



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	24 th November 2021	
Agenda Item	9	
Title	Revenue Budget Monitoring Report 2021/22; position as at 30 th September 2021	
Summary		
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.		
Presented by	Lesley Bairden (Chief Financial Officer)	
Action Required		
The Integration Joint Board is asked to:		
<ul style="list-style-type: none"> • note the projected outturn for the 2021/22 revenue budget • note the projected reserves balances • agree to delegate to the Chief Officer the planned use of the 2020/21 Winter funding • agree to implement to social care pay uplift subject to the cost being fully funded 		
Directions		Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC		<input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure <input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 NOVEMBER 2021

Report by Chief Financial Officer

REVENUE BUDGET MONITORING REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the projected outturn position of the 2021/22 revenue budget. This projection is based on ledger information as at 30th September 2021 and allowing for latest intelligence.
2. The report also outlines the initial application of the recently announced Winter funding for 2020/21.

RECOMMENDATIONS

3. The Integration Joint Board is asked to:
 - note the projected outturn for the 2021/22 revenue budget
 - note the projected reserves balances
 - agree to delegate to the Chief Officer the planned use of the 2020/21 Winter funding
 - agree to implement to social care pay uplift subject to the cost being fully funded

BACKGROUND

4. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the second report for the financial year 2021/22 and provides the projected outturn for the year based on our latest information recognising we are still in a particularly difficult time. The projected costs against budget are continuously reviewed and refined throughout the year.
5. The current projected outturn shows an underspend for the year of £0.175 million after the provisional application of winter funding of £2.143 million (so far) and assumed Covid-19 funding of £9.578 million. We expect the Covid-19 costs and associated funding may reduce as we refine the Winter monies and some activity is established on a recurring basis.

Winter Funding 2021/22

6. The Scottish Government recently announced additional funding for winter 2021/22, some of which is recurring. Not all funding is yet distributed and the impacts included in this report are provisional and subject to refinement. This is also included as a separate agenda item for IJB discussion at its meeting of 24 November.

7. Work is ongoing to agree proposals on how this funding will be utilised and this will be included in future reporting. In summary the position so far is:

Initiative	£ million	Comments / Purpose
Interim Care	0.703	To support delayed discharge pathways with more appropriate care and support. This funding is non-recurring for a six month period so we expect a further £0.35 million in 2022/23
Care at Home Capacity	1.089	To expand capacity to address increased need and acuity. This funding is recurring and the current working assumption is the full year effect will at least double this allocation in 2022/23.
Multi-Disciplinary Teams	0.351	To support cross system working including focus on delayed discharge. This funding is recurring and the current working assumption is the full year effect will at least double this allocation in 2022/23.
Social Care Pay Uplifts	TBC	Up to £48 million nationally for social care staff hourly rate increases. Distribution to be confirmed and full year effect to be confirmed.
Additional Health Care Assistants	Part of NHSGGC wide recruitment	

8. The interim letter from the Scottish Government of 4 November 2021 sets out in detail the purpose of funding, the distribution, the expected outcomes and the key performance indicators; this is included at Appendix 11 for information.
9. The initial plans we have will be discussed as part of the presentation item on the IJB agenda so in summary the financial assumptions included in this report are:
- £1.318 million will support new activity including some capacity currently included in our Covid-19 costs.
 - £0.825 million will support existing investment where we have already significantly increased capacity, particularly in Care at Home.
10. As the work so far is at a summary level the impact of the Winter funding is only shown at Appendix 1. Once further developed this will be reflected throughout our reporting.
11. The funding to support the fair work agenda and increase the rates of pay for our partner providers has not yet been distributed, however we do know the mechanism for increase to hourly rates has been agreed, based on a 5.47% increase to the following proportions of hourly rates:
- Residential Care 71%
 - Non Residential Care 86%
 - Personal Assistants 89%
12. As the IJB will recall in previous years we have always implemented the fair work agenda in full and will endeavour to have all rate changes and any backdating in place by January 2022. This is a complex piece of work and for the first time we also need to work alongside Scotland Excel as part of the national framework where appropriate.
13. The IJB is asked to agree to implement the social care increase on the assumption this is fully funded.
14. The IJB is also asked to delegate to the Chief Officer and her team to finalise the planned use of the Winter funding.

Covid-19 Funding 2021/22

15. The HSCP costs related to Covid-19 activity continue into 2021/22 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as the health boards are the leads on this reporting. The HSCP provides detailed estimated and actual costs across a number of categories and our current assumptions, which total just under £9.578 million. This is reviewed on a monthly basis and our projections are continually revised as we continue to respond to the pandemic. The projections included in this report assume full Covid-19 funding including support for unachieved savings. There is a significant risk to delivering a balanced budget without this support.
16. These costs will be most likely reduce as we finalise the application of Winter funding and will have the opportunity to fund some of the capacity on a recurring basis.
17. In line with previous reports the estimated costs are included in our overall financial position and the bottom line is a nil impact as we are projecting full funding, inclusive of the balance of the Covid-19 reserve we hold. Discussions are ongoing at a national level over funding, we continue to operate our PPE hub and we are working with our partner providers around sustainability support in line with the latest guidance.
18. To date the HSCP projected costs for 2021/22 and balance of funding required after reserves is summarised below:

	£ million
Projected Costs:	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.733
Infrastructure, equipment, PPE	0.079
Sustainability	2.400
Unachieved savings	3.366
Current Projected Local Mobilisation Plan Costs	9.578
Funded By:	
COVID reserve (Carried forward from 20-21)	3.145
2021/22 Allocations to date	0.220
Total Mobilisation Funding/reserves confirmed and received to date	3.365
Further Funding Required	6.213

19. The projected costs for the year are based on the second quarter return made to Scottish Government and latest cost review. This shows that based on funds received and reserves use we require a further £6.213 million, recognising the allocation of Winter funding will reduce this.
20. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is confirmed this will be reflected in future reports and in Appendix 4 (Directions) in this report. The Winter funding is not yet reflected.
21. The HSCP Accountancy Team will continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in an ever changing environment.

REPORT

22. The consolidated budget for 2021/22 and projected outturn position, with Covid-19 costs at nil impact and the provisional application of Winter funding is reported in detail at Appendix 1. This shows a potential projected underspend of £0.175 million against a full year budget of £134.815 million (0.13%) after assumed contributions to and from reserves.
23. As we are still working through the detail of the Winter funding we have shown the impact at Appendix 1 only; Appendices 2 and 3 still show the collective operational overspend of £0.650 million (an increase of £153k since last reported). Future reports will show the application of Winter funding throughout the report.
24. Full Covid-19 funding for our unachieved savings has not yet been confirmed although this has been included in our first and second quarter returns to Scottish Government. We will update the Board as the year progresses but this remains a risk to the partnership.
25. The consolidated budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions. The allocation of Winter funding is not yet included.
26. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 30th September 2021 and do allow for the latest known information, with the exception of the detail that will support Winter funding.
27. **Children & Families and Public Protection £64k overspend;** this projected overspend relates to overspends in CAMHS service (£119k) along with increased care package costs some of which has been offset as Covid-19 related. This is an increase in projected costs of £345k since last reported, mainly due to increased residential and fostering care. The service are monitoring this situation and the projected costs will be revised as required, we are assuming current placements will remain to March 2022.
28. **Older Peoples Services £837k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams. In line with last year the underspend is mainly within residential and nursing care at £2.2 million, although demand is increasing. This is offset by an overspend in localities care at home commitments of £1.5m and is also partly offsetting the increased activity in Care at Home within Intensive Services. This is a reduction in projected costs of £285k and is mainly within residential and nursing and almost offsets the increase in Care at Home.

Work is ongoing to better understand the post Covid-19 impact on demand and the associated financial implications in the longer term. As previously reported we don't know what the new baseline will look like.
29. The enhanced Care Home Support work continues through assurance visits and care plan reviews, with costs being included in our Covid-19 returns to Scottish Government. A further £75k has been allocated by Scottish Government to extend this work in the current year.
30. **Physical & Sensory Disability £178k overspend;** the projected overspend is mainly due to care package commitment trends (£158k) and turnover not achieved; this is a minimal reduction in projected costs of £4k.

31. **Learning Disability Community Services £772k underspend;** the projected underspend remains due to staffing underspends across the Learning Disability community teams (£438k) and projected care commitments (£373k). This is a further underspend of £104k based on latest care package commitments.
32. When we look at the collective position across the three adult care groups above (in paragraphs 16 to 19) this gives a total underspend across Barrhead and Eastwood localities of £1.431 million and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.
33. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are show to budget this is after applying £569k from the transitional funding reserves set up to support the long stay beds redesign. This cost pressure is a result of staff costs required to support increased observation and ensure the staffing ratios required to support complex needs is maintained.

We need to retain sufficient reserve to fund the challenging behaviour post in 2022/23 so may not be able to fully meet this ongoing pressure as the year progresses.

34. **Augmentative and Alternative Communication £nil variance;** whilst there is no projected variance shown the service has a reserve of £70k that may be utilised in part as the year progresses.
35. **Intensive Services £1,896k overspend;** the main cost pressure remains within Care at Home (both purchased and the in-house service) (£1,541k), within Bonnyton House as we emerge from the pandemic (£72k) and within Telecare (£543k), these areas in Intensive services are facing increased demand and pressure from trying to ensure we have capacity to deliver services. These costs are offset in part by staff turnover and vacancies within day services (£310k) and also in part by reduced costs within nursing and residential care and we will continue to monitor activity with a view to some budget realignment during 2021/22.

The outturn position has worsened since our last projection by £308k due to the sustained pressure on the service around Care at Home. This area in particular will be impacted by the application of Winter funding.

36. **Recovery Services Mental Health & Addictions £57k overspend;** Current care commitments are causing some pressure within Mental Health (£376k) although this is offset by turnover and care costs within the addictions service (£61k) and within Mental Health Adult Community Services (£217k). This overspend has reduced by £137k since last reported from both care costs and turnover.

The committed costs for Mental Health are an increase on previous year costs and we expect service demand and pressures in this area, however there may be scope to review this as the year progresses in light of any further funding opportunities.

37. **Prescribing Nil Variance;** as we emerge from the pandemic, there is early data showing an increase in demand from last year, with the trend starting to reflect pre pandemic demand. We are working closely with colleagues at the Health Board analysing and modelling the various implications and based on our average cost per item and our number of prescribed items so far a drawdown from the prescribing reserve may be required of around £100k.
38. **Finance & Resources £64k overspend;** this budget meets the cost of a number of HSCP wide costs, including recharges for prior year pension costs for which a prudent projection is included. This is an increase in projected costs of £34k.

39. **Primary Care Improvement Plan, Alcohol and Drugs and Mental Health Action 15;** we have had confirmation from the Scottish Government of our current year allocations and that reserves balances are expected to be used as part of the cash flow supporting the allocation process. Appendices 8 to 10 give a summarised position against each funding initiative and reflect the current returns to Scottish Government for each initiative.
40. The current projected revenue budget underspend of £0.175 million will be added to our budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year.
41. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we emerge from pandemic and as mentioned above a full utilisation of the Covid-19 reserve.
42. The IJB is requested to note that as shown in Appendix 7 there are no budget virements to be considered.

IMPLICATIONS OF THE PROPOSALS

Finance

43. The savings agreed by the IJB as part of the budget set in March 2021 are set out at Appendix 6. Our capacity to deliver these savings in year is significantly impacted as we work through Covid-19. The impact on savings delivery along with any implications from our recovery programme will continue to be reported to the IJB during 2021/22.
44. A revised Medium-Term Financial plan was brought to the IJB in June. At this stage there are no specific issues requiring revision to the plan, however we are working through the Agenda for Change and other pay awards to ensure we do not have any underlying cost pressures; we also continue to try to better understand the post Covid-19 landscape.
45. In our quarter 1 and 2 Covid-19 funding returns we are anticipating full support and this is reflected in our projected costs and income. Our Covid-19 costs are expected to reduce once we finalise the allocation of Winter funding.
46. We continue to make sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

Risk

47. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded remains in the financial year, although this was fully mitigated in 2020/21. The ongoing implications for 2021/22 continue to be assessed.
48. There are several further risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis
 - The impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs exceeding budget and reserve over the longer term
 - Observation and Out of Area costs within Specialist Learning Disability Services

DIRECTIONS

49. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4. The Winter funding is not yet included.
50. The report reflects a projected breakeven position after the potential net contribution of £0.175 million to reserves for the year to 31 March 2022.

CONSULTATION AND PARTNERSHIP WORKING

51. The Chief Financial Officer has consulted with our partners.
52. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on the 22nd September 2021.

CONCLUSIONS

53. Appendix 1 reports a potential projected underspend of £0.175 million for the year to 31 March 2022, subject to the final application of Winter funding and assuming full Covid-19 support.

RECOMMENDATIONS

54. The Integration Joint Board is asked to note:
 - note the projected outturn for the 2021/22 revenue budget
 - note the projected reserves balances
 - agree to delegate to the Chief Officer the planned use of the 2020/21 Winter funding
 - agree to implement to social care pay uplift subject to the cost being fully funded

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0749

24 November 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[IJB 21.09.2021 – Revenue Budget Monitoring Report](#)

[IJB 17.03.2020 – Revenue Budget Monitoring Report](#)

[IJB 03.02.2020 – Revenue Budget Monitoring Report](#)

[IJB 25.11.2020 – Revenue Budget Monitoring Report](#)

BLANK PAGE

Consolidated Monitoring Report

Projected Outturn Position to 31st March 2022

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	13,748,000	13,812,000	(64,000)	(0.47%)
Public Protection - Criminal Justice	19,000	19,000	-	0.00%
Adult Localities Services				
Older People	22,611,000	21,774,000	837,000	3.70%
Physical & Sensory Disability	5,451,000	5,629,000	(178,000)	(3.27%)
Learning Disability - Community	15,195,000	14,423,000	772,000	5.08%
Learning Disability - Inpatients	8,804,000	8,804,000	-	0.00%
Augmentative and Alternative Communication	246,000	246,000	-	0.00%
Intensive Services	11,839,000	13,735,000	(1,896,000)	(16.01%)
Recovery Services - Mental Health	4,917,000	5,037,000	(120,000)	(2.44%)
Recovery Services - Addictions	1,758,000	1,695,000	63,000	3.58%
Family Health Services	25,917,000	25,917,000	-	0.00%
Prescribing	16,275,000	16,275,000	-	0.00%
Finance & Resources	5,892,000	5,956,000	(64,000)	(1.09%)
Net Expenditure - Before Winter Funding	132,672,000	133,322,000	(650,000)	(0.49%)
Application of Winter Funding				
Investment in New Initiatives	1,318,000	1,318,000	-	
Existing Investment	825,000	-	825,000	
Total Winter Funding (so far)	2,143,000	1,318,000	825,000	
Restated Net Expenditure	134,815,000	134,640,000	175,000	0.13%
Contribution to / (from) Reserve	-	175,000	(175,000)	-
Net Expenditure	134,815,000	134,815,000	-	-

Figures as at 30 September 2021

	£
Net Contribution To / (From) Reserves	175,000
Analysed by Partner contribution;	
Health	70,000
Social Care (provisional)	105,000
Net Contribution To / (From) Reserves	175,000

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	19,429,570	18,329,570	1,100,000	5.66%
Localities Services - Eastwood	23,826,430	23,495,430	331,000	1.39%
Net Expenditure	43,256,000	41,825,000	1,431,000	3.31%

Council Monitoring Report

Projected Outturn Position to 31st March 2022

NB This is the operational position before application of Winter Funding

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %	COVID	Unachieved Savings	Operational Variance
Employee Costs	23,594,000	26,128,000	(2,534,000)	(10.74%)	(1,289,000)	(700,000)	(545,000)
Property Costs	903,000	940,000	(37,000)	(4.10%)			(37,000)
Supplies & Services	1,891,000	2,726,000	(835,000)	(44.16%)	(99,000)	(450,000)	(286,000)
Transport Costs	258,000	308,000	(50,000)	(19.38%)			(50,000)
Third Party Payments	41,323,000	47,537,000	(6,214,000)	(15.04%)	(3,418,000)	(2,216,000)	(580,000)
Support Services	2,420,000	2,420,000	-	0.00%			-
Income	(16,684,000)	(25,634,000)	8,950,000	(53.64%)	8,172,000		778,000
Net Expenditure	53,705,000	54,425,000	(720,000)	(1.34%)	3,366,000	(3,366,000)	(720,000)
Contribution to / (from) Reserve	-	(720,000)	720,000	-			
Net Expenditure	53,705,000	53,705,000	-	-			

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
3.i Public Protection - Children & Families	9,810,000	9,755,000	55,000	0.56%
Public Protection - Criminal Justice	19,000	19,000	-	0.00%
Adult Localities Services				
Older People	14,126,000	13,247,000	879,000	6.22%
Physical & Sensory Disability	4,877,000	5,055,000	(178,000)	(3.65%)
Learning Disability	9,589,000	8,989,000	600,000	6.26%
Intensive Services	10,859,000	12,755,000	(1,896,000)	(17.46%)
Recovery Services - Mental Health	1,386,000	1,723,000	(337,000)	(24.31%)
Recovery Services - Addictions	273,000	212,000	61,000	22.34%
Finance & Resources	2,766,000	2,670,000	96,000	3.47%
Net Expenditure	53,705,000	54,425,000	(720,000)	(1.34%)
Contribution to / (from) Reserve	-	(720,000)	720,000	-
Net Expenditure	53,705,000	53,705,000	-	-

Notes

- Figures as at 30 September 2021
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- Contribution To Reserves is made up of the following transfer;

Net Contribution to / (from) Reserves	£ (720,000)
---------------------------------------	----------------

3.i In addition to the above addition spending from reserves is detailed at Appendix 5

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	13,373,000	12,289,000	1,084,000	8.11%
Localities Services - Eastwood	15,219,000	15,002,000	217,000	1.43%
Net Expenditure	28,592,000	27,291,000	1,301,000	(4.55%)

NHS Monitoring Report

Projected Outturn Position to 31st March 2022

NB This is the operational position before application of Winter Funding

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %	COVID	Unachieved Savings	Operational Variance
Employee Costs	22,697,000	23,668,000	(971,000)	(4.28%)	1,260,000		289,000
Non-pay Expenditure	49,139,000	49,504,000	(365,000)	(0.74%)	146,000		(219,000)
Resource Transfer/Social Care Fund	12,527,000	12,527,000	-	0.00%			-
Income	(5,396,000)	(6,802,000)	1,406,000	26.06%	(1,406,000)		-
Net Expenditure	78,967,000	78,897,000	70,000	0.09%	-	-	70,000

Contribution to / (from) Reserve	-	70,000	(70,000)	-
Net Expenditure	78,967,000	78,967,000	-	-

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	3,843,000	3,962,000	(119,000)	(3.10%)
Adult Community Services	4,758,000	4,800,000	(42,000)	(0.88%)
Learning Disability - Community	1,085,000	913,000	172,000	15.85%
Learning Disability - Inpatient	8,804,000	8,804,000	-	0.00%
Augmentative and Alternative Communication	246,000	246,000	-	0.00%
Family Health Services	25,917,000	25,917,000	-	0.00%
Prescribing	16,275,000	16,275,000	-	0.00%
Recovery Services - Mental Health	2,813,000	2,596,000	217,000	7.71%
Recovery Services - Addictions	978,000	976,000	2,000	0.20%
Finance & Resources	2,844,000	3,004,000	(160,000)	(5.63%)
Resource Transfer	11,404,000	11,404,000	-	0.00%
Net Expenditure	78,967,000	78,897,000	70,000	0.09%

Contribution to / (from) Reserve	-	70,000	(70,000)	0.00%
Net Expenditure	78,967,000	78,967,000	-	0.00%

Notes

1 Figures as at 30 September 2021

2 Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below;

	£
Public Protection - Children & Families	95,000
Adult Localities Services	
Older People	3,727,000
Physical & Sensory Disability	574,000
Learning Disability	4,521,000
Intensive Services	980,000
Recovery Services - Mental Health	718,000
Recovery Services - Addictions	507,000
Finance & Resources	282,000
	<u>11,404,000</u>

Localities Resource Transfer - alternative presentation	
Localities Services - Barrhead	4,664,000
Localities Services - Eastwood	4,158,000

£

3 Net Contribution to / (from) Reserves 70,000

3.i In addition to the above addition spending from reserves is detailed at Appendix 5

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	1,393,000	1,377,000	16,000	1.15%
Localities Services - Eastwood	4,450,000	4,336,000	114,000	2.56%
Net Expenditure	5,843,000	5,713,000	130,000	2.22%

**East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22
Budget Reconciliation & Directions**

Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	73,504	53,705		127,209
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS / GMS budget adjustments	1,074			1,074
Primary Care Improvement Fund Tranche 1	1,256			1,256
Mental Health Action 15 Tranche 1	255			255
ADP Funding Tranche 1	218			218
Prescribing Transfer of Central Budgets and Other	743			743
Pay Award - Agenda for Change	443			443
Adjustments to recurring budget	356			356
Additional District Nursing Funding	76			76
Additional CAMHS Funding	776			776
Diabetes funding	40			40
Wellbeing	32			32
LD Inpatients SESP and transfer to ED HSCP	(24)			(24)
Tobacco Prevention	43			43
Augmentative and Alternative Communication SLA uplift	175			175
	78,967	53,705	-	132,672
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Opening Budget	32,642			32,642
Total IJB Resources	111,609	54,105	-	165,714
Directions to Partners				
Revenue Budget	78,967	53,705	-	132,672
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(12,514)	12,514		0
Carers Information	58	(58)		0
	66,511	66,161	-	132,672
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Budget	32,642			32,642
	99,153	66,561	-	165,714

* includes capital spend

1 Includes Social Care Fund, Cross Charges, COVID funding adjustments as well as historic resource transfer etc.

Earmarked Reserves	Reserve Carry Forward to 2021/22 £'000	2021/22 Projected spend £'000	Projected balance 31/03/22 £'000	comment
Scottish Government Funding				
Mental Health - Action 15	156	(42)	198	Plans being worked on including projected in year underspend
Alcohol & Drugs Partnership	191	(62)	253	Plans being worked on including projected in year underspend
Drugs Death Task Force	39		39	Being reviewed alongside recovery and renewal
Primary Care Improvement Fund	877	(538)	1,415	Plans being worked on including projected in year underspend
Primary Care Transformation Fund	37		37	
GP Premises Fund	101		101	Plans being worked on alongside PCIF
COVID and Winter Planning	3,145	3,145	0	Expect to spend in full
Scottish Government Funding	4,546	2,503	2,043	
Bridging Finance				
Budget Savings Reserve	1,880	(175)	2,055	Assumed based on current projected overspend and application of winter funding; subject to change
In Year Pressures Reserve	165		165	Will be applied as required
Prescribing	510	100	410	To smooth prescribing pressures
Bridging Finance	2,555	(75)	2,630	
Children & Families				
Residential Accommodation	460	0	460	To smooth the impact of high cost residential placements over time, currently assumed no draw and will continue to be monitored
Health Visitors	183	118	65	To support capacity and training
Home & Belonging	58	58	0	Expect to fully utilise
School Counselling	687	38	649	Plans in place for recovery and longer term services to support families
Children & Young Peoples Mental Health Framework	127	127	0	Expect to fully utilise
Recovery Activity - Partners	101	101	0	Expect to fully utilise
Continuing Care / Child Healthy Weight	15	15	0	Expect to fully utilise
Children & Families	1,631	457	1,174	
Transitional Funding				
Learning Disability Specialist Services	654	569	85	Funding Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295		295	New funding to support learning disability change local and system wide - proposals being finalised
Total Transitional Funding	949	569	380	
Adult Services				
District Nursing	74	74	0	To support capacity and training - aligned with planned activity
Mental Health - Community Psychology	16		16	To support additional sessions for recovery
Care Home Oversight Support	51	51	0	To support recovery
Augmentative & Alternative Communication	70		70	To smooth demand
Addictions - Residential Rehab	37		37	To smooth the impact of residential placements
Adult Services	248	125	123	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	100		100	Environmental works approved by IJB in 2019/20, delayed due to COVID now required. May supplement capital works if required
Repairs & Renewals	100	0	100	
Capacity				
Partnership Strategic Framework	92	58	34	To fund post in current year. Following year funding committed to support procurement activity
Organisational Learning & Development	92		92	Being reviewed alongside recovery and renewal
Capacity	184	58	126	
Total All Earmarked Reserves	10,213	3,637	6,576	
General Reserves				
East Renfrewshire Council	109	0	109	
NHSGCC	163	0	163	
Total General Reserves	272	0	272	
Grand Total All Reserves	10,485	3,637	6,848	

NB: Subject to audited annual report and accounts 2020/21

East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22

Appendix 6

Analysis of Savings Delivery

Saving	2021/22 Funding Gap £	Projected Saving £	Saving still to be achieved	Comments
Adult Care packages	265,000	265,000	-	Saving applied to budget and achieved
Discretionary spend moratorium	120,000	120,000	-	Saving applied to budget and achieved
Increased Charges	20,000	20,000	-	Saving applied to budget and achieved
Freeze Uplift on non-pay - manage through efficiency	150,000	57,000	93,000	Saving applied to budget and partly achieved, balance treated as Covid related pressure
Property Savings - lease and other	100,000	100,000	-	Saving applied to budget and achieved
Travel and Other running costs	60,000	60,000	-	Saving applied to budget and achieved
Early Identified savings - Recovery and Renewal	432,000	200,000	232,000	Work ongoing to achieve these savings in year, but unlikely to be achieved in full, balance treated as Covid pressure
Unachieved savings being reviewed as part of Recovery and Renewal	3,041,000		3,041,000	Included as part of Covid related cost pressures to Scottish Government, remains subject to confirmation
Sub Total	4,188,000	822,000	3,366,000	
Freeze Uplift on non-pay - manage through efficiency	61,000	61,000	-	Saving applied to budget and achieved
Travel and Other running costs	31,000	31,000	-	Saving applied to budget and achieved
Learning Disability Services local saving from redesign	100,000	100,000	-	Saving applied to budget and achieved
Sub Total	192,000	192,000	-	
Total HSCP Saving Challenge	4,380,000	1,014,000	3,366,000	

Note; capacity to deliver savings impacted by COVID response.

Subjective Analysis	2020/21 Budget Virement					2021/22 Budget £	Total Virement £
	2021/22 Opening Budget £	(1) £	(2) £	(3) £			
Employee Costs	23,594,000				23,594,000		
Property Costs	903,000				903,000		
Supplies & Services	1,891,000				1,891,000		
Transport Costs	258,000				258,000		
Third Party Payments	41,324,000				41,324,000		
Support Services	2,419,000				2,419,000		
Income	(16,684,000)				(16,684,000)		
Net Expenditure	53,705,000	0	0	0	53,705,000	0	

Objective Analysis	2020/21 Budget Virement					2021/22 Budget £	Total Virement £
	2021/22 Opening Budget £	(1) £	(2) £	(3) £			
Public Protection - Children & Families	9,810,000				9,810,000		
Public Protection - Criminal Justice	19,000				19,000		
Adult Health - Localities Services							
Older People	14,126,000				14,126,000		
Physical & Sensory Disability	4,877,000				4,877,000		
Learning Disability	9,589,000				9,589,000		
Adult Health - Intensive Services	10,859,000				10,859,000		
Recovery Services - Mental Health	1,386,000				1,386,000		
Recovery Services - Addictions	273,000				273,000		
Finance & Resources	2,766,000				2,766,000		
Net Expenditure	53,705,000	0	0	0	53,705,000	0	

Note:

- 1 There are no budget virements requests at 30 September 2021

Primary Care Improvement Plan

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Pharmacy Support	812,000	691,000	121,000
Advanced Nurse Practitioners	167,000	81,000	86,000
Advanced Practice Physiotherapists	177,000	153,000	24,000
Community Mental Health Link Workers	73,000	73,000	0
Community Healthcare Assistants / Treatment Room *	370,000	335,000	35,000
Vaccine Transformation Programme	714,000	452,000	262,000
Programme Support / CQL / Pharmacy First	208,000	144,000	64,000
Total Cost	2,521,000	1,929,000	592,000
Funded by:			
In Year Funding		2,467,000	
Reserve Balance		877,000	
Total Funding		3,344,000	
Potential reserve at year end based on current projection		1,415,000	

NB Plans to utilise existing reserve being developed

Service	Planned Programme Costs	Actual Programme Costs	Projected Variance
	£	£	£
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	175,000	175,000	0
Programme Support	30,000	30,000	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	264,000	197,000	67,000
Other - Peer Support Delivery Service	55,000	55,000	0
Total Cost	524,000	457,000	67,000
Funded by:			
In Year Funding		499,000	
Reserve Balance		156,000	
Total Funding		655,000	
Potential reserve at year end based on current projection		198,000	

NB Plans to utilise existing reserve being developed

East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22
 Alcohol & Drugs Partnership Local Improvement Funding

Appendix 10

Service	Planned Programme Costs	Actual Programme Costs	Projected Variance
	£	£	£
Reducing waiting times for treatment and support services	49,000	49,000	0
Development of Recovery Communities	130,000	130,000	0
Peer Support	25,000	25,000	0
Total Cost	204,000	204,000	0
Funded by:			
In Year Funding	0	266,000	
Reserve Balance	0	191,000	
Total Funding	0	457,000	
Potential reserve at year end based on current projection		253,000	

NB Plans to utilise existing reserve being developed



Mental Wellbeing, Social Care and NCS Directorate

Donna Bell, Director

Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

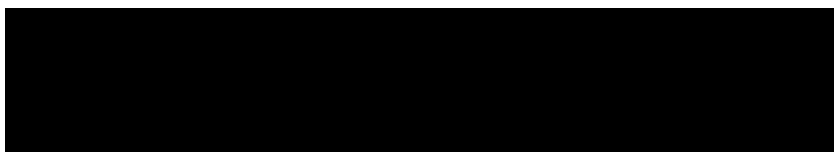
Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely



Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	100.00%	40,000,000	62,000,000	20,000,000	102,000,000

Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a rehabilitating element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.

Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.



Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.