
- 2.1.3 Note the anticipated use of Integration funding to cover the Adult Social Care Services overspend of £0.896m. This has not changed since the report presented to the 5 August meeting of the IJB and the IJB has previously approved this being met from the Integration Fund.
- 2.1.4 Approve the allocation of a sum of £0.218m from Partnership Funding to meet the costs of Falkirk Community Hospital Ward 5 remaining open from mid-August to the end of October 2016 when it can be funded from the Winter Planning monies.
- 2.1.5 Approve the allocation of a sum of £0.100m from the Integration Fund to meet the estimated additional in-year costs of implementing the discharge to assess model subject to the detailed implementation plan being agreed with the IJB Chair and Vice-Chair.

- 2.1.6 Note the updates on Budget Recovery Plan and Savings Programmes detailed in Section 5 of this report.
- 2.1.7 Note the remaining balance of the Integration Fund and Update on the Living Wage detailed in Section 6 of this report
- 2.1.8 Note the forthcoming allocations relating to delegated functions as detailed in Section 8 of this report.
- 2.1.9 Note the requirement to plan for financially sustainable service provision within available resources and take specific account of this within the IJB Business Case for 2017/18 as detailed in Section 9 of this report.
- 2.1.10 Note the update on 2017/18 Budget Setting detailed in Section 9 of this report including the requirement for a briefing session for IJB members in late October and the potential requirement for a special meeting in November.
- 2.1.11 Note the updates on Post Due Diligence Issues and Value Added Tax per Sections 10 and 11 of this report.

3. Background

- 3.1 The IJB agreed the initial budget for the Partnership for 2016/17, at its meeting of 24 March 2016.
- 3.2 The IJB approved the Recovery plan to address the projected overspend in Adult Social Care Budgets at the meeting of 3 June 2016 and a financial report and budget recovery plan update at its meeting on 5 August 2016.
- 3.3 The IJB approved meeting a projected overspend of £1.288m from the remaining balance of the Integration Fund and Partnership Funding at its meeting on 5 August 2016.

4. Financial Report for Period to 31 August 2016

Summary of Financial Position

- 4.1 The summary financial position relating to IJB budgets for the period ended 31 August 2016 is a net overspend of £1.117m consisting of
 - A £0.424m year to date overspend on budgets delegated to Falkirk Council
 - A £0.693m year to date overspend on budgets delegated to NHS Forth Valley consisting of, £0.095m underspend on the Operational Management budget and a £0.788m overspend on the budget relating to Universal Health Services.

- 4.2 Based on financial performance to date, known issues which will affect the financial position over the remainder of the year and anticipated impact of measures to deliver savings and efficiency programmes an overspend of £1.114m is projected for the full financial year. Further information is detailed in Section 4 of this report.

This projection includes the £0.896m approved from the Integration Fund by the IJB at its meeting of 5 August 2016.

Changes to Partnership Budget

- 4.3 The initial budget agreed by the IJB in March 2016 totalled £200.078m. Changes to these initial budgets/payments detailed in the report to the IJB meeting on 5 August 2016 brought the budget to a total of £205.979m consisting of a payment from Falkirk Council of £61.926m, Set Aside budget and payment from NHS Forth Valley of £136.040m and Partnership Funding totalling £8.013m.

Table 1

Change in Payment from Falkirk Council

	£m
Payment at 30 June 2016	61.926
Admin Budget Identified as Not in Scope	(0.024)
Revised Payment at 31 August 2016	<u>61.902</u>

Table 2

Change in Payment and Set-Aside Budget from NHS Forth Valley

	£m
Revised Set-Aside and Payment @ 30 June 2016	136.040
Savings Adjustments	0.016
Other Adjustments and Allocations	0.894
Partnership Funding	0.469
Pensions Auto-enrolment	0.060
Revised Set-Aside and Payment @ 31 August 2016	137.480

Current Position

- 4.4 There are a number of budget pressures some of which are a continuation of overspends in previous years and some which related to emergent financial pressures in year and delivery of savings and efficiency programmes.
- 4.5 The Chief Officer Report presented to the IJB on 5 August 2016 outlined a strategic whole system approach including developing a comprehensive Frailty Pathway, Discharge to Assess and intermediate care model to improve outcomes. This is evidence based and should address the underlying issues to:
- Reduce admissions
 - Reduce length of stay in hospital
 - Reduce delays in discharge
 - Reduce care home placements
 - Improve outcomes
- 4.6 In order to expedite the whole system approach a degree of 'pump-priming' finance is required in the current financial year.

Work will be undertaken to include the continued use of bed capacity within FCH Ward 5 until the end of October 2016. This will be predicated on an increased focus on reablement in Ward 5 to support the implementation of the discharge to assess model and wider continuous improvement in discharge planning.

In addition to the costs of FCH Ward 5 of £0.218m the costs associated with expediting the discharge to assess model are being fully assessed. It is currently estimated that an additional sum in the region of £0.100m will be required in the current financial year to include:

Cost of Releasing OT, Physio and Speech Therapy Capacity	£0.060m
Reablement Training	£0.010m
Additional Overnight Carer Capacity	£0.030m
TOTAL	£0.100m

A costed implementation plan is being developed and it is proposed that the approval of this additional investment should be subject to agreement of the implementation plan with the Chair and Vice-Chair of the IJB.

These costs taken together should be viewed as part of a change package to support the changes for the whole system approach, including a focus on reablement and expediting implementation of the discharge to assess model.

The Board should note that this recommendation is outwith the agreed governance process for Partnership Funding as it has not been considered by the Partnership Funding Group and Strategic Planning Group. Additionally, care will require to be taken to ensure the costs met through this funding meet the restrictions on use of these funding sources. However it is important to recognise that the whole system approach is in line with the Strategic Plan and has been agreed as a partnership priority.

4.7 Significant Areas of Financial Pressure in relation to Delegated Budgets

The most significant areas of financial pressure are:

4.7.1 Within the budgets delegated to Falkirk Council:

- Demand for Care at Home Packages. The number of hours supplied in the period has increased by circa 7% on a year on year basis. The current projected overspend in this area is £1.581m however should current trends continue there is a risk that this may increase by a further £0.230m
- Demand for and costs of Residential and Nursing Home Care which are currently projected to overspend by £0.944m
- Costs of Care Packages in Transition from Children's to Adult Services. £0.320m is included within the projections for these however there is a risk that additional cases in transition will further increase this cost by up to £0.285m
- Costs of providing care packages for patients being discharged from the Lochview Learning Disability inpatient facility of £0.191k in the current financial year and £0.344k for a full year.
- Net savings unlikely to be achieved in year totalling £0.270m
- Whilst the underlying projection has increased by £0.119m the service will endeavour to address this through reviewing further opportunity for efficiency to ensure that, as a minimum, the projected overspend does not deteriorate from the level projected in the financial report presented to the 5 August 2016 IJB meeting.

- These areas of financial pressure are partially offset by underspends in relation to some in-scope functions.

4.7.2 Within the budgets delegated to NHS Forth Valley

- The Operational element of the budget is reporting an underspend position of £0.095m for the period. There are a range of over and underspends within this area including the significant financial risks relating to the costs of joint funded complex care packages and delivery of recurrent cash releasing savings.
- The Universal and Family Health Services element of the budget is reporting an overspend of £0.788m for the period due to phasing of savings plan delivery and anticipated volume increase on prescribing. Prescribing costs are included in the Community Pharmaceutical Services budget line which is reporting an overspend for the period of £0.930m and is partially offset by year to date reported underspends in General Medical Services and GP Out of Hours Services. Due to a two month time lag actual prescribing data the current position is based on actual data for June and estimates for July and August.
- The costs of Falkirk Community Hospital Ward 5 remaining open past the planned closure date of mid-August to the end of October at a cost of £0.218m
- Overall NHS Forth Valley are projecting that a balanced financial position for the year is achievable. This is, however, dependent on continued efforts to reduce costs, realise cash releasing efficiency savings and manage significant areas of financial risk around complex care packages, prescribing and staffing costs. This assumption is based on FCH Ward 5 costs relating to the period from mid-August to the end of October being met from Partnership Resources. Current expenditure trends, however, suggest in relation to prescribing costs that there is a possibility of an overspend in relation in-scope budgets for the Falkirk Partnership.

However, in line with the extant direction NHS Forth Valley are required to manage services within the resources delegated therefore a breakeven projection has been assumed for the purposes of this report..

Detailed financial summaries of the in-scope Falkirk Council and NHS Forth Valley budgets are attached at Appendix I and II to this report.

5. Budget Recovery Plan and Savings Programme Updates

5.1 High Risk Savings

The financial report presented to the IJB on 5 August 2016 detailed the high or red risk areas in relation to savings delivery across IJB functions which totalled

£0.853m. This is against a quantum of savings programmes for 2016/17 totalling £4.5m.

The risk of the savings delivery programmes have been re-assessed in preparing this report and the high or red risks areas are detailed in Table 3 below.

Table 3

COMBINED RED RISKS ON SAVINGS DELIVERY RELATING TO IJB BUDGET FOR 2016/17

	£m
Eligibility Criteria (Net of of £0.2m saving per Section 5.2)	0.300
Oakbank and Summerford	0.070
Shopping Service	0.020
Offset: Over Delivery of Asset Savings	-0.120
Mental Health Inpatients : Female Low Secure Patients	0.112
Learning Disability Inpatients	0.140
NHS Board: Original Savings Proposal Not Now Progressing	0.331
TOTAL	0.853

Updates on various elements of these savings programmes are provided below.

5.2 Eligibility Criteria

Work is progressing on the re-profiling of the existing eligibility criteria for adult social care. Effort is currently focused on developing a resource allocation system. This is an essential part of working alongside service users and their carers, setting out how support requirements will be met and how outcomes will be achieved. The development of a resource allocation system complements the work which is underway on eligibility criteria. This work has involved collaboration with a range of partnerships elsewhere in Scotland, in order that Falkirk can learn from nationally sourced evidence based practice; and can use this to develop a model which best reflects the needs and circumstances of Falkirk citizens and is consistent with the Strategic Outcomes defined by the Integration Joint Board.

An options paper is being compiled and will form the basis of a programme of consultation with relevant stakeholders. It is anticipated that this phase of work will be complete by mid-November with a report and implementation plan to be submitted to the December 2016 meeting of the Integration Joint Board.

5.3 Learning Disability Inpatients & Mental Health Inpatients (Female Low Secure Patients)

A separate report is being presented to the board on these service changes which contains the associated financial information. The impact on the Adult Social Care budget is detailed in Section 4.7.1 of this report.

5.4 Summerford

The costs for additional staff to support reablement in Summerford for 2016/17 have previously been agreed through Delayed Discharges Funding and the offset to the planned 2016/17 savings for Oakbank and Summerford is included in the current projection and therefore funded for current year via the integration fund. Fully assessing and costing the 2017/18 requirements for Summerford has proved more complex than initially thought and therefore it is proposed this detail will be incorporated within the IJB Business Case for consideration by the IJB.

6. Integration Fund

- 6.1 As previously reported the Integration Fund was allocated to partnerships within the 2016/17 budget settlement as a share of £250m nationally to support cost and demand pressures in Social Care including the impact of implementing the Living Wage from 1 October 2016.
- 6.2 The Falkirk Partnership's share of this funding totals £7.070m and the remaining balance after meeting the projected overspend in Adult Social Care Services.

Table 4 below details the current position.

Table 4

INTEGRATION FUND	£m
Falkirk Partnership Allocation	7.070
Commitments	
Living Wage from 1 Oct 16 & Other Cost Pressures	3.540
Assumption per IJB Initial Budget Setting	1.000
Allocation per 16/17 Budget Recovery Plan	1.000
Requirement to Meet Projected Overspend Per 5 August 16 IJB	0.896
Balance Remaining	0.634

It is proposed to allocate £0.1m to 'pump prime' the discharge to assess model.

Given the remaining risks associated with the projections for Care at Home Packages and Transitions details in section 4.7.1 of this report and the current position of 14 patients waiting for care homes there is a reasonable probability this remaining balance will be required to be called upon, at least to a degree, to cover associated costs.

6.3 Living Wage

With regards to the living wage, negotiations have been concluded with c60 Providers, which is equivalent to approximately 70% of all applicable Providers. Work is on-going to conclude negotiations with the remainder and where necessary implement back-dated payment arrangements for staff. Funding of c£3.5m has been provided to meet the 6 month costs of implementing the living wage from October.

Provider negotiations are being conducted within this funding envelope and the parameters agreed by the IJB in August. As such, it is estimated that the costs of implementation for 2016/17 will be in the region of £3.3m-£3.5m. This estimate reflects additional cost pressures resulting from e.g.: sleep-over rates, Provider on-costs and pay differentials and ambiguities over the level of Provider contributions. Once all negotiations have been concluded, an update on the negotiations and associated financial impacts will be provided to the next meeting of the IJB in December.

The full year costs of the implementation of the Living Wage and how the Integration Fund is incorporated within the 2017/18 Scottish Budget remains a high financial risk for the IJB.

7. Partnership Funding

7.1 This report is supplemented by a separate report on Partnership Funding streams covering the Integrated Care Fund, Delayed Discharge Funding and Bridging. Nil variance is reported against Partnership Funding streams for the period.

7.2 It is acknowledged that the 'whole system approach' as detailed in the Chief Officers' report will require a degree of funding to 'pump prime' changes and address current pressures across the system. This requires to take into account of the costs of FCH Ward 5 remaining opening from mid-August until October 2016.

Approval of the recommendations contained within this report would reduce the balance of Partnership Funding available to commit in 2016/17 from the level reported in the Partnership Funding report of £1.050m to £0.832m.

8. Forthcoming National Allocations

8.1 In addition to Integrated Care (ICF) and Delayed Discharge (DD) funds, the Scottish Government have recently allocated further ring-fenced funding to Health and Social Care Partnerships, for 2016/17 and 2017/18. The purpose of the additional funding is to support the transformation of primary and urgent care, including mental health services. Funds have been allocated via NHS Forth Valley for both Partnership areas. Proposals are currently being developed, with close reference and alignment to initiatives that are already being supported via ICF or DD, ensuring that any gaps in current provision are minimised.

Table 6 below, provides an overview of the Scottish Government's key priorities for investment and the funds available to support the Forth Valley Partnerships in 2016/17. On conclusion of on-going proposal development and liaison with the Scottish Government, an update will be provided to the IJB outlining specific areas of investment and synergy with ICF and DD funds.

Table 5

Name of Fund	Key SG Priorities for Investment	Forth Valley Allocation 2016/17
Primary Care Transformation Fund	Support and deliver the re-design of primary care i.e. multi-disciplinary teams with GPs, other health professionals, social care partners working across clusters of practices. Focus: <ul style="list-style-type: none"> • Equity of service, • Children and young people, • The frail and elderly, • Supporting those with mental health challenges. 	£437,934 (2017/18 allocation to be confirmed)
Mental Health Primary Care Fund	Re-design of primary care to ensure that those with mental health issues can access support when needed. Focus: <ul style="list-style-type: none"> • Prevention, • Early years, • Parity between physical and mental health, • Geographical equity and access, • Community support to encourage self-management via peer workers, carers and 3rd sector. 	£189,984 (2017/18 allocation to be confirmed)
Transforming Urgent Care	<ul style="list-style-type: none"> • Delivery of high quality, safe and clinically sustainable services, • Increase use of alternative services focussing on prevention and self-care, • Patients receive right advice at right time and place, • Connecting urgent care services, • Service designed to meet response times, • Reduction in A&E attendees. 	£377,410 (2017/18 allocation to be confirmed)

The relevant shares of these funding streams will be allocated to the IJB budget in line with the Integration Scheme and reported in due course.

9. IJB Business Case & Preparation for 2017/18 Budget Setting

9.1 IJB Business Case

Per the terms of the Integration Scheme the IJB is required to submit a business case or business plan to the constituent authorities each year.

9.2 Section 8.3 of the Integration Scheme states 'II. The Integration Joint Board business case which shall be presented to the Parties for consideration against their other priorities and negotiation of their contributions.'

III. The business case should be evidence based with full transparency on its assumptions and take account of the factors listed at paragraph 4.2.8 (as adjusted) of the IRAG Professional Guidance.

- 9.3 The relevant national guidance from IRAG is extracted below and details the factors that should be taken account of in the IJB Business Case:

Extract From IRAG Guidance

4.2.8 The Chief Officer, and the Integration Joint Board financial officer where such is appointed separately, should develop a case for the Integrated Budget based on the Strategic Plan and present it to the Local Authority and Health Board for consideration and agreement as part of the annual budget setting process. The business case should be evidence based with full transparency on its assumptions and take account of:

- ***Activity Changes.*** *The impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;*
- ***Cost inflation.*** *Pay and supplies cost increases;*
- ***Efficiencies.*** *All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, Local Authority and Health Board as part of the annual rolling financial planning process to ensure transparency;*
- ***Performance on outcomes.*** *The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Local Authority and Health Board;*
- ***Legal requirements.*** *Legislation may entail expenditure commitments that should be taken into account in adjusting the payment;*
- ***Transfers to/from the notional budget for hospital services*** *set out in the Strategic Plan. See section 4.3.1*
- ***Adjustments to address equity.*** *The Local Authority and Health Boards may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by ISD15 and ASD.*

*4.2.9 The partner Local Authority and Health Board will evaluate the case for the Integrated Budget against their other priorities and are expected to negotiate their respective contributions accordingly. The allocations will be a negotiated process based on priority and need and it should not be assumed that they will be the same as the historic or national allocations to the Health Board and Local Authority. The method for determining the contributions is required to be included in the Integration Scheme (**Section 1(3)**).*

9.4 Preparation for 2017/18 Budget Setting

Work is being undertaken at present on detailed budget savings proposals for 2017/18. The proposals will embody the high level principles and values contained in the Strategic Plan, specifically the promotion of effectiveness and efficiency through a whole system approach focused on early intervention, prevention and re-ablement. This is likely to include:

- implementing revised eligibility framework, operating tighter criteria, and offering lower cost packages of care to meet need where that is appropriate
- reducing costs where feasible and appropriate in procured care at home and supported living services through efficiencies, for example by reviewing higher cost care packages
- reviewing models of service delivery and reducing costs in both procured and directly provided day services for younger and older adults
- increasing revenue through review of charging policy
- reviewing and reducing costs in both directly provided and procured residential care services
- transformational savings through managing demand [the Christie principles] getting prevention right, diverting more people away from formal paid service, through reablement.
- further exploring opportunities for synergies, cost improvement and efficiencies through service integration across health and social care

The approach to savings proposals and implementation will be informed by learning from experience elsewhere in the UK. The emphasis on eligibility will be complemented by wider system changes, in particular the shift towards outcomes focussed practice. Savings proposals in procured services will give due consideration to the need for a partnership and co-production approach with our provider partners and be informed by the market facilitation plan. Staff development needs will be given due attention and investment to ensure that staff delivering assessment and care management are empowered to work within the new framework.

Falkirk Council's process for setting the 2017/18 budget entails potential savings being considered by Executive in October. The Council's own Services are working on a target of identifying savings options of 15% of their base budget, giving some indication of the scale of the savings required.

In relation to NHS Forth Valley's budget setting, national intelligence suggests a cash releasing savings requirement of around 5%.

It is anticipated that detailed business plan proposals will be submitted to the IJB and thereafter to Falkirk Council and NHS Forth Valley. A special meeting

may be required in November. This will be followed by consultation and completion of Equality and Poverty Impact Assessments.

The Scottish Government is expected to announce the financial settlement early to mid December. 2017/18 budgets including payments to the IJB will be agreed at the Council's meeting in February and by the NHS Board by the end March 2017 subject to formal confirmation of allocations from Scottish Government being in place. IJB members will require to be kept informed at key stages in the process and this can be facilitated by a briefing session in late October with the potential of a special meeting of the IJB being held in November.

10. Post Due Diligence Issues

10.1 Community Hospitals

The report to the IJB meeting of 5 August highlighted that concerns have been raised regarding the treatment of budgets relating to Community Hospitals. Further discussions have been held within the Finance Workstream to identify possible resolutions to the issue. An update report is due to be considered at the October meeting of the Finance Workstream and therefore a further report to the IJB was not possible to achieve for the October cycle. This report will therefore be brought to the next meeting.

10.2 Parity

Further work is being undertaken to understand the parity issue taking account of recently received updated datasets from the Information and Statistics Division and intelligence from the Strategic Needs Assessments and Public Health. An update is due to be presented to the October meeting of the Finance Workstream and a further report will be brought to the IJB in due course.

The Finance Workstream will continue to meet during 2016/17 to monitor financial issues arising in the first year of IJB operation.

11. Other Financial Governance Related Issues

11.1 Value Added Tax (VAT) and IJBs

At the time of writing a policy position from HMRC is still awaited. When the policy position is released a further update will be provided to the IJB along with an initial assessment of impact.

12. CONCLUSIONS

- 12.1 This financial report illustrates a challenging and difficult financial climate and financial position for the IJB. The direction of travel set out in the Chief Officers report to the 5 August 2016 IJB meeting illustrates the way forward for service delivery in line with the priorities set out in the Strategic Plan. Such change, however, takes time and comes with a significant degree of financial risk.
- 12.2 Meanwhile efforts must continue across all in-scope services to manage cost pressures, deliver savings programmes and deliver services within resources available. Significant effort and management attention is required to ensure the financial position does not deteriorate further in the coming months.
- 12.3 Specific regard requires to be taken to planning for financially sustainable service provision within the 2017/18 Business Plan taking into account the issues detailed in Section 9.3 of this report and current intelligence on financial settlements for Local Authorities and NHS Boards.

Resource Implications

As detailed within the body of the report.

Impact on IJB Outcomes and Priorities

The financial resources detailed in this report reflect the resources available to support the delivery of the strategic plan,

Legal & Risk Implications

Financial Risks are detailed within the body of the report

Consultation

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

Equalities Assessment

No equalities issues directly arising.

Approved for Submission by: Patricia Cassidy, Chief Officer

Author – Ewan C. Murray, Chief Finance Officer

Date: 4 October 2016

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.

24 March 2016 Integration Joint Board Budget

3 June 2016 Budget Recovery Plan

5 August Financial Report and Budget Recovery Plan Update & Chief Officer Report

APPENDIX I
BUDGETS DELEGATED TO FALKIRK COUNCIL : FINANCIAL POSITION FOR PERIOD TO 31 AUGUST 2016

	ANNUAL BUDGET					YTD ACTUALS			FORECAST FOR FINANCIAL YEAR	
	£m	£m	£m			£m	£m	£m	£m	£m
	INITIAL ANNUAL BUDGET	BUDGET ADJUSTM ENTS	REVISED ANNUAL BUDGET - JUNE	BUDGET ADJUSTM ENTS	REVISED ANNUAL BUDGET - AUG	YEAR TO DATE BUDGET	YEAR TO DATE EXPENDITURE	YEAR TO DATE VARIANCE	FORECAST EXPENDITURE	FORECAST VARIANCE
Older People	3.025	(0.146)	2.879	0.000	2.879	1.200	1.164	0.036	2.793	0.086
Mental Health	0.598	(0.011)	0.587	(0.000)	0.587	0.244	0.197	0.048	0.473	0.114
Learning Disability	0.298	(0.014)	0.284	(0.000)	0.284	0.118	0.115	0.004	0.275	0.009
Physical Disability	0.639	(0.031)	0.608	0.000	0.608	0.253	0.246	0.008	0.590	0.018
Adult Support and Protection	0.209	0.003	0.212	(0.024)	0.188	0.078	0.055	0.023	0.132	0.056
Carers	0.208	0.000	0.208	0.000	0.208	0.087	0.082	0.004	0.197	0.011
Care at Home	21.264	0.276	21.540	1.583	23.123	9.635	10.293	(0.659)	24.704	(1.581)
Residential Care	18.871	0.011	18.882	2.848	21.730	9.054	9.448	(0.393)	22.674	(0.944)
Respite Care	1.268	0.041	1.309	(0.031)	1.278	0.533	0.373	0.160	0.895	0.383
Day Care/ Services: PD,LD,OP,MH	3.710	0.037	3.747	0.112	3.859	1.608	1.418	0.190	3.404	0.456
MECS/Telecare/Telehealth	0.439	0.043	0.482	(0.000)	0.482	0.201	0.177	0.024	0.425	0.057
Housing with Care/Sheltered Accommodation	6.836	(0.231)	6.605	0.000	6.605	2.752	2.703	0.050	6.486	0.119
Shopping Service	0.012	0.001	0.013	0.000	0.013	0.005	0.020	(0.015)	0.048	(0.035)
Equipment and Adaptations	0.415	0.000	0.415	0.000	0.415	0.173	0.189	(0.016)	0.453	(0.038)
Advocacy	0.096	0.000	0.096	(0.000)	0.096	0.040	0.040	0.000	0.096	0.000
Sensory Team	0.440	0.008	0.448	0.000	0.448	0.187	0.157	0.029	0.378	0.071
Mental Health Team	0.264	0.000	0.264	0.016	0.280	0.117	0.116	0.001	0.278	0.003
Learning Disability Team	0.552	0.006	0.558	0.011	0.569	0.237	0.239	(0.002)	0.573	(0.004)
JLES	0.152	0.005	0.157	0.000	0.157	0.066	0.062	0.004	0.148	0.009
Day Care/Centre: MH	0.160	0.003	0.163	0.000	0.163	0.068	0.022	0.046	0.053	0.110
Sensory Resource Centre	0.090	0.001	0.091	(0.000)	0.091	0.038	0.029	0.009	0.069	0.021
Voluntary Organisations	0.393	(0.031)	0.362	0.000	0.362	0.151	0.156	(0.005)	0.374	(0.012)
Garden Aid	0.000	0.489	0.489	0.000	0.489	0.204	0.173	0.031	0.414	0.075
Housing Aids and Adaptations	1.200	0.000	1.200	0.000	1.200	0.500	0.500	0.000	1.200	0.000
Improvement Grants	0.327	0.000	0.327	0.000	0.327	0.136	0.136	0.000	0.327	0.000
IJB Board / Income	0.000	0.000	0.000	(4.540)	(4.540)	(1.892)	(1.893)	0.001	(4.542)	0.002
TOTAL LOCAL AUTHORITY BUDGETS	61.466	0.460	61.926	(0.024)	61.902	25.793	26.216	(0.424)	62.917	(1.015)
PROJECTED MINIMUM IMPACT OF SERVICE ENDEAVOURS TO KEEP PROJECTED OVERSPEND AT PREVIOUS LEVELS										0.119
NET PROJECTED (OVER)/UNDERSPEND FOR YEAR										(0.896)

Notes:

1. Breakdown of Falkirk Council's contribution to IJB as

General Fund payment to IJB	58.939	0.246	59.185	(0.024)	59.161
HRA Payment to IJB	1.200	0.214	1.414	0.000	1.414
Demographic Pressure (Integration Funding)	1.000	0.000	1.000	0.000	1.000
Capital	0.327	0.000	0.327	0.000	0.327
	61.466	0.460	61.926	(0.024)	61.902

2. Forecast above excludes costs related to IJB posts, i.e. CO, Programme Manager, and admin Supports.

3. YTD expenditure and YTD variance is calculated on pro rata basis.

4. Ongoing negotiation with local care providers may have significant impact on living wage assumption.

5. Impact of Care Packages for Learning Disability Patients discharges from Lochview is estimated as £0.191m for the current financial year (included above) and £0.344m on a full year basis.

APPENDIX II
BUDGETS DELEGATED TO NHS FORTH VALLEY

FALKIRK IJB		Annual Budget 31st August 2016	Budget to date	Actual	Variance (over) / under spend
		£m	£m	£m	£m
<u>Operational</u>					
8	District Nursing Services	4.111	1.713	1.780	(0.067)
9	Community Addiction Services	2.949	1.254	1.173	0.081
10	Community Based AHP Services	6.204	2.573	2.641	(0.067)
11	Public Dental Service	1.046	0.436	0.431	0.005
17	Services provided outwith a hospital in relation to geriatric medicine	1.186	0.487	0.442	0.045
18	Palliative Care (delivered in Community)	0.055	0.023	0.033	(0.010)
19	Community Learning Disability Services	0.801	0.334	0.267	0.067
20	Community Mental Health Services	4.982	2.069	2.014	0.055
21	Continence Services	0.193	0.080	0.070	0.011
23	Services Provided by health professionals that aim to promote public health	1.406	0.595	0.571	0.024
24	Community Hospitals	5.953	2.659	2.670	(0.010)
Rtrs	Resource Transfer	11.253	4.689	4.689	(0.000)
JPA	Joint Partnership Agreements	2.313	0.956	0.992	(0.037)
	Partnership Funds (ICF/ Delayed Discharge / Bridging)	1.183	1.087	1.087	(0.000)
	Share of Savings Programmes identified to date				
Subtotal - Operational Management		43.636	18.954	18.859	0.095
<u>Universal</u>					
12	Primary Medical Services (GMS Contract)	21.747	8.408	8.279	0.129
13	Primary Dental Services (GDS Contract)	8.555	3.256	3.264	(0.008)
14	Community Ophthalmic Services	2.851	1.244	1.244	(0.000)
15	Community Pharmaceutical Services	34.407	14.340	15.270	(0.930)
16	GP Out of Hours Services	1.370	0.538	0.516	0.022
Subtotal - Operational Management		68.930	27.785	28.573	(0.788)
TOTAL FALKIRK IJB		112.566	46.739	47.432	(0.693)
FORECAST FOR FINANCIAL YEAR					(0.218)

NOTES:

1. The budgets reported above plus the set-aside budget of £24.914m makes up the total IJB Payment and Set-Aside budget of £137.480m
2. The Set Aside budget will be reported annually as part of Annual Financial Statement with significant financial pressures emergent financial pressures emergent in year being highlighted to the IJB within regular financial reports
3. The forecast overspend relates to FCH Ward 5 remaining open from mid-August until end of October 2016 at a monthly cost of £0.087m
4. The forecast takes account of the extant direction requiring NHS Forth Valley to deliver integration functions within delegated resources.