



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Finance Update as at end June 2017
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author</b>	Gillian Parkin (Finance Manager)\Jimmie Dickie (Finance Business Partner)
<b>Report Number</b>	HSCP.17.065
<b>Date of Report</b>	26 July 2017
<b>Date of Meeting</b>	15 August 2017

### 1: Purpose of the Report

- i) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 3 (end of June 2017); and
- ii) To advise on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board (IJB) services.
- iii) To request approval of budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix E).

### 2: Summary of Key Information

#### Reported position for period to end June 2017

- 2.1 An adverse position of £1,228,000 is reported for the three month period to the end of June 2017 as shown in Appendix A. A forecasted year-end position has been prepared based on month 3 results. This has resulted in a projected overspend of £4,518,000 on mainstream budgets. Work is progressing with the budget holders to confirm the forecast position and seek solutions to recover the position. Given the timing of this report the forecast is presented as originally calculated and an appendix F has been added which identifies the actions being considered to help recover the financial position.
- 2.2 A review has been undertaken of the spend and commitments against the Integration and Change Fund budget and the forecast has been adjusted accordingly. As can be seen from the forecast identified in Appendix A it is currently anticipated that the £4,518,000 can be accommodated from within this budget for 2017/18. This would protect the partners from incurring any additional financial pressure on their own budgets. However, it is important



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that recovery plans are developed and implemented quickly, in order to protect the IJB's Integration and Change Funding so it can be used for transformation. The Executive Team and Senior Managers are committed to resolving this overspend in 2017/18, although are mindful there will be some transitional spend while the recovery plans are implemented.

### 2.3 An analysis of variances is detailed below:

#### **Community Health Services (Year to date variance - £81,000 overspend)**

##### **Major Movements:**

£20,000 across non pay budgets  
£52,000 Under recovery on income.

Within this expenditure category there is an overspend on non pay costs due to unmet 2017/18 budget reduction targets. An under recovery on income mainly relating to education service level agreement for speech and language therapy (£20,000) due to renegotiation of contract and salaried dental service income being lower than anticipated due to lower patient numbers meeting the eligibility criteria for payment.

#### **Hosted Services (Year to date variance £173,000 overspend)**

There are overspends on Police Forensic Service due to unfunded posts and unmet efficiency targets. Along with an overspend on medical locum costs due to the inability to recruit within Intermediate Care. (which covers Care of the Elderly, Orthopaedics and the Mobility and Rehabilitation Service). Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

#### **Learning Disabilities (Year to date variance - £371,000 overspend)**

##### **Major Movements:**

£334,000 Commissioned services  
£81,000 Under-recovery customer and client receipts  
(£59,000) Underspend direct payments

Staffing budgets for allied health professional underspending due to staff vacancies. The overspend on commissioned services reflects additional commitments against the needs led spot purchase care budget of £316,000 and block funded services budget of £18,000 as a result of an increase in the



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number of clients.

The under-recovery in client and customer receipts is mainly on residential and nursing care which is where the under recovery occurred last year. The underspend on direct payments includes recovery of £111,000 of income refunded from financial audits and reviews.

This Learning Disabilities budget will be closely monitored to determine if future growth due to packages transitioning from childrens' services will continue to be offset by recovery of underspends and reducing the direct payment contingency from eight to four weeks.

### **Mental Health & Addictions (Year to date variance - £135,000 overspend).**

£59,000 Additional expenditure on locums  
£50,000 Additional expenditure on commissioned services  
£14,000 Direct payments

The overspend on medical locum costs is due to the inability to recruit. Mental Health currently have 4 whole time equivalent consultant vacancies and 1 whole time equivalent speciality doctor, which are currently all being filled by locums.

The commissioned services overspend reflects overspends against mental health block funded care £26,000, mental health needs led spot purchased care £12,000 and addictions block funded care £14,000; partially offset by an underspend on addictions spot purchased care £2,000. Direct payments is a needs led service which depends on client achieving the eligibility criteria and picking a direct payment rather than a traditional care package. The overspend might reduce in future months as underspends are recovered and the direct payment contingency in existing budgets is reduced from eight weeks to four weeks as agreed during the budget process.

### **Older People & Physical and Sensory Disabilities (Year to date variance - £149,000 overspend)**

#### **Major Movements:**

£261,000 Commissioned services  
£124,000 Direct payments  
(£125,000) Recoveries client board  
(£53,000) Contributions from other local authorities  
(£50,000) Staffing vacancies



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There is an overspend of £261,000 on commissioned services. This consists mainly of an overspend of £223,000 in additional payments to Bon Accord care for running Kingsmead Nursing Home. There is an overspend of £124,000 on needs led direct payments, mainly on older people home care due to additional clients. The overspend may reduce in future months as underspends are recovered and the direct payments contingency in existing budgets is reduced from eight weeks to four weeks.

There is a £125,000 over-recovery of client contributions towards the costs of in-house residential care. There is a £53,000 over-recovery of income for contributions from other councils towards the cost of residential care packages. The £50,000 underspend on staffing is mainly due to staffing vacancies. An exercise will be undertaken during the budget process to ensure that staffing budgets reflect the new management structure.

### **Central Living Wage/Inflation Provision etc (Year to date variance - £172,000 overspend)**

#### **Major Movements:**

£115,000 Additional running expenses Kingsmead  
£70,000 Staff vacancy savings

On the 1st April 2017 Aberdeen City Council took over the running of Kingsmead Nursing Home. The additional spend for the year to date of £115,000 is mainly due to ongoing running costs of the occupancy agreement £90,000.

A budget of staff vacancy savings across the partnership is held against the adult social care directorate. As these savings may be delivered across the partnership there is an additional expense against this budget of £70,000 for the first three months.

### **Primary Care Prescribing (Year to date variance – £113,000 overspend)**

As actual information is received two months in arrears from the Information Services Division this position is based on actuals for April 2017 with an estimation of spend for May and June. The budget to June includes the additional budget added during the budget process of £559,000. The average cost per item varied throughout 2016/17 and averages at £11.28 over the year. The actual average cost per item in April was £11.32 and this price is used for estimating May and June spend. The volume of items estimated to June has decreased by 0.4% compared to quarter 1 2016/17.



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### **Primary Care Services (Year to date variance - £16,000 overspend)**

The position within Primary Care Services represents the impact of the revision of the Global Sum (based on practice registered patient numbers) payments for 2017/18 anticipated to be matched by revised annual grant allocations. Cost pressures still exists for Enhanced Services continuing, which includes diabetic care, extended hours and immunisations. A new cost pressure is emerging in 2017/18 for premises in relation to Business Rates.

### **Out of Area Treatments (Year to date variance - £70,000 overspend)**

The projected overspend reflects that the number of patients receiving care outside of the Grampian area has increased over the last few months. A review is being undertaken to determine how best to manage this budget and financial pressure in future.

#### **List of Appendices:**

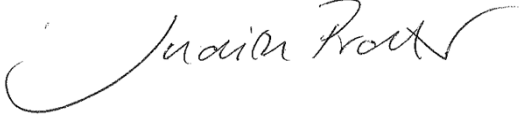

- a) Finance Update as at end June 2017
- b) Summary of risks and mitigating action
- c) Sources of Transformational funding
- d) Progress in implementation of savings - June 2017
- e) Virements
- f) Recovery Plans (to follow)

### **3: Equalities, Financial, Workforce and Other Implications**

- 3.1 Every organisation has to manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board. This report is part of that framework and has been produced to provide an overview of the current financial operating position.
- 3.2 Key underlying assumptions and risks concerning the forecast outturn figures are set out within Appendix B. Appendix D monitors the savings agreed by Aberdeen City Council.



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4:	<b>Management of Risk</b>
	<p><b>Identified risk(s):</b> There is a risk of financial failure , that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.</p> <p><b>Link to risk number on strategic or operational risk register:</b> 2</p> <p><b>How might the content of this report impact or mitigate the known risks:</b> Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.</p> <p>Should there be a number of staffing vacancies then this may impact on the level of care provided to clients. This issue is monitored closely by all managers and any concerns re clinical and care governance reported to the executive and if necessary the clinical and care governance committee.</p>
5:	<b>Recommendations for Action</b>
	<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li>1. Notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.</li><li>2. Instructs Officers to review the financial position and identify savings to bring the mainstream budget back to a break even position.</li></ol>
6:	<b>Signatures</b>
	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

## **INTEGRATION JOINT BOARD**

## Appendix A: Finance Update as at end June 2017

Accounting Period 3	Full Year Revised Budget Budget £'000	End June Budget Budget £'000	YTD Actual £'000	YTD Variance £'000	Variance Percent %	Year-End Forecast £'000
Community Health Services	31,631	7,881	7,962	81	0.3%	140
Aberdeen City share of Hosted Services (health)	20,290	5,119	5,292	173	0.9%	693
Learning Disabilities	30,358	7,587	7,958	371	1.2%	1,561
Mental Health & Addictions	19,718	4,927	5,062	135	0.7%	500
Older People & Physical and Sensory Disabilities	72,949	18,237	18,386	149	0.2%	808
Central Living Wage/inflation provision etc	(1,339)	(351)	(179)	172	(12.8%)	(40)
Criminal Justice	46	7	(44)	(51)	(110.9%)	(1)
Housing	1,861	465	465	(0)	(0.0%)	0
Primary Care Prescribing	39,865	9,874	9,987	113	0.3%	302
Primary Care	36,985	9,366	9,382	16	0.0%	64
Out of Area Treatments	1,005	249	319	70	7.0%	491
<b>Sub Total: Mainstream position</b>	<b>253,368</b>	<b>63,362</b>	<b>64,590</b>	<b>1,228</b>	<b>1.93%</b>	<b>4,518</b>
<b>Integration and Change Funds</b>	20,360					
<b>Total funding available</b>						(20,360)
<b>Projected expenditure to end March 2018</b>						15,262
<b>Contribution to mainstream position (as above)</b>						4,518
<b>Total position including Integration and Change Fund</b>	<b>273,728</b>	<b>63,362</b>	<b>64,590</b>	<b>1,228</b>		(580)



## Appendix B: Summary of risks and mitigating action

	Risks	Mitigating Actions
<b>Community Health Services</b>	Balanced financial position is dependent on vacancy levels.	<ul style="list-style-type: none"> <li>• Monitor levels of staffing in post compared to full budget establishment.</li> <li>• A vacancy management process is in the process has been created which will highlight recurring staffing issues to senior staff.</li> </ul>
<b>Hosted Services</b>	<p>Potential increased activity in the activity led Forensic Service.</p> <p>The use of locums for intermediate care</p>	<ul style="list-style-type: none"> <li>• Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised.</li> <li>• Substantive posts have recently been advertised which might reduce some of this additional spend.</li> </ul>
<b>Learning Disabilities</b>	<p>Fluctuations due to expensive support packages being implemented.</p> <p>Increase in provider rates for specialist services.</p> <p>Underspend is dependent on vacancy levels continuing at present levels.</p>	<ul style="list-style-type: none"> <li>• Review packages to consider whether they are still meeting the needs of the clients.</li> <li>• To review increased costs of packages transitioning from Childrens' services to see if there is a spike in demand or if the increased costs are a trend.</li> </ul>
<b>Mental Health and Addictions</b>	<p>Increase in activity in needs led service.</p> <p>Potential complex needs packages being discharged from hospital.</p> <p>Increase in consultant vacancies resulting in inability to recruit which</p>	<ul style="list-style-type: none"> <li>• Work has been undertaken to review levels through using Carefirst.</li> <li>• Review potential delayed discharge complex needs and develop tailored services.</li> <li>• A review of locum spend is being undertaken across NHS Grampian.</li> </ul>

	Risks	Mitigating Actions
	would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	
<b>Older people services incl. physical disability</b>	Balanced financial position is dependent on staffing levels.  Increase in activity in needs led service.	<ul style="list-style-type: none"> <li>• Monitor levels of staffing in post compared to full budget establishment.</li> <li>• A vacancy management process has been created which will highlight recurring staffing issues to senior staff.</li> <li>• Review packages to consider whether they are still meeting the needs of the clients.</li> </ul>
<b>Prescribing</b>	Primary Care prescribing is impacted by volume and price factors both of which are forecast on basis of available data and evidence at start of each year by the Grampian Medicines Management Group	<ul style="list-style-type: none"> <li>• Monitoring of price and volume variances from forecast.</li> <li>• Review of prescribing patterns across General Practices and follow up on outliers.</li> <li>• Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility.</li> <li>• Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.</li> <li>•</li> </ul>
<b>Out of Area Treatments</b>	Increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area.	<ul style="list-style-type: none"> <li>• Review process for approving this spend.</li> </ul>

## Appendix C: Sources of Transformational funding

	2017/18 (£m)	2016/17 c/fwd (£m)	Total (£m)
Integrated Care Fund	3.750	2.684	6.434
Delayed Discharge Fund	1.125	1.420	2.545
Winter resilience		0.190	0.190
Mental Health Access		0.054	0.054
Primary Care Pharmacy	0.318	0.215	0.533
Social Care transformation funding	9.504	4.773	14.277
Tranche 2 Social Care Funding	3.860		3.860
Primary Care Transformation		0.267	0.267
Mental Health Fund		0.147	0.147
Transforming Urgent Care		0.286	0.286
Keep Well/Public Health (Tobacco, CHW)		0.381	0.381
	<b>18.557</b>	<b>10.417</b>	<b>28.974</b>
Adjust for social care budget transfer	-8.614		-8.614
Funding available for IJB commitment	<b>9.943</b>	<b>10.417</b>	<b>20.360</b>

## Appendix D: Progress in implementation of savings - June 2017

Area	Agreed Target	Status	Action	Responsible Officer
<b>Vacancy Management</b>	1,100	Amber	<p>Once a post becomes vacant grades and hours are reviewed before the vacancy process begins.</p> <p><i>All vacancies are authorised by finance and senior management. Where possible posts are held until it is essential to be filled for the running of a service.</i></p>	Judith Proctor
<b>City Core Community Health</b>	103	Green	Only essential training is being permitted. Overtime is being monitored on a monthly basis and will only be used if this is essential to the running of a service and should be the last resort.	Tom Cowan
<b>City Core Community Health</b>	100	Green	There is currently an administration review being undertaken – reviewing all workload and grades of admin staff required. When a vacancy arises the grade and hours are reviewed and posts only being filled if essential. Bank usage is being monitored on a monthly basis and is the last resort of filling holiday or sick leave cover.	Alex Stephen
<b>Various on-costs on commissioned services</b>	315	Green	Care providers will receive no increase in funding other than any increases agreed for sleepovers, living wage and through the NCHC if applicable.	Tom Cowan

Area	Agreed Target	Status	Action	Responsible Officer
<b>Review and reduce commissioning in association with other Councils to reduce rates.</b>	575	Amber	<p>Review placements provided by Aberdeen City that should be funded by other councils. Some packages are expensive and by working with other Councils it should be possible to negotiate better rates. Review care packages to determine whether they are still fit for purpose and meet the eligibility criteria.</p> <p><i>Additional social workers have been recruited to review packages and a process has been set-up where expensive packages are required to be signed off by a resource allocation panel.</i></p>	Tom Cowan
<b>Direct payment - reduce contingency levels</b>	200	Green	Direct payment clients receive a contingency payment amounting to 8 weeks and this it to be changed to 4 weeks.	Tom Cowan
<b>Speed up financial assessment process</b>	100	Amber	By improving this process clients will know quicker how much contribution, if any, they require to make to their care package. Speeding up this process will give clients more certainty and reduce potential arrears.	Alex Stephen
<b>Income Generation</b>	350	Green	Review charging levels across the Partnership and look for ways to generate more income to support core services - making best use of our assets etc.	Sally Shaw
<b>Self-Directed Support</b>	59	Green	Remove budget for organisation providing support to SDS clients. Contract has come to an end and has not been renewed (support now being provided in-house)	Alex Stephen

Area	Agreed Target	Status	Action	Responsible Officer
Remove historic underspends	260	Green	Complete	Alex Stephen
Outreach team not filled	280	Green	Funding and posts are no longer required re strategic plan.	Alex Stephen
Review of the Training/Overtime & Parking	163	Amber	Managers to consider ways to reduce overtime & training and pay travel as incurred not issuing parking passes.	Judith Proctor
Management Model	710	Green	Review and assessment of the Partnership overall management model. Where staff are employed in transformational roles then they should be charged against the integration and change fund. Where it is possible to reduce the number of posts without making someone redundant then this will be considered and actioned.	Tom Cowan
<b>Total</b>	<b>4, 315</b>			

## Appendix E: Virements

Period 1-3 Health	
Budget Virements/Additional Funding	
Amputee Ward Funding	£18,560
Public Health Fund (MIN)	£24,000
School Immunisation Programme	£158,525
Primary Care Pharmacy	£318,401
Junior Health Visiting Funding	£40,740
<b>Total Virements</b>	<b>£560,226</b>

Period 3 – Adult Social Care		
Budget Virements/Additional Funding		
Learning disability	living wage	£ 1,100,407.00
	sleepovers	£ 767,848.00
Mental Health	living wage	£ 388,408.00
	sleepovers	£ 256,901.00
Physical Disability	living wage	£ 265,858.00
	sleepovers	£ 105,261.00
Older People	living wage	£ 574,317.00
<b>Central living wage budget</b>		<b>-£ 3,459,000.00</b>

## Appendix F: Recovery Plans 17/18 (draft)

### 1. Adult Social Care Recovery Plan

Area	Action	Responsible Officer/s
<b>Learning Disability Commissioned Services</b>	<ol style="list-style-type: none"> <li>1. An exercise is to be undertaken to determine if the increase in learning disability clients is the start of a new trend/profile.</li> <li>2. 2) A senior officer is to review the process of children transitioning from Children's services to Adult Social Care so that a protocol might be agreed.</li> </ol>	CareFirst/Service Managers/ Finance
<b>All Commissioned Care</b>	<p>Desktop review of CareFirst packages to remove duplicates and incorrect packages. Maximise use of existing care estate. Are care packages the right size for client's needs?</p> <ol style="list-style-type: none"> <li>1. Desktop review to provide initial list of care packages to be reviewed based on practitioners knowledge to check if the care packages are the right size for the client's needs.</li> <li>2. A review group to commence reviewing high cost packages to check if care packages are the right size for client needs</li> <li>3. Peer review to check that all new high cost packages are the right size for client needs.</li> <li>4. Out of authority placements to be reviewed to see if they are the right size for client's needs.</li> <li>5. Additional staff may be required to carry out reviews. A business case will be developed if the pace of progress determines that additional resources are required.</li> </ol>	CareFirst/Service Managers/ Finance



Area	Action	Responsible Officer/s
<b>All Commissioned Care</b>	<p>Voids.</p> <ol style="list-style-type: none"> <li>1. Clients to be matched to voids in block funded services wherever possible.</li> <li>2. Any voids that cannot be filled should be de-commissioned.</li> <li>3.</li> </ol>	CareFirst/Service Managers/ Finance
<b>All Commissioned Care</b>	<p>Adult Social Care as Registered Landlord</p> <ol style="list-style-type: none"> <li>1. Ask housing services to take over looking after social care tenancies to free up staff time.</li> <li>2. Review tenancies to see if they can be of a more short term nature so that clients can be moved onto more appropriate resources.</li> <li>3. Consider moving back to residential care model.</li> </ol>	CareFirst/Service Managers/ Finance
<b>All Commissioned Care</b>	<p>Standalone Packages</p> <ol style="list-style-type: none"> <li>1. Review high cost stand-alone packages to see if more appropriate funding/care models can be established.</li> </ol>	CareFirst/Service Managers/ Finance
<b>All Commissioned Care</b>	<p>Equipment</p> <ol style="list-style-type: none"> <li>1. Ensure services are provided in the most cost effective way by the partnership.</li> </ol>	CareFirst/Service Managers/ Finance

Area	Action	Responsible Officer/s
<b>All Commissioned Care</b>	<p>Kingsmead</p> <ol style="list-style-type: none"> <li>1. To put steps in place so that Kingsmead can accept new clients.</li> <li>2. To move to a frail elderly only model of care.</li> <li>3. To increase the number of frail elderly clients nearer to capacity as this is a block funded service.</li> </ol>	CareFirst/Service Managers/ Finance
<b>All Commissioned Care</b>	<p>SDS</p> <ol style="list-style-type: none"> <li>1. All SDS packages being reviewed to ensure that they have the right size of package.</li> <li>2. A resource allocation panel has been established to monitor and review High value Self Directed Support packages.</li> <li>3. Review SDS contingency being reduced from 8 to 4 weeks to see how much might be kept as a saving.</li> <li>4. Develop equivalency model of support and consider introducing financial caps on services eligible for direct payment.</li> </ol>	CareFirst/Service Managers/ Finance
<b>All Commissioned Care</b>	<p>Sleepovers/waking nights</p> <ol style="list-style-type: none"> <li>1. Review provision to ensure that care models are the right size for client's needs.</li> </ol>	CareFirst/Service Managers/ Finance
<b>Older People &amp; Physical Disability Homecare</b>	<ol style="list-style-type: none"> <li>1. Review CM2000 banding model to see if savings can be generated by altering payments to providers without disrupting the market.</li> </ol>	CareFirst/Service Managers/ Finance

Area	Action	Responsible Officer/s
Maximising Income	<ol style="list-style-type: none"> <li>1. Get external help to review charging strategy.</li> <li>2. Review charging policy for transport.</li> <li>3. Speed up financial assessment process including review of how best to apply delegated powers within the partnership.</li> </ol>	CareFirst/Service Managers/ Finance
Total target to be achieved = £2.4 million. Individual project targets to be confirmed.		

## 2. Health Recovery Plan

Area	Action	Responsible Officer/s
Specialist Older Adults and Rehab	<p><u>Forecast position: £550k overspend</u></p> <p>The main factors for this forecasted overspend is due to unfunded pay award £200k and £300k circa for locums to provide out of hours medical services (one doctor per 200 patients). If the City element of these unavoidable costs was funded then this would improve the year-end forecast.</p> <p>To reduce spend at a scale of this order would require the closure of a ward or planned significant reduction in activity level in other elements of the hosted service, such as a increase in waiting times for wheelchairs, prosthetics and orthotics. All of these changes would have an impact on a cross Grampian basis, such changes would need to be considered by other IJBs and in the case of a ward closure the acute sector.</p>	Jason Nicol

Area	Action	Responsible Officer/s
	<p>Removing beds with no mitigation would have significant impact on our delayed discharge performance. Further work would be required with professional leads for nursing, medical and AHPs as well as other IJBs/Acute Sector colleagues if this option were to be developed.</p>	
<p><b>City H&amp;SCP Nursing</b></p>	<p><u>Forecasted position: £391k overspend</u></p> <p>With potentially 4 locality managers being in post by end of November 2017. This should help drive the implementation of the Buurtzorg model which will have a positive impact on the overall nursing position.</p> <p>Work has been undertaken re vacancy management with support from the Finance team. This will be ongoing throughout the year.</p>	<p>Heather MacRae</p>
<p><b>Mental Health</b></p>	<p><u>Forecasted position: £400k overspend</u></p> <p>Due to a retirement of a key member of the ADP support team. A review will be undertaken of the management structure.</p> <p>Expensive medical locums is the cause of the forecasted overspend. A review of the process around authorisation and payment of these locums and analysis of the services that the locum support is under way.</p>	<p>Karen Gunn</p>