AGENDA

A MEETING OF THE INTEGRATION JOINT BOARD WILL BE HELD ON
THURSDAY 28 MARCH 2019 AT 3.00 PM
CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE,
NORTH STREET, GLENROTHES, FIFE, KY7 5LT

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<tr>
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<th>Present By</th>
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<td>1</td>
<td>CHAIR’S WELCOME AND OPENING REMARKS</td>
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<td>DECLARATION OF MEMBERS’ INTERESTS</td>
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<tr>
<td>6.2</td>
<td>Financial Monitoring to January 2019</td>
<td>Michael Kellet</td>
<td>40-56</td>
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<tr>
<td>7</td>
<td>AOCB</td>
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<td>8</td>
<td>DATES OF FUTURE MEETINGS</td>
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IJB Meeting – Friday 26 April 2019 at 10.00 am in Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT

IJB Development Session – Tuesday 28 May 2019 at 10.00 am in Fife Voluntary Action, Saltire Centre, Glenrothes, Fife

Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification.

Michael Kellet
Director of Health & Social Care
Rothesay House
Glenrothes
KY7 5PQ

If telephoning please ask for Norma Aitken, Head of Corporate Services, 5th Floor Rothesay House. Tel: 03451 555555 Ext 444328 or email Norma.aitken1@nhs.net

Agendas and papers for all committee meetings can be accessed on www.fifedirect.org.uk/committees
UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON WEDNESDAY 20 FEBRUARY 2019 AT 10.00 AM IN CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, FIFE, KY7 5LT

Present
Councillor Rosemary Liewald (Chair)
Christina Cooper (Vice Chair)
Non-Executive Members – Eugene Clarke, Dr Les Bisset, Martin Black, Margaret Wells - NHS Fife
Wilma Brown, Employee Director, NHS Fife
Dr Frances Elliot, Medical Director, NHS Fife
Councillors David Alexander, Tim Brett, David Graham, Fiona Grant, David J Ross, Tony Miklinski and Jan Wincott - Fife Council
Carolyn McDonald, Associate Director, Allied Health Professionals
Debbie Thompson, Joint TU Secretary
Ian Dall, Chair of Public Engagement Network
Karen Mack, Independent Sector Representative
Morna Fleming, Carer Representative
Simon Fevre, Staff Representative, NHS Fife

Professional Advisers
Michael Kellet, Director of Health and Social Care/Chief Officer
Jen McPhail, Chief Finance Officer
Nicky Connor, Associate Nurse Director
Dr Katherine Paramore, Medical Representative

Attending
Claire Dobson, Divisional General Manager (West)
David Heaney, Divisional General Manager (East)
Evelyn McPhail, Director of Pharmacy
Seonaid McCallum, Associate Medical Director, NHS Fife
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
John Mills, Head of Housing Services
Norma Aitken, Head of Corporate Services
Wendy Anderson, H&SC Co-ordinator (Minute)
Belinda Morgan, Billy Bunce and Lesley Stewart for Person Story

NO HEADING ACTION

1 CHAIRPERSON’S WELCOME AND OPENING REMARKS
The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).

Nicola Braid, a Staff Nurse at the Mayfield Unit at Lynebank Hospital has been awarded an honorary fellowship at the University of Edinburgh.

Dr Frances Elliot, NHS Medical Director is attending her final meeting. Dr Chris McKenna is taking over this role and will attend future IJB meetings. The Chair thanked Dr Elliot for her contribution to the IJB and wished her well for the future.
CHAIRPERSON’S WELCOME AND OPENING REMARKS (CONT)

Jen McPhail, Chief Finance Officer leaves on 8 March 2019 to take up a new role with Borders Care. The Chair thanked Jen for her contribution to the IJB and wished her well for the future.

Karen Mack, Independent Sector Representative is attending her final meeting in this role as she is returning to the Care Inspectorate. The Chair thanked Karen for her contribution to the IJB and wished her well for the future.

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking.

2 PERSON STORY – HIGH HEALTH GAIN AND LOCALITY HUDDLES

Belinda Morgan, Billy Bunce and Lorna Stewart presented Elizabeth and Ian’s story which illustrated how multi-disciplinary teams are making a positive difference to the lives of Fife residents who have complex health needs.

The slides used will be circulated to IJB members.

The presentation was well received and the Chair thanked Belinda, Billy and Lorna for attending the IJB.

3 DECLARATION OF MEMBERS’ INTERESTS

Nil.

4 APOLOGIES FOR ABSENCE

Apologies had been received from Helen Wright, Julie Paterson, Dona Milne, Susie Mitchell, Dougie Dunlop, Steve Grimmond and Paul Hawkins.

5 MINUTE OF PREVIOUS MEETINGS

There was discussion on the content of the Minute of the meeting held on 20 December 2018. Margaret Wells suggested the minutes were shorter than they should be and should convey more of the discussion. She also asked for additional content to be added, which she will provide. Minute will be updated accordingly.

6 MATTERS ARISING

The Action Note from the meeting held on 20 December 2018 was agreed as an accurate record.

Joining Up Care Consultation – Michael Kellet gave an update on the two participation requests which had been received by NHS Fife. These have been
accepted and NHS Fife is currently determining what this will entail. An update on the requests will be provided in due course.

David Heaney gave an update on the position with the Community Hospital Redesign element of the Joining Up Care project. An Options Appraisal meeting took place in December 2018. The consultation process has been extended, as previously agreed. Both this and the Urgent Care workstreams involve many of the same officers, but progress is being made. It has been suggested that workshop be held to assist this process. Weekly meetings are being held and clinical and financial modelling is being undertaken.

Claire Dobson updated on the Urgent Care (Out of Hours) workstream which had been discussed at the previous Integration Joint Board meeting. A process has been developed for the addendum and Claire is happy to share this with IJB members. A variety of meetings have been held in the North East Fife area and these will be replicated in each area of Fife. The Urgent Care Working Group has been reformed and meetings have been scheduled for March 2018 to look at ideas for Fife as a whole.

7 PERFORMANCE

7.1 Finance Report

Jen McPhail presented this report which gave the latest available financial position as at 30 November 2018. Jen gave an update on several items as at December 2018, these figures will be finalised in the near future.

Discussion was held in relation to pharmacy savings, the potential financial impact forecast in relation to Brexit, stockpiling medicines, the recent pay agreement and budget realignment.

The Board:-

- noted and discussed the financial position as reported at 30 November 2018.
- noted and discussed the key risks and challenges highlighted in the first section of the report.
- agreed that the Director of Health and Social Care discusses with the two parent body Chief Executives regarding the Homecare position reversal of savings as agreed in November 2018.
- noted the Chief Finance Officer, Associate Director of Nursing with Nursing Director and Director of Finance require to meet regarding the Workforce Planning Tool - Principle of Funding.
7.1 Finance Report (Cont)

- charged the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.

- noted the additional funding approved to Homecare funded through winter monies and the pressure this has on the funding situation now the winter plan has been approved.

- noted the increased pay award offer and the potential impact to the IJB - £0.500m in year if approved

- directed escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

- noted a detailed report on internal homecare performance including Finance and Impacts to be submitted to the February F&P Committee by DGM East Division.

- noted a detailed report on external Homecare performance including Finance and Impacts to be submitted to the February F&P Committee by Head of Strategic Planning, Performance and Commissioning.

7.2 Financial Outlook

Jen McPhail presented this report which was an update as final budgets have now been agreed for Fife Council and NHS Fife. The H&SC Budget report will be brought to the next IJB meeting and will bring forward suggestions on how to close the projected budget gap.

During discussions on Healthcare Technology it was suggested that this be the topic for a future Development Session. This was agreed and the appropriate staff from Fife Council and NHS Fife will be invited to deliver this.

The Board:-

- noted the Scottish Government funding Letter and the funding assumptions.

- noted the ability for the HSCP to deliver transformational savings projects in 2019-20.

- noted the proposal regards charging in terms of scenario 1 and current discussions.
• note the required investment in Healthcare Technology to make the long term financial strategy.

7 PERFORMANCE (CONT)

7.2 Financial Outlook (Cont)

• agreed to use a future Development Session to discuss developments in tele-healthcare and technology.

Prior to presenting his report (Item 8.2) John Mills advised that work is ongoing to secure a residential property in Kirkcaldy which will hopefully be adapted to use as a demonstration house for technology which can be used within Health and Social Care as well as other uses.

7.3 Audit Scotland – Integration Progress Report

Jen McPhail presented this report and advised that a Ministerial Review Group has been set up. This group has produced a report which will be circulated to IJB members prior to the IJB Development Session on 5 March 2019.

The Board agreed to:

a) note the contents of this report; and

b) approve the proposal that an action plan will be developed in collaboration with partner organisations through the Chair of the IJB and the Director of Health and Social Care.

7.4 Performance Report

Fiona Mckay presented this report which was for information. Discussion was held regarding the significant pressures on Care at Home and START beds and the short term solution which is in place as part of the Winter Plan.

CAMHS waiting times were also discussed along with alternative therapies, Our Minds Matter and the introduction of a mental health nurse into each High School in Fife. Cllr Brett offered to send Morna Fleming the most recent review of CAMHS which went to Clinical and Care Governance Committee.

8 STRATEGY

8.1 Ethical Care Charter

Fiona Mckay presented a report on the Unison Ethical Charter which has been discussed at Clinical and Care Governance. The charter asks that Partnership commit to implement the principles within our care at home services and with our partner agencies and this was agreed.
8.2 Fife’s Rapid Rehousing Transition Plan

John Mills, Head of Housing Services presented this report which was recently approved by the Community and Housing Services Committee at Fife Council on 14 February 2019. The Board:-

a) Noted the contents of the Plan and the direction of travel in homelessness service.
b) Supported the ongoing positive prevention work and collaborative approaches across Housing, Health and Social Care.
c) Discussed any areas the IJB can identify for further collaboration to generate transformational change.

8.3 Fife Health and Social Care Partnership Workforce Strategy 2019-2022 – Action Plan for Year 1

Michael Kellet presented this report which was requested at the IJB on 20 December 2018 when the Workforce Strategy was approved. Discussion around the Action Plan included the involvement of the 3rd and Independent sector and monitoring of the Plan. Les Bisset suggested only one Lead for each action would be more appropriate.

The Board noted the Fife Health and Social Care Partnership Delivery plan for implementation of the workforce strategy and that progress on the action plan would be reported to the IJB annually.

9 MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING

The Chair asked the Chairs of the three governance committees if they had any issues they wished to highlight to the IJB.

9.1 Unconfirmed Audit & Risk Committee Minute from 30 January 2019

Eugene Clarke highlighted the discussion which had been held on updating the Terms of Reference to allow co-opting of people onto the Committee and also the deferral of the audit of Risk Management.

9.2 Confirmed Clinical & Care Governance Committee Minute from 9 November 2018

9.3 Unconfirmed Clinical & Care Governance Committee Minute from 25 January 2019

Tim Brett advised that the meeting held on 9 November 2019 was not quorate but with the addition of Martin Black and Jan Wincott to the Committee this should not be an issue in the future.

9.4 Unconfirmed Finance & Performance Committee Minute from 31 January 2019
9.5 Unconfirmed Local Partnership Forum Minute from 31 October 2018

10 AOCB

Martin Black noted that the partnership does not have a group convened to discuss Brexit. Michael Kellet advised that officers from the partnership are represented on Fife Council and NHS Brexit groups as well as Local and East Region Resilience Groups.

11 DATE OF NEXT MEETINGS

**IJB Development Session** – Tuesday 5 March 2019 – 2.00 pm – Conference Room 2, Ground Floor, Fife House, North Street, Glenrothes, KY7 5LT

**IJB Budget Setting Meeting** - Thursday 28 March 2019 – 3.00 pm – Conference Rooms 2 & 3, Ground Floor, Fife House, North Street, Glenrothes, KY7 5LT.

Please not change of date and time for this meeting.
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<thead>
<tr>
<th>REF</th>
<th>ACTION</th>
<th>LEAD</th>
<th>TIMESCALE</th>
<th>PROGRESS</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Performance Report</strong> – by 2019 the IJB should be reporting on patient and carer feedback on services provided. <em>(from 26 April 2018 meeting)</em></td>
<td>Fiona McKay</td>
<td>April 2019</td>
<td>In progress</td>
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<tr>
<td>2</td>
<td><strong>Dementia Friendly Training</strong> – it was agreed that the Chair would explore opportunities for a joint training session with Fife Councilors.</td>
<td>Rosemary Liewald/ Norma Aitken</td>
<td>Spring 2019</td>
<td>Development Session on 28 May 2019</td>
</tr>
<tr>
<td>3</td>
<td><strong>Person Story</strong> – circulate slides to IJB members</td>
<td>Norma Aitken</td>
<td>Before next meeting</td>
<td>Circulated 21/02/19</td>
</tr>
<tr>
<td>4</td>
<td><strong>Item 5 – Minute of Previous Meeting</strong> – Margaret Wells asked for an update to several items within the previous minute. Minute also requires to be reformatted.</td>
<td>Margaret Wells/ Norma Aitken</td>
<td>Before next meeting</td>
<td>Done 21/02/2019</td>
</tr>
<tr>
<td>5</td>
<td><strong>Joining Up Care Consultation</strong> – process for addendum has been drafted. To be shared with IJB members.</td>
<td>Claire Dobson</td>
<td>Before next meeting</td>
<td>Circulated 21/02/19</td>
</tr>
<tr>
<td>6</td>
<td><strong>Future Development Session</strong> – Lesly Donovan and Fiona McLaren from NHS Fife and Charlie Anderson, Fife Council to be invited to attend a future Development Session to update on tele-healthcare and technology.</td>
<td>Michael Kellet</td>
<td>By December 2019</td>
<td>Development Session on 28 May 2019</td>
</tr>
<tr>
<td>7</td>
<td><strong>Audit Scotland – Integration Progress Report</strong> - Ministerial Review Group has been set up which has produced a report which will be circulated to IJB members.</td>
<td>Norma Aitken</td>
<td>5 March 2019</td>
<td>Circulated 21/02/2019</td>
</tr>
<tr>
<td>8</td>
<td><strong>Performance Report</strong> - Cllr Brett offered to send Morna Fleming the most recent review of CAMHS which went to Clinical and Care Governance Committee.</td>
<td>Norma Aitken</td>
<td>Before next meeting</td>
<td>E-mailed 21/02/2019</td>
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### PREVIOUS ACTIONS

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<th>TIMESCALE</th>
<th>PROGRESS</th>
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<tbody>
<tr>
<td>St Andrews Delegation – presentation slides and handout to be</td>
<td>Norma Aitken</td>
<td>ASAP</td>
<td>Done 21/12/18</td>
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<tr>
<td>circulated to IJB Members</td>
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<tr>
<td>Joining Up Care Consultation – presentation slides to be circulated</td>
<td>Norma Aitken</td>
<td>ASAP</td>
<td>Done 21/12/18</td>
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<td>to IJB Members and St Andrews delegation</td>
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AGENDA ITEM NO.: 6.1
DATE OF MEETING: 28th March 2019
TITLE OF REPORT: Revenue Budget 2019-20
EXECUTIVE LEAD: Michael Kellet, Director of Health and Social Care

REPORTING OFFICER/CONTACT INFO:
NAME: Jen McPhail
DESIGNATION: Chief Finance Officer
WORKPLACE: Rothesay House
TELE. NO: 03451 55 55 55 Ext 444715
EMAIL: Jen.mcphail@fife.gov.uk

Purpose of the Report (delete as appropriate)
For Approval For Discussion For Noting

REPORT

Situation

This report presents the 2019-20 budget for the Integration Joint Board. This budget is based on the second year of a three year financial strategy as opposed to a one-year balanced budget to ensure we continue to deliver on the national outcomes. The 6 'Indicators for Integration' that are to be monitored by the Ministerial Steering Group (MSG) and our strategic plan.

The gross budget gap for 2019-20 prior to implementation of a proposed plan for mitigating the gap is £14.643m. This is based on funding figures provided from both partners - the Local Authority budget was approved on the 21st February 2019, however the NHS budget will not be approved until the 27th March 2019 at its formal Board. Members should note that the timelines for budget setting prior to the 31st March 2019 does not allow final approved figures from both partners to be discussed and a revised budget may be required if NHS figures change.

A proposed savings plan at appendix 1 details the proposed actions totalling £8.827m leaving a net budget gap in 2019-20 of £6.553m. There are 2 PIDs in relation to increasing charges for Meals on Wheels and Community alarms (£0.386m) that require approval from Fife Council. The meeting of Policy and Co-ordination committee takes place on the morning of the 28th March 2019 and an update on the decision will be provided to the Board.

The board should be aware that all proposals were discussed in detail at a meeting of F&P on 13th March 2019 and the committee members were supportive of all, with the exception of the re-provisioning of care homes. This proposed estimated savings of £0.078m in 2020-21 and £0.292m in 2021-22 will impact on the reported gap in these financial years.

The 3 year Strategic Plan 2019-22 is currently being drafted. Fife IJB needs to be clear about the financial challenges which are ahead, this needs to be considered in the context of the financial resources which will be available over the Medium Term when looking at services provided. Over the medium term this outlook estimates a funding shortfall of £9,000-10,000m annually of inflationary pressures partially negated by funding increases (excluding any legacy deficits brought forward) over the next three financial years see appendix 1.

It should be noted that the Set Aside budget is not included in the below revenue budget for 2019-20 however this will require to be transferred to the IJB in 2019-20. Currently Set
Aside is delegated but not managed by the IJB and in line with the legislation for Integration requires to be moved over from Health Boards to be delegated and managed by the IJB. The recent Audit Scotland Report and Ministerial Strategic Group reports published require this transfer to happen within 6 months of February 2019 thus the budget will require to be moved in the financial year. The current budget is £31.138m and the forecast overspend at January 2019 is £3.004m. The IJB cannot accept this level of deficit on transfer and discussions need to be had with partners to discuss a solution in the spirit of the Ministerial Strategic Group for Health and Community Care final report.

The budget gap constitutes an unbalanced budget in 2019-20 of £6.553m.

Under the terms of the current Integration Scheme, in the light of any deficit funding partners may:

- Make additional one-off payments to the Integration Joint Board; or
- Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.
- Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.

A budget gap was agreed in 2018-19 in principal as part of a 3 year financial strategy to develop transformational and strategic projects – the proposal plans will be finalised and form part of the 3 year Strategic Plan 2019-2022. Partner organisations have been consulted and the basis of the 3 year strategy previously agreed.

**Recommendation**

The Integration Joint Board is asked to:

- **For Approval:** Approve the proposed budget for 2019-20 noting that it does not fully address the budget gap, and note the proposal for the requirement of the strategic plan 2019-22 to be developed in line with financial envelope and published in June 2019.

- **For Approval:** Discuss and approve new budget proposals appendix 2.

- **For noting:** Previously approved savings 2018-19 appendix 3.

- **For noting:** The financial risk to the Board of not setting an in year balance budget however this is mitigated by a three year financial strategy.

**Background**

**Budget Background 2019-20**

The IJB is reliant on funding from Fife Council and NHS Fife. These Partners’ contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process will also consider the level of savings which will be applied to the IJB by both Partner bodies.
This document represents our draft budget proposals for 2019-20 which Partner Bodies will be asked to consider.

The budget proposal details a budget gap position of £14.643m (assuming demographics are unfunded.) See table below.

Table 1

Fife Health and Social Care Draft Budget Overview

<table>
<thead>
<tr>
<th>2019-20 £m</th>
<th>Budget</th>
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<tr>
<td>Increase in Funding</td>
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<tr>
<td>£148m Allocation to Fife @6.5%</td>
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<tr>
<td>Budget Uplift</td>
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<td>Removal of 2018-19 non recurrent</td>
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<td></td>
<td>-15.578</td>
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<td>Inflation</td>
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<td>Pay and no pay Inflation</td>
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<td>Pharmacy Inflation @4%</td>
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<td>External providers: living wage and funding requirements</td>
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<td>14.847</td>
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<td>Legacy Pressures</td>
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<td>Budget Saving6.464</td>
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<td>Budget Gap</td>
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<tr>
<td>Previously approved saving 2018-19 (appendix 3)</td>
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<tr>
<td>New savings identified 2019-20 (appendix 2)</td>
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<tr>
<td>Total Savings</td>
<td>8.827</td>
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<tr>
<td>NET BUDGET GAP</td>
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</table>

Additional Funding 2019-20

In the December 2018 Budget announcement the Scottish Government confirmed it was making available additional funding of £160.000m in 2019-20 from the health portfolio budget. This includes £12.000m to support school counselling services, with the remaining £148.000m for Integration Authorities to continue to meet various commitments to social care and integration. On 31st January 2019 the Cabinet Secretary for Finance, Economy and Fair Work announced a package of further measures on local taxation and local government finance. As part of this further package, flexibility will be available for Local Authorities to offset their adult social care allocations to Integration Authorities by up to £50.000m in 2019-20 compared to 2018-19 based on local needs (up to 2.2% of Local Government adult social care allocations). Fife Council have pass-ported in full Fife’s share of the additional £148.000m reallocation from the Health portfolio to Local Government.

The £2.200m budget cut allocated as part of the draft budget for 2019-20 from Fife Council has been reduced to £0.837m in the final budget through allocation of additional funding.
from the additional £90,000m funding awarded to Local Authorities (LA) across Scotland. Additionally the £1,000m non-recurrent one off funding from 2018-19 is not included as this was funded from balances in the prior year. The net increase in funding to the Partnership from LA is £8,277m. The funding gap is directly through legacy pressures within Social Care from prior years.

NHS Fife have indicated two options in their draft budget paper to their Finance Performance and Resources Committee, 1) uplifting the budget by £7,201m (2.5%), or 2) a potential reduction of circa £0.737m on the uplift to £6,464m (2.3%) funding to the partnership as part of its budget settlement for 2019-20, which is above the real terms uplift of 1.8% that Scottish Government advised should be reflected in health funding for integration authorities. The more conservative budget uplift, option 2 has been reflected within the reported budget gap of £6,553m at Table 1 because that is the option supported by NHS Finance & Performance. The NHS Board 27th March 2019 will take the final decision. Overall NHS funding was increased by £11,600m 2.5% in 2019-20 in addition Fife were awarded NRAC of £2,200m 0.3% allocation. A number of system wide cost increases are covered by this overall funding, such as Freestyle Libre, and thus do not create a pressure on the Partnership budget. The funding awarded to the Partnership covers in full all inflationary pressures including pay and GP prescribing inflation totalling £7,200m for 2019-20. Pressure for 2019-20 on Health spend is directly through legacy overspends and non-recurrent savings from prior years.

2019-20 Budget Pressures
Inflationary costs are at levels of £14,847m in 2019-20 this is nearly fully funded in 2019-20 through additional funding from NHS Fife and full allocation by Fife Council of additional Scottish Government funding to the IJB. In the medium term financial outlook it is forecast that SG monies (£10,114m – 2018-19) will be uplifted in real terms in future years.

Commissioning and legislative requirements and additional pressures to fund the uplift in the National Care Home Contract Rate (NCHC rate) are included totalling £3,620m in 2019-20. The NCHC rate is negotiated nationally via the cost of care calculator by COSLA, CIPFA and external care providers. Latest draft figures of a 3.85% increase are currently included totalling costing over £1,700m.

Total legacy costs (overspends and savings unachieved in prior year) total £15,274m (in excess of 100%) of the budget shortfall. This is a critical issue for the future. It is paramount transformational cost savings options and plans to ensure financial balance are delivered in the 2019-22 Strategic Plan.

Fife Council calculate demographic pressures for the service which have been calculated for Social Care at £2,900m for 2019. This pressure is not included within the budget for 2019-20 and is expected to be managed within budgets across services. This is a different approach to prior years where the demographic cost has been added into budget pressures causing further financial gap.

Set Aside
Since inception the set aside budget has been delegated but not managed by the partnership. The Ministerial Strategic Group for Health and Community care have published proposals for implementation one of which is to shift the management of set aside into the partnership within 6 months of publication

“Delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with
the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019-20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.”

Within Fife the set aside budget is significantly overspend by £3.100m as at January 2019. This is a key challenge for transferring a budget with such a significant deficit which the IJB cannot accept at transfer. Discussions will have to be undertaken with the partners.

2018-19 Financial Position
The total spend available is £527.280m to the Health and Social Care Partnership split as follows:

![Budget Split 2018-19](image)

The 2018-19 budget had an approved budget shortfall of £5.284m. As at 31st January 19 the projected overspend of £9.824m. This overspend is as a direct result of non-delivery on savings projects and significant overspend on Homecare, Adult Placements and Medicines through increased demand from demographics and cost pressures. These legacy pressures are the majority of the budget gap for 2019-20.

Legacy pressures are included in the budget pressure for 2019-20 these include:
• Homecare - £2.351m
• Adult Packages - £3.274m
• Care Homes - £0.489m
• GP Prescribing - £2.030m
• Unachieved savings prior years - £4.500m
• Non recurrent savings in in CRES prior years - £2.530m

The levels of legacy costs continue to have a significant impact on the future year’s outturn, as they have also had in previous years. In addition savings need to be made annually to meet the gap between assumed future funding levels and annual inflation of circa £8.000m. Transformational Programmes will require to form part of the strategic plan to meet the known funding gap and the annual increasing pressure as set out in appendix 1.

The legacy funding shortfall is included as a pressure in budget setting to recognise the real cost of current service provision as packages or care provision is a continuing service which spans financial years thus needs to be recognised in this year’s budget.

**Homecare legacy and Investment**
The legacy overspends included within the budget are proposed to be funded. Homecare legacy is £2.351m. Approval has been provided to Homecare services to utilise £1.300m of this funding to invest in 50 Short-Term Assessment and Review Team (START) workers within Homecare. This is a key strategy for the Health and Social Care Partnership which is based on our experience of the START Home Care model. This investment will support the roll out of our enablement model which has been shown to reduce demand for care by re-equipping service users with skills for daily living.

**Assessment**
The 2019-20 funding gap is £14.643 (excluding demographics) and the savings proposals totalling £8.827m (see appendix 2), therefore there is a remaining gap of £6.553m.

A budget gap was agreed in 2018-19 in principal as part of a 3 year financial strategy to develop transformational and strategic projects - the proposal will be finalised and form part of the 3 year Strategic Plan for publishing in June 2019 to ensure a Strategy is proposed in line with the financial envelope. Partner organisations have been consulted and approved the budget gap of £5.816m budget gap.

**3 Year Financial Strategy**
The financial position for public services continue to be challenging, therefore it is important that the IJB’s ambitions are set within the context of the funding which is available. The Medium Term Financial Outlook assists the IJB to plan based on the totality of resources across the health and social care system to meet the needs of local people and support delivery of its Strategic Plan for 2019-22 see appendix 1.

Fife IJB delivers a range of services to its citizens and in 2018-19 has funding of £520.000m to spend on services. The demographic, health and deprivation profile of Fife impact on the demand that is experienced in all of our services. This creates a challenging environment in which to operate, managing demand within the financial constraints in which we operate, whilst transforming services and delivering on the integration agenda.

Fife IJB is clear about the financial challenges which are ahead, this needs to be considered in the context of the financial resources which will be available over the Medium Term when
looking at all services provided. Over the medium term this outlook estimates a funding shortfall over the next three financial years see appendix 1 (excluding Set Aside) which the Integrated Joint Board will need to address in its Strategic Plan for 2019-22. This is based on the best estimates available and sensitivity analysis has been undertaken to highlight the implication of changes to underlying assumptions.

A clear strategy is required to ensure the IJB remains financially sustainable over the medium term. This will require services to be re-designed and a new social care contract to be discussed with the citizens of Fife. This will represent a significant change to the IJB, our partners and the citizens of Fife and will require us all to work together to focus our limited resources on offering services which are sustainable over the longer term and are targeted to those with the greatest need.

Annual Expenditure pressures
Each year the IJB will face cost pressures as a result of a range of factors including demand, inflation and changes in legislation/regulations. This outlook has assessed the key factors likely to impact over the medium term and estimates that the IJB will face cost and demand pressures of £54.000m over the next three years.

These pressures reflect a number of inflationary pressures which the IJB is required to contractually pay which it has no control over and ranges from £14.000m to £15.000m per annum. In addition to this, services are experiencing high levels of demand for services as a result of demographics, complexity of care, deprivation and health issues some of which are being reflected in our financial performance in 2018-19.

The 3 year Strategic Plan
The Strategic Plan provides the strategic framework for the development of Health and Social Care Services and is currently being written for 2019-22. There is a requirement to identify and develop an aligned resource strategy including a clear financial strategy which will support the Strategic Plan. It is proposed the future Strategic Plan defines where we will be in 3 to 5 years identifies outcomes, deliverables, milestones and measures as part of its output to provide robustness and clarity and ensure we our partners and the people of Fife can measure our delivery. The financial strategy will be a key element underpinning the revised Strategic Plan.

Key strands which will be included in the Strategic Plan to ensure financial efficiency:
• The strategic plan will detail reviews that will be undertaken across services in the next 3 years. Central to these reviews will be the inclusion of review of third sector providers, reviewing current provision and realigning provision of all services in line with the Strategic Plan across spectrum of delivery.

• Transformational Planning taking cognisance of the financial envelope across the whole system to ensure joined up planning and delivery and a Financial Strategy to support Strategic Plan. Transformational Plans to meet budget gap are highlighted in appendix 1 if these are not scoped and delivered in full then the HSCP is not financially sustainable.

• Working collaboratively with partners to look at a whole system approach including Set Aside.

• Telecare and Tele-healthcare development–to increase delivery of health and social care through digital solutions, tests of change and investing to delivery financial savings in future years. The high level assumption is that Telecare and Telehealth care would meet the needs of a large client base and work is being commissioned currently to look at options as such no savings have been costs currently. Fife Council have awarded Capital Funding over the next three years to invest of £0.500m per annum.

• Re-provisioning and review of services to ensure the ability to continue to deliver services within the financial envelope. For example:
  
  o Re-provisioning
    Adult Social Work Services would like to scope and develop a business case regarding the potential to re-provision existing services and create accommodation capacity to support individuals with high level complex care needs and challenging behaviour. Current community care models with individual tenancies and high staffing levels are not always environmentally effective nor cost effective to facilitate the highest quality, individualised care that we strive to achieve.

  o Overnight models of care
    In Adult Social Work Services we have scoped where people with 24/7 care packages live with sleepover/waking night care. We intend to test a model, in one geographical area, whereby technology is introduced as an alternative to staffing. We also intend to work in partnership with housing colleagues to develop core and cluster/shared care arrangements to ensure that high levels of care can be effectively deployed, based on individuals needs and geographical location.

• Focus on efficient use of resources across all services using Service Performance and planning Templates. All services are required to complete detailed service performance and planning templates identifying 3 key areas for performance management and financial challenge this will form the performance management framework to shape the business for the futures. This will ensure we are doing the right things in the right place at the right time and delivering on our strategic objectives within the financial envelope.

• Implementation of robust business planning and monitoring programme including monthly challenge sessions. This will ensure all investment projects are reviewed signed off and financially sustainable moving forward.
The Strategic Plan will be finalised by the end of June 2019 covering the areas set out above for the coming three years to submit to the IJB.

Key Issues for the Budget In year:

Management Review:
The management review as indicated in the 2018-19 budget paper savings plan has been removed from the 2019-20 plan. Reviews will be undertaken by directorate or service areas which takes into account the uniqueness of services but also aligning key principles to deliver Integration and structure of resources to deliver services fit for the future in line with the financial envelopes. This saving is included in Management Actions.

Safe Staffing Legislation - Workforce Tools
A principle of funding to be received from NHS partners requires to be agreed to agree the funding of staffing of the levels to ensure clinical safety of patients.

Brexit
Financial modelling is not included however medicines and staffing are the key areas which could impact on the budget.

Set Aside
As detailed above Set Aside requires to be transferred to the IJB within 6 months. Current overspend levels are £3.100m. Prior to any transfer strategic discussions require to be taken forward.

Charging
Charging is not within the gift of the IJB to govern and remains governed by the Local Authority. Inability to raise funding to levels commensurate with other areas and move to a more sustainable approach to delivery of services this will result in further cuts to services to be key decisions for the IJB to move towards a balanced budget.

Budget Shortfall for the Integration Joint Board
The budget shortfall is £14.643m. The total savings plan for 2019-20 is £8.827m. The key impacts are the inflation growth and legacy pressures.

Table 1 provides a summary of the estimated budget shortfall:

1. Net Budget Requirement
The net budget requirement includes pay and price inflation, demographic growth and pressures, new Health developments and legacy pressures. Details of the net budget requirement are provided at appendix 1. The budget requirement is the cost of continuing and providing services. This includes the grants to voluntary organisations budget.

3. Reducing the Budget Gap – Saving Plan
Summary areas are below with detailed savings plan in appendix 2 –

CRES - (Cash releasing efficiency savings) £3.456m
This equates to 1% efficiency savings across the health portfolio through efficiency. This target is in line with prior year CRES savings which are met annually. No saving is attributed on the Local Authority side due turnover of 6% in staffing budgets which requires to be met annually.
**Medicines- GP Prescribing - £1.200m**  
Develop and implement Medicines Efficiency Plan to deliver in the region of £1m from GP Prescribing and move below the Scottish average for Cost per Patient - Pharmacotherapy/Realistic Prescribing-war on waste. Medicines Efficiency Team weekly meetings ensures delivery

**Management Actions £1.200m**  
Management actions taken in year –Directorate Structure reviews for optimisation of service and Integration. Supplementary staffing and absence management and slippage from funds.

**Supplies/ Drugs - £0.820m**  
Significant underspends in Sexual Health drugs due to a pricing decrease in medicine cost as drugs came off patent. This saving is predicted in 2019-20 as £1.5m, £0.620m is being realigned in 2019-20 to areas of Health in East and West which came across with no budget including complex care and staffing budgets due to incremental drift since inception. £0.920m was realigned in 2018-19

**Maximum Indicative budget reviews – (£.0400m previously approved) £0.250m new)**  
This was approved in 2018-19 for adults and has commenced with full year savings proposed in 2019-20. This is also proposed £0.250m for older people in the 2019-20 budget.

**Nursing and Residential Care - £0.450m**  
Reduction in budget of Nursing and Residential Care. Through Shifting the Balance of Care we have reduced spend in Nursing and Residential this is impacting on overspends in Homecare for example which we are investing in 2019-20.

**Day Services Reviews - £0.260m**  
Re-provision of day care services

**Cost Recovery - £0.386m**  
Charging increases across Meals on Wheels and Community Alarms provision.

**Digital – T – mobile £0.250m (previously approved 2018-19)**  
Adult services role out of T Mobile to External Care providers linked to billing.

Other minor savings totalling £0.155m are included

Please find attached detailed PIDS outlining full budget proposals in appendix 2 for new proposals.

**Risk**  
There is a significant risk in not setting a balanced budget in year and not delivering a programme of savings to remove the legacy savings. This is approved based on delivery of a 3 year strategy underpinned by a 3 year financial strategy to deliver within the financial envelope and approved as a methodology moving forwards.

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<td>IJB Strategic Objectives: All</td>
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### Further Information:

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<td>Glossary of Terms:</td>
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<td>Parties / Committees consulted prior to H&amp;SC IJB meeting:</td>
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### Impact: (must be completed)

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<td>There are significant risks to approving an unbalanced budget. However by implementing a balanced budget the risks are greater whereby partner bodies are unable to meet 6 key targets.</td>
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<td>There are no quality/customer care implications arising directly from this report.</td>
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<td>There are no workforce implications arising directly from the 2019-20 budget report. However, transformation plans to meet the budget gap over the three will have workforce implications which are included in the PID EQIA</td>
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### Equality Impact Assessment:

- An PID EQiA for each proposal is attached.

### Consultation:

None

### Appendices:

- Appendix 1: 3 year plan
- Appendix 2: Savings PID’s
- Appendix 3: Previously Approved Budget Savings
## Fife Health and Social Care Draft Budget overview

### Increase in Funding

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Budget Gap

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### Previously approved saving 2018-19 (appendix 3)

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### New savings identified 2019-20 (appendix 2)

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Transformational savings required to Balance budget - Strategic Plan

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### NET BUDGET GAP

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Demographics

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Budget gap if demographics funded

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### 2019-20 Budget Proposals
**East/West/Fifewide Divisions**
**PID CORP 01**

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<tr>
<td>SLT Lead:</td>
<td>David Heaney/Claire Dobson/Julie Paterson</td>
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<tr>
<td>Project Lead:</td>
<td></td>
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<tr>
<td>Service Manager:</td>
<td>All Social Work and Health Managers Across Divisions</td>
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<td>Finance Lead:</td>
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#### Savings

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<td>% of current budget</td>
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**Implementation Date:** 1st April 2019

**Proposal Details include:**

- Continue to scrutinise travel expenditure and restrict Out of Fife travel unless contract dictates otherwise. Any agreed travel will be via cheapest option e.g. pool car. Restrict attendance at conferences where fees are applied. Use of technology will be promoted to minimise travel where not critical.

- Implementation of absence management plans as previously reported to IJB.

- Review and scrutinise supplementary staffing to maximise efficiency across health and social care services.

- Expectation that there will be slippage relating to funding streams; to be monitored and reported routinely.

- Identify where there is opportunity for additional CRES savings over and above those already identified.

- To seek additional ideas from staff regarding potential efficiencies.

**Impact:**

- Ongoing scrutiny of local budgets and consideration of use of technology where this has not been taken up. Focus on additional action to effect improvement in absence management e.g. triage pilot in home care.

**Risks:**

- Inconsistent communication and application across divisions.

**Mitigating Actions:**

- Clear communication and application across divisions. Constant overview of vacancies with managerial and social work/clinical judgement over recruitment timescales. FC bid made for additional support to support absence management.

**Benefits**

- Risks managed and actions delivered safely to achieve £1.200m.
Service Area: GP Prescribing
Title: Medicines Efficiency Savings
Theme:
SLT Lead: Evelyn McPhail
Project Lead: Service Manager: Evelyn McPhail
Finance Lead: Fiona Robertson

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<tr>
<td>% of current budget</td>
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</tbody>
</table>

Implementation Date: 1st April 2019

Proposal Details include:

Deliver the Medicines Efficiencies Plan to deliver a minimum of £1.200m savings from the GP Prescribing Budget in 2019-20.

Impact: Full implementation of the plan will deliver in the region of £1.2m efficiency savings from the GP Prescribing budget.

Risks:
- Clinicians disengage from the efficiency work if other priorities take precedence.
- Fluctuations and unanticipated increases in the availability and cost of certain medicines.
- Unknown impact of a “no-deal” Brexit on medicines supply and prices.
- Inability to recruit Pharmacy staff to support and facilitate the delivery of the Plan.
- Reluctance of patients to change to alternative medicines or brands.

Mitigating Actions:
- Continue to work with GP practices and support practices by providing pharmacy staff input and support.
- Continue to monitor price changes on a monthly basis and respond quickly when unexpected price changes become apparent.
- Continue to provide up to date information to practices to target resources effectively to deliver maximum savings.
- Continue to advertise and recruit where possible to Pharmacy posts.
- Development and implementation of a rolling programme of medicines efficiency campaigns communicating with patients and the public about the value of medicines and actions that they can take to support our work.

Benefits As above
## 2019-20 Budget Proposals

**Fifewide Division**  
**PID FWD 001 & 002**

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>Fifewide – Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td><strong>Cash Releasing Efficiency Savings (CRES)</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>CRES</td>
</tr>
<tr>
<td><strong>SLT Lead:</strong></td>
<td>Julie Paterson</td>
</tr>
<tr>
<td><strong>Project Lead:</strong></td>
<td>Service Manager: All NHS Fife employed Managers Fifewide Division</td>
</tr>
<tr>
<td><strong>Finance Lead:</strong></td>
<td>Brian Gilmour</td>
</tr>
</tbody>
</table>

### Savings

<table>
<thead>
<tr>
<th></th>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
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<tbody>
<tr>
<td>£m</td>
<td>£m</td>
<td>£m</td>
<td></td>
</tr>
<tr>
<td>Estimated Value</td>
<td>3.320</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Date:** 1st April 2019

### Proposal Details:

Fifewide Division will achieve the committed Vacancy Factor target of £2.241m. (Total £2.500m however £0.259m already found on a recurring basis).

In addition further efficiency savings of £0.820m mainly related to SH & FRDU Drugs will be made.

Key actions will include

- Monthly discussions on budget monitor between Divisional Accountant and Service Managers/HoN
- Monthly discussion of overall monitor between Divisional Accountant and DGM
- Monthly challenge and target setting meetings between the DGM, Divisional Accountant and all Service Managers
- Series of budget briefing sessions for key groups e.g. Lead Nurses and SCNs

### Impact:

Controlled recruitment to vacant posts and to the procurement of supplies ensuring that any clinical risk is properly managed.

### Risks:

Prolonged vacancies and recruitment times in key clinical areas.

### Mitigating Actions:

Constant overview of vacancies with managerial and clinical judgement over recruitment timescales

### Benefits:

Risk managed and CRES achieved.
2019-20 Budget Proposals  
Fifewide Division  
PID FWD 003

Service Area:  
Fifewide Division – Social Care (Adult Resources)

Title:  
Service User Holiday Costs

Theme:  
Budget saving

SLT Lead:  
Julie Paterson

Project Lead:  
Service Manager:  
Ian Wilson  
Finance Lead:  
Christine Tuffy

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.050</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Implementation Date: 1st April 2019

Proposal Details:

Service users who are supported by Adult Resources (in house) rightly choose to take holidays and staff accompany them; holiday cover is paid for by the service. This is calculated as an additional cost of approx. £1k per person who chooses to take a holiday. This PID suggests that the additional costs of a holiday should be borne by the service user; this is in keeping with external provider arrangements. The calculation of £50k is based on 50 service users taking one week’s holiday each per year and is based on 2018-19 information.

Impact:  
Efficiency saving and consistent approach with external providers.

Risks:  
Service users or their legally authorised representatives may choose not to bear the costs and therefore choose not to have a holiday.

Mitigating Actions:  
Any exceptional circumstances will be considered on an individual basis.

Benefits  
Efficiency saving and consistent approach with external providers.
2019-20 Budget Proposals
East Division
PID EAST 001

Service Area: East Division NHS Services
Title: Cash Releasing Efficiency Savings (CRES) – East Division
Theme:
SLT Lead: David Heaney
Project Lead: Service Manager: all Service Managers/HoN
Finance Lead: Ronald Lambie

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
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<th>2021-22 £m</th>
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<tr>
<td>Estimated Value</td>
<td>0.492</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Implementation Date: 1st April 2019

Proposal Details:

Efficiency Plans:

We are projecting to deliver 100% of the 2018-19 CRES target of £0.492m in 2019-20. We are confident this can be achieved through adopting the same scrutiny and control systems as we have done in 2018-19. The Key actions will include;

- Monthly discussions on budget monitor between Divisional Accountant and Service Managers/HoN
- Monthly discussion of overall monitor between Divisional Accountant and DGM
- Monthly challenge and target setting meetings between the DGM, Divisional Accountant and all Service Managers
- Series of budget briefing sessions for key groups e.g. Lead Nurses and SCNs

Impact: Controlled recruitment to vacant posts ensuring any clinical risk is properly managed.

Risks: Prolonged vacancies in key clinical areas.

Mitigating Actions: Constant overview of vacancies and managerial and clinical judgements over recruitment timescales.

Benefits Risk managed and CRES achieved.
## 2019-20 Budget Proposals
### East Division
### PID EAST 002

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>Maximum Indicative Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Efficiencies and Transformation Plans</td>
</tr>
<tr>
<td>Theme:</td>
<td></td>
</tr>
<tr>
<td>SLT Lead:</td>
<td>David Heaney</td>
</tr>
<tr>
<td>Project Lead:</td>
<td>Service Manager: Cindy Graham</td>
</tr>
<tr>
<td></td>
<td>Finance Lead: Lesley Burnie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.250</td>
<td>0.250</td>
<td>0.250</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Date:** 1\text{st} April 2019

### Proposal Details:

#### Efficiency Plans:

In February 2019, there were 80 older people receiving high cost care packages that are in excess of the net cost we pay for 24 hour nursing home care.

The proposal is to apply a Maximum Indicative budget for any new high cost packages. This would mirror the approach in relation to high cost care packages for adults approved by the IJB in 2018.

- The proposal would equate to the net value of 24 hour nursing-home care at the National Care Home Contract (NCHC) rate (£0.022m/annum), plus an allowance of £9,000 for free personal care, and would be set at £31,000/annum. This would be subject to any 2019-20 living wage uplifts reflected in any update to NCHC rates.

### Impact:

Potential reductions in packages for individuals with complex needs in future

### Risks:

- Adverse publicity
- Reputational damage
- Increase in volume of complaints

### Mitigating Actions:

- Do not apply to existing packages

### Benefits:

Significant cost reduction.
2019-20 Budget Proposals
East Division
PID EAST 003

Service Area: Care at Home
Title: Community Alarm Service Charge
Theme: 
SLT Lead: David Heaney
Project Lead: Service Manager: Cindy Graham
Finance Lead: Lesley Burnie

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.210</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Implementation Date: 1st April 2019

Proposal Details:

Efficiency Plans:

Community Alarm is delivered on a self-referral basis to anyone who requests the service, and there is no assessment of need for this service. The current charge for this service is £117.32 per year per unit per house, no matter how many people are in the house or how much peripheral telecare equipment they have. There are 6,052 households with a Community Alarm across Fife. This charge is also levied to the 1,392 local authority sheltered housing properties.

The cost to buy the equipment is £150 per community alarm box. When a smoke detector is fitted which links directly to the call centre the cost of this additional equipment is £50. We can also supply and fit door exit alert sensors, CO2 detectors and bed sensors, all which cost in the region of £50 per item. On top of this is the process when the alarm is activated at the contact centre. The cost of this on average is £200 per call and takes into account the cost of the call handler, the responder and the vehicle that travel in to respond to the alarm.

The proposal is that we implement a service charge which will bring the service more in line with other local authorities and more in line with the actual cost of the service and equipment which is used.

The current charge in Fife is £2.25/week. The proposed charge is £2.80/week. The current subsidy for the service by the Partnership, is 30% of the cost. This would reduce to 19% if the £2.80 charge was introduced.

Other local authorities charge;

<table>
<thead>
<tr>
<th>Comparison</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falkirk</td>
<td>3.56</td>
</tr>
<tr>
<td>East Lothian</td>
<td>4.00</td>
</tr>
<tr>
<td>Angus</td>
<td>4.75</td>
</tr>
<tr>
<td>North Lanark</td>
<td>5.00</td>
</tr>
<tr>
<td>Edinburgh (means tested)</td>
<td>8.00</td>
</tr>
<tr>
<td>Average</td>
<td>3.73</td>
</tr>
</tbody>
</table>

Higher rate Attendance Allowance is currently £85.60 per week for people over 65.
<table>
<thead>
<tr>
<th>Impact:</th>
<th>Increasing the charge always leads to people asking for their alarm to be uplifted. People who need the service will not do this. The impact for the service will allow the service to focus the limited resources for the people who use this service as a lifeline.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risks:</td>
<td>Increasing the charge always leads to people asking for their alarm to be uplifted. People who need the service will not do this.</td>
</tr>
<tr>
<td>Mitigating Actions:</td>
<td>We will monitor any cancellations and the risk this will pose to SU.</td>
</tr>
<tr>
<td>Benefits</td>
<td>The benefits to the SU is we will be able to respond to more SU we will be able to purchase more bespoke equipment to meet the needs of the SU.</td>
</tr>
<tr>
<td>Service Area:</td>
<td>Care at Home</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Title:</td>
<td>Meals on Wheels Service Charge</td>
</tr>
<tr>
<td>Theme:</td>
<td></td>
</tr>
<tr>
<td>SLT Lead:</td>
<td>David Heaney</td>
</tr>
<tr>
<td>Project Lead:</td>
<td>Service Manager: Cindy Graham</td>
</tr>
<tr>
<td>Finance Lead:</td>
<td>Lesley Burnie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.176</td>
<td>Inflation cost increase</td>
<td>Inflation cost increase</td>
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<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Date:** 1st April 2019

**Proposal Details:**

**Efficiency Plans:**

Meals on Wheels is delivered on a self-referral basis to anyone who requests the service. Currently courses are charged on an individual basis to the customer with the partnership subsiding the service by about 58%.

The average charge currently paid for the service is £3.62 per delivery. This average reflects the current broad range of menu options and charging permutations on offer. The most popular choice is for a two course meal which is charged at £4.00. Our day service users also pay £4.00 for their meal but no other charges for activities or transport to centres are made. Some people opt for a three course meal which currently costs £5.05.

This proposal is that we implement a flat-rate charge of £4.50 for two course meals. We acknowledge that a very small number of service users order soup only. This amounts to fewer than 300 single portions per year. This is currently charged at £1.05 per delivery, which does not cover the cost of the service. We propose to introduce a proportionate increase to £1.20 per delivery. In addition, we propose to introduce a proportionate increase for three course meals delivery to £5.75.

**Transformation Plans:**

Included in this service charge the delivery person can also plate the meal and set it at the table with the cutlery if required.

- The meals service delivery is more than just a hot meal. The delivery drivers can identify if someone is at risk by detecting if they are cold, is the heating is on, if the person is not eating and if they have noticed a decline in the person’s mobility or ability. The meals on wheels staff are trained to report any concerns they have concerning the individual to the contact centre. The meals on wheels service can also monitor whether the individual person is at home when the meal is delivered. If there is “no response” when the meal is delivered this is reported immediately to the contact centre for further action.

**Impact:** This change will increase the charge to service users.
<table>
<thead>
<tr>
<th><strong>Risks:</strong></th>
<th>People may cancel their meal provision, while the service will still have to fund the contract with catering and cleaning.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mitigating Actions:</strong></td>
<td>We will monitor any cancellations requested and any loss in revenue.</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>Streamlining the charging system and standardising the cost of delivery.</td>
</tr>
</tbody>
</table>
Service Area: Residential/Day Services
Title: Efficiencies and Transformation Plans
Theme:
SLT Lead: David Heaney
Project Lead: Service Manager: Louise Bell
Finance Lead: Lesley Burnie

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.060</td>
<td>0.060</td>
<td>0.000</td>
</tr>
</tbody>
</table>

% of current budget

Implementation Date: 1st April 2019

Proposal Details:

At its meeting on 2 June 2016, the IJB agreed a proposal for the redesign of older peoples’ day services. This followed an extensive consultation to inform future service design.

In line with the approved strategy, this proposal would commission alternative day supports for older people in line with their desired outcomes and keeping them connected to their local community.

- For those who require a buildings-based service, this will continue to be provided at alternative locations.

Impact:

Change in model of service provision for existing day service users
Re-provision of local service.

Risks:

Potential lack of available buildings based day services in the local area for those who require it.

Opposition from current service users/carers

Significant capital repairs required in future years at Leng.

Mitigating Actions:

All current service users will continue to have day supports to meet their needs.

Benefits:

More flexible options to support individuals tailored to their individual needs

More localised day supports

Potential capital receipt for Fife Council on the sale of Leng & St Davids buildings
2019-20 Budget Proposals
East Division
PID EAST 006

Service Area:
Title: Efficiencies and Transformation Plans
Theme:
SLT Lead: David Heaney
Project Lead: Service Manager:
             Louise Bell
Finance Lead: Lesley Burnie

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
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<th>2021-22 £m</th>
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</thead>
<tbody>
<tr>
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<td>0.200</td>
<td>0.200</td>
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<tr>
<td>% of current budget</td>
<td></td>
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</tbody>
</table>

Implementation Date: 1st April 2019

Proposal Details:

Efficiency Plans:

Our initial proposal considered whether we could reduce service delivery, more in line with demand, by introducing a reduction in day services from 5 days to 4 across all 10 centres at the same time.

This was considered by Finance & Performance committee members and through initial consultation with the Joint Trade Unions of Fife Council. Some reservations have been expressed about the potential reputational damage to the partnership as well as the timing for such a proposal given we are currently managing a separate staff change process at the Jean Mackie Centre. The Trades Unions have therefore expressed concern about the potential impact on staff salaries if a reduction in contacted hours was imposed across the board.

- Having considered the responses from the Committee and the Joint Trades Unions, we have revised the initial proposal. This revised proposal aims to continue with the day services redesign programme on a locality by locality basis, and secure the same scale of financial efficiencies over a slightly longer period. This is set within the context of reducing referral numbers to traditional day services some of which are currently operating at as low as 40% capacity. Local managers report that this reflects a trend of reducing demand for traditional buildings-based services as people choose more flexible options that they control themselves through Self Directed Support packages.

Impact:

- Reduction in buildings-based day services
- Reduction in income for meals
- Potential managing change process for staff

Risks:

- Realistic timeline for achievement of full scale of savings

Mitigating Actions:

- Full engagement with staff and service users/families to manage any staff changes and ensure current service users continue to receive a service that meets their needs.

Benefits:

- Budget efficiency and efficient use of resources.
## 2019-20 Budget Proposals
### East Division
#### PID EAST 007

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>Residential Day /Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Re-provision of two care homes</td>
</tr>
<tr>
<td>Theme:</td>
<td></td>
</tr>
<tr>
<td>SLT Lead:</td>
<td>David Heaney</td>
</tr>
<tr>
<td>Project Lead:</td>
<td>Service Manager: Louise Bell</td>
</tr>
<tr>
<td></td>
<td>Finance Lead: Lesley Burnie</td>
</tr>
</tbody>
</table>

### Savings

<table>
<thead>
<tr>
<th></th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
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<td>0.078</td>
<td>0.292</td>
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<tr>
<td>% of current budget</td>
<td></td>
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</tr>
</tbody>
</table>

### Implementation Date: 1st April 2019

### Proposal Details:

**Efficiency Plans:**

Re-provision of two care homes through purchasing places within the independent sector.

- This proposal was not supported by the Finance and Performance Committee.

### Impact:

Staff at risk of redundancy

Residents would require to be relocated to other care homes, potentially outwith their local area.

### Risks:

Sufficient external capacity availability in local areas

### Mitigating Actions:

Hold post vacancies across service for potential redeployment of staff

Identify vacancies in independent sector to manage options for residents

### Benefits:

Potential capital budget saving.

Potential capital receipts for two vacated sites
### Service Area:
West Division – Health Services

### Title:
Cash Releasing Efficiency Savings (CRES)

### Theme:
CRES

### SLT Lead:
Claire Dobson

### Project Lead:
Service Manager: All Health Managers West Division
Finance Lead: Fiona Robertson

### Savings

<table>
<thead>
<tr>
<th></th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.464</td>
<td>tbc</td>
<td>tbc</td>
</tr>
<tr>
<td>% of current budget</td>
<td>1% plus legacy CRES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Implementation Date: 1st April 2019

### Proposal Details:

Achievement of legacy CRES of £0.154m plus 1% of current budget £0.310m to deliver a combined saving of £0.464m.

Key actions will include:

- Monthly discussions on budget monitor between Divisional Accountant and Service Managers/HoN
- Monthly discussion of overall monitor between Divisional Accountant and DGM
- Monthly challenge and target setting meetings between the DGM, Divisional Accountant and all Service Managers
- Series of budget briefing sessions for key groups e.g. Lead Nurses and SCNs, frontline staff including Medics

### Impact:
Controlled recruitment to vacant posts and to the procurement of supplies ensuring that any clinical risk is properly managed.

### Risks:
Prolonged vacancies and recruitment times in key clinical areas.

### Mitigating Actions:
Constant overview of vacancies with managerial and clinical judgement over recruitment timescales

### Benefits:
Risk managed and CRES achieved.
# 2019-20 Budget Proposals
## West Division
### PID WEST 002

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>West Division – Fife Community Equipment Partnership (FCEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Review and implement savings for FCEP budget</td>
</tr>
<tr>
<td>Theme:</td>
<td>Budget saving</td>
</tr>
<tr>
<td>SLT Lead:</td>
<td>Claire Dobson</td>
</tr>
<tr>
<td>Project Lead:</td>
<td>Service Manager:</td>
</tr>
<tr>
<td></td>
<td>Anne McAlpine</td>
</tr>
<tr>
<td></td>
<td>Finance Lead:</td>
</tr>
<tr>
<td></td>
<td>Lesley Burnie</td>
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<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
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<th>2021-22 £m</th>
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<tbody>
<tr>
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<td>tbc</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Date:** 1st April 2019

**Proposal Details:**
To review and implement savings for FCEP budget through new contracts, reducing the variation on equipment and increased technical support within FCEP to achieve a saving of £0.030m.

**Impact:**
- People may not receive equipment in a timely manner.
- Streamlined processes in FCEP store.
- Reduced variation in range of equipment provided.
- Greater in-house technical support.

**Risks:**
- Demand increases and budget is inadequate to support this resulting in over spend and people not receiving equipment to support independent living.

**Mitigating Actions:**
- Streamlined processes and close monitoring of stock

**Benefits:**
Risk managed, more efficient processes adopted and saving achieved.
### 2019-20 Budget Proposals

**West Division**

**PID WEST 003**

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>West Division – Social Work Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td><strong>Shifting Balance of Care from Long Term and Residential Care Budget</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>Shifting balance of Care</td>
</tr>
<tr>
<td><strong>SLT Lead:</strong></td>
<td>Claire Dobson</td>
</tr>
<tr>
<td><strong>Project Lead:</strong></td>
<td>Service Manager: Jamie Kirkby</td>
</tr>
<tr>
<td></td>
<td>Finance Lead: Lesley Burnie</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Savings</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Value</td>
<td>0.450</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>% of current budget</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Date:** 1st April 2019

**Proposal Details:**

As a result of a change in the model of care for Older People in that more people are being supported to stay at home, the Long Term and Residential Care Budget has been under spent for at least three years. It is proposed that a saving of £450K is made from this budget.

**Impact:**

Saving made from Long Term and Residential Care budget to support the Health and Social Care Partnerships financial planning and strategy.

**Risks:**

Demand increases and budget is inadequate to support this resulting in over spend.

**Mitigating Actions:**

Constant overview of budget to manage spend effectively.

**Benefits:**

Saving made from budget.
## APPROVED SAVINGS CARRIED FORWARD FROM 2018-19

<table>
<thead>
<tr>
<th>Savings</th>
<th>Area of savings (employee, property etc.)</th>
<th>Key Risks and Impact</th>
<th>2019-20 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW Fifewide</td>
<td>Property Rationalisation: Community Support Services</td>
<td>Amalgamation of community support services in central Fife. Complete March 2019</td>
<td>0.075</td>
</tr>
<tr>
<td>SW Fifewide</td>
<td>Digital :Total Mobile external care packages</td>
<td>External provider take up. Limited to % of packages only; Technology.</td>
<td>0.250</td>
</tr>
<tr>
<td>Maximum indicative</td>
<td>Care packages</td>
<td>Agreed at committee, moving to implementation 2019-20 Potential reductions in packages for individuals with complex needs. Risk of adverse publicity; reputational risk; increase in volume of complaints.</td>
<td>0.400</td>
</tr>
<tr>
<td>budget and reviews</td>
<td></td>
<td></td>
<td>0.725</td>
</tr>
</tbody>
</table>
### Purpose of the Report
(delete as appropriate)

<table>
<thead>
<tr>
<th>For Discussion</th>
<th>For Information</th>
</tr>
</thead>
</table>

### SBAR REPORT

#### Situation

The attached report details the financial position of the delegated and managed services out-turn based on 31st January 2019 financial information. At the 31st January 2019 the forecast deficit at year end is £9.824m (a decrease in projected deficit since December of £1.304, £5.295m above the approved budget deficit of £4.529 (control total)).

#### Recommendation

- Note and discuss the financial position as reported at 31st January 2019
- Note and discuss the key risks and challenges highlighted in the first section of the report.
- Note the position of all underspends on in year funding being allocated to reduce the financial deficit including PCIF funding.
- Charge the Director of Health and Social Care and Senior Officers to deliver on bringing budgets back in line in year as far as reasonably possible.
- Note the increased pay award has now been approved and has a financial consequence of £0.499m this is not included in the forecast at this time and will be reflected in the February position.
- Direct escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.

#### Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board.

The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.
Assessment

Financial Position

At 31st January 2019 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £9.824m against an approved budgeted deficit of £4.529m, a projected deficit above approval level of £5.295m.

Five key areas of overspend are contributing to the financial outturn overspend -
- GP prescribing - £2.5m overspend
- Homecare - £2.4m overspend
- Adult Social Care Packages Out of Hours - £3.5m overspend
- Locum and Agency pressures in Mental Health - £0.9m overspend
- Out of Hours Service - £0.4m

Unachieved Savings - £4.823m

Partially negated by efficiency savings and unused additional grant funding being dropped to the bottom line.

£2.7m was approved as management actions in the Financial Recovery Plan approved in October this has been fully realised and negated by increase in Adult overspend by £1.8m since the October position, reversal of Homecare savings.

Objectives: (must be completed)

<table>
<thead>
<tr>
<th>Health &amp; Social care Standard(s):</th>
<th>Integration Planning and Delivery Principles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IJB Strategic Objectives:</td>
<td>All</td>
</tr>
</tbody>
</table>

Further Information:

Evidence Base:

Glossary of Terms:

Parties / Committees consulted prior to Health Board Meeting:
- Finance & Performance Committee.
- Director of Finance Fife Council
- Director of Finance NHS Fife

Impact: (must be completed)

Financial / Value For Money

There are no financial/value for money implications for this report.

Risk / Legal:

- The current financial envelope does not allow the delivery of services and achievement of national targets. Achievement of efficiency targets are not at pace or available to meet the budget gap.

- The Financial Recovery Plan highlighted Homecare savings of £700k in year, these savings will not be delivered in year due to impacts on Delayed Discharge and requirement to increase Homecare capacity at a cost – teams are still commissioning packages.

- Given the scale of the in-year budget deficit of a forecast £10.9m the SLT will not be able to develop in full an achievable financial recovery plan which to be delivered
prior to the 31st March 2018 – previously highlighted as a risk. Grip and Control was put forward as the main in year option in December 2018 and has been delayed in being implemented to the 21 Jan 2019.

- Funding is not identified to deliver the approved winter plan for the HSCP. FHSCP have been awarded 50% of the total allocation£0.640m to NHS Fife - £0.320m.
- The Local Government Pay inflation for 2018-19 being agreed above budget at 3.5%, on the 1st March 2019 a £499k financial impact gap in year. (Pay inflation is unfunded by the Local Authority).
- The ongoing pricing fluctuation in Medicines is significantly impacting on the ability for HSCP to manage financially.
- The Management Redesign savings have now been identified as not achievable in year and all savings have been removed
- Underspends across services (mainly vacancies in services) is reducing the total overspend, if they were to be recruited to this would increase the deficit position.
- Workforce tool reviews being undertaken are highlighting future significant financial pressures no funding streams identified – Funding and governance principle discussions are scheduled with Director of Finance and Nursing Director – date to be rescheduled form December.
- Brexit – The implications for pharmacy and workforce and resultant spend pressure are being reviewed and scoped currently no financial impact is forecast.

Quality / Patient Care:
There are no Quality/Customer Care implications for this report.

Workforce:
There are no workforce implications to this report.

Equality Impact Assessment:
An EqIA has not been completed and is not necessary as there are no EqIA implications arising directly from this report.

Consultation:
None

Appendices:
1. Finance Report – January 2019
2. Direction to Fife Health Board
3. Direction to Fife Council
4. Flow of Funds
5. Savings Tracker
Finance Report as at 31st January 2019

March 2019
1. Executive Overview - Key Areas of Concerns

- The current financial envelope does not allow the delivery of services and achievement of national targets. Achievement of efficiency targets are not at pace or available to meet the budget gap.
- The Financial Recovery Plan highlighted Homecare savings of £0.700m in year, these savings will not be delivered in year due to impacts on Delayed Discharge and requirement to increase Homecare capacity at a cost – teams are still commissioning packages.
- Given the scale of the in-year budget deficit of a forecast £9.824m the SLT will not be able to deliver in budget previously highlighted as a risk. Grip and Control was put forward as the main in year option in November 2018 and has been delayed in being implementation until 21 Jan 2019. The framework has been reviewed weekly and will be reviewed again as this is having no impact on saving of cost.
- FHSCP have been awarded 50% of the total allocation for winter funding (£0.640m to NHS Fife) - £0.320m. This money has been partially allocated to be used to facilitate the increase required in Homecare and START packages and approved by the Director and CEO’s.
- The Local Government Pay inflation for 2018-19 was agreed on the 1st March at 3.5%. There is a £499k financial impact gap in year above budget assumptions this is not included in forecast cost pressures by service type - (Pay inflation is unfunded by the Local Authority).
- The ongoing pricing fluctuation in Medicines is significantly impacting on the ability for HSCP to manage financially.
- The Management Redesign savings have now been identified as not achievable in year and all savings have been removed
- Underspends across services (mainly vacancies in services) is reducing the total overspend, if they were to be recruited to this would increase the deficit position.
- Workforce tool reviews being undertaken are highlighting future significant financial pressures. The DOF for NHS has approved funding to comply with safe staffing legislation will be allocated to the HSCP
- Brexit – The implications for pharmacy and workforce and resultant spend pressure are being reviewed and scoped currently no financial impact is able to be included in the forecast.

2. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) Board fall into two categories:

a) Payments for the delegated in scope functions
b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

The revenue budget of £501m for delegated and managed services was approved at the 20th March 2018 H&SCP Board. The net budget requirement exceeded the funding available and a savings plan of £12.870m was approved leaving an approved budget deficit of £5.284m
The revenue budget of £32.9m for acute set aside was set with a savings plan of £2.121m to manage within budget.

**Financial Reporting**

In order to inform the Finance and Performance Committee on the financial position of the Services in scope the 31st January 2019 information submitted by partners has been used to produce this financial report. A summary of the projected overspend at the current time is provided in Table 1 below and details on actions are subject to the financial recovery plan also on this agenda. The revised budget envelope approved in this financial year is a £4.529m deficit (reduced from £5.284m) and a current forecast deficit of £9.824m (approved financial recovery savings are through as at January and details are provided below is a forecast deficit of £5.295m above the approved deficit (the control total)

3. **Additional Allocations for Year**

Additional Budget allocations are awarded in year through Health budget allocations which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £28.112 through additional allocations for specific projects. £25.331m of this funding has been allocated to budgets and £2.791m remains in reserve £0.755k of this funding is being held to drop to bottom line as agreed with Fife Council. The majority of the funding is an annual allocation and has been agreed previously through committees. Three of the funding streams are unallocated, new or increased. £1.536m is now forecast as unspent and is impacting on the bottom line by reducing the overspend.

The PCIF (Primary Care Implementation Fund) allocation £2.6m is a follow on from the Primary Care Transformation Funding of prior years, the PCIF fund now encompasses funding for GP Contract implementation (excluding Estates). A significant proportion of the funding £1.762m has been allocated previously through the Primary Care Transformation Group for 2017-18 and 2018-19 financial years. The review of these projects will be led by the Associate Medical Director in 2018-19 to consider outcomes from each programme and review benefits of ongoing funding into 2019-20 and beyond. The unallocated monies available in 2018-19 for allocation of £0.9m has been considered through the GP implementation Group through detailed proposals and submitted for approval via the Associate Medical Director to the Chief Officer these are now approved and funding will be drawn down as and when spend occurs, the latest forecast on these projects highlights significant underspends in year due to recruitment delays and urgent discussions are being held re options of the forecast underspend of £0.4500m, £0.238m of this funding requires to be carried forward into 2019-20 to fund the agreed projects.

The Section 15 Mental Health Funding bid has been developed and submitted to Scottish Government for approval monies have been drawn down in part £0.127m will be set against spend in year.

4. **Directions**

Directions are provided at Appendix 2 and Appendix 3. The Directions direct payment for delegated and managed services to Fife Council and Fife Health Board remaining at budget levels due to management action required. The flow of funds is detailed in Appendix 4.
At the IJB on the 20 December 2018 it was approved the key focus for 2018-19 is on enhanced financial scrutiny though a temporary ‘Grip and Control Framework’ for an initial six months and focus on scoping full project briefs to deliver financial savings in the medium term, this was in agreement with the funding partners - Directors of Finance Fife Council and NHS Fife. Grip and Control implementation has been delayed at the instruction of the Director and commenced on the 21 January 2019 and requires reviewed as is not returning any savings currently.

It is also agreed it was critical that the Director of Health and Social Care instructs managers to continue to focus on bringing spend profiles down to manage within their budget where reasonable measures can be taken communications to all staff are still to be released.

5. Financial Performance Analysis as at 31st January 2019

At 31st January 2019 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £9.824m. This is an over-spend on approved budget deficit of £5.295m and a decrease in the projected deficit from the December 2018 position of £1.304m. The movement is mainly down NHS Fife projections assuming all underspent non-recurring grants are dropped to the bottom line.

Table 1 Summary Financial Position

5.1 The main areas of variances are as follows:
5.1 Community Healthcare

Community Healthcare is forecasting an underspend outturn of £2.978. This is an increase in projected underspend in month of £1.561m. This is mainly due to forecasting dropping all unspend grant funding allocations to the bottom line.

5.2 Prescribing

One of the key areas of overspend in the partnership as at 31st January 2019 is prescribing with a forecast outturn of £2.5m no change from prior month. The GP prescribing position is based on informed estimates from October and November, and has endorsed by the Director of Pharmacy and the Chief Finance Officer for the Health & Social Care Partnership. The estimate reflects the assumptions on known future increases in the average costs and volumes of medicines as well as the price impact of a national shortage in supply of some medicines.

The Pharmacy Service has been awarded a savings target of £1.2m in year a 1.2% reduction in spend against a 4% increase inflationary increase. In October Pharmacy proposed further savings totalling £500k which are reflected in the decreased forecast overspend, they are forecasting in excess of £1.8m savings forecast in year. Significant work is being progressed led by the Pharmacy Team with weekly efficiency working groups held with key members of staff. Despite efficiencies being achieved pricing fluctuations are negatively impacting on the position.

5.3 Children’s Services

Children’s Services shows a forecast underspend of £0.590m. The position overall comprises a number of over and underspends anticipated in Children’s services. The main areas of anticipated underspend are within Health Visiting and School Nursing due to a difficulty in recruiting to Health Visiting (national issue).

5.4 Older People Residential and Day Care

Older People Residential and Day Care is forecasting an overspend of £0.718m a £0.229m increase on the December position this is predominantly due to increased staffing requirements due to complexity of care and to comply with Care Inspectorate requirement for safe staffing levels.

5.5 Homecare

The Homecare service is forecasting an underspend of £2.434m an increase on overspend of £0.078m from the November position. The increase in forecast spend is predominantly due to the reversal of the savings programme initiated as directed by the Director and costs starting to materialise. Overall this overspend is almost exclusively on purchasing external care packages.
The budget incorporates a savings target of £1.4m through the roll out of the START model within Homecare this is forecast to being achieved in year despite this the over-spend. Given increasing pressure on need for Homecare a proposal to invest in further START staff was approved by the Director and both CEO’s week commencing 14 January 2019 by 50 FTE to facilitate additional pressure in the community and facilitate reductions in delayed discharge at a full year cost of £1.3m, this investment is included as an investment in 2019-20 subject to full business case scrutiny to ensure deliverable outcomes, awaiting receipt.

5.5 Older People: Nursing and Residential

An underspend of £0.502m is anticipated a decrease in the underspend in month of £0.061m the underspend is due to changes in service delivery which is causing pressures elsewhere i.e. homecare.

5.6 Adult Packages

There is a forecast overspend of £3.498m, a movement in month of £0.224m and an increase in forecast spend this is predominantly due to further pressures due to new packages of care in adult services pressures on transport costs for adult packages. This budget forecast is being scrutinised and audited and reconciled regularly to ensure accurate forecasting.

5.7 Adult Supported Living

There is a forecast underspend of £0.131m a movement in month of £0.058m decrease in forecast to the year end

4.8 Social Care Other

The over-spend in this area of £3.323m equates to the agreed overspend of £2.165m which includes the adjustment of £.755m as approved by the IJB in August along with non-delivery of the two following projects at £1.762m negated by Social Work staff savings

- Changing to deliver – £1.312m
- Management Review – £0.450m

4.9 The graph below provides a comparison of the forecast overspend per month in 2018/19 to the forecast overspend throughout 2017/18.
5.10 **Savings**

A range of proposals to meet the budget gap were approved by the IJB as part of budget setting, these comprised savings and funding proposals. The approved investment is now part of operational budgets and savings related to the investment are included in the savings tracker at Appendix 5.

The total savings for the 2018/19 financial year are £12.870m. The amount forecast to be achieved is £8.584m (an increase in projection of £0.229m on the prior month’s forecast) and a shortfall on target by £4.286m a delivery rate of 67% to January, £7.696m has been achieved to date. The main reasons for the shortfall in savings achieved are

- One project removed as not achievable as charging not approved £0.580m,
- Six key savings projects not delivering: £2.962m
  - Management Restructure £0.440m will not be delivered in year and the Director of Health and Social Care will lead discussions with Unions and staff side to deliver on the financial recovery plan and future savings.
  - Changing to deliver £1.750m is now forecast as £0.438m. HSCP is working with the council to deliver and Scotland Excel have recently been appointed work will now commence with Scotland Excel to deliver.
  - Removal by service of forecast saving for Adults indicative Care Budgets of £.0400m
  - Community Redesign £0.4m
  - Out of Hours savings £0.4m
  - Income from Assessment Beds not being realised £0.120m

Along with:
- Reduction in achievable savings from introduction of total mobile of £0.188m
- Reduction in the savings for personal outcomes adults of £0.141m due to delays in recruitment.

Appendix 5 provides a RAG status saving tracker and provides details for each saving proposal.

5.11 **October Financial Recovery Plan – Management Actions**

The majority of the management actions approved as part of the Financial Recovery Plan are forecast to be achieved. £2.710m was approved and the forecast delivery at December 2018 is
above that projected at £2.729m £1.6m of these have been included in the position and £1.1m are within the reserves position.

8. **Turnaround Consultant**

A turnaround consultant has been working with the HSCP to review the service and identify areas for improvement and a report has been received internally and is currently being considered in full. Action to allow the implementation of recommendations has been drafted focusing on key timelines, milestones and lead officers and will be in the first instance discussed with the Partner organisations. The Director of Health and Social Care will be reporting to the F&P Committee in March 2019.

7 **Key Actions**

7.1 Funding Partners approved the budget in March 2018 based on an agreed overspend. The current Financial Recovery Plan does not support delivery of budget at £4.529m overspend which has been discussed with funding partners. In agreement with funding partners the key focus is delivering on the medium terms financial sustainability as agreed last year. It is critical that the partnership minimises spend where possible to further reduce the deficit alongside the Grip and Control Framework.

The contribution ratio using the approved budget deficit updated to reflect the further allocation from Fife Council, based on budget allocation 72.3% Health Board and 27.7% Council the split is £3.274m and £1.255m respectively to fund the approved budget deficit. Funding directions have been updated to reflect the current funding flow see Appendix 2,3 and 4.

Based on the projected overspend the forecast contribution ratio based on 72.3% and 27.7% split is £2.750 contribution from the council and £7.073m contribution from Health. Both these figures are reflected through partner’s accounts.

**Jen McPhail**  
Chief Finance Officer  
28th March 2019
DIRECTION

TO FIFE HEALTH BOARD BY FIFE INTEGRATION JOINT BOARD
ISSUED UNDER S26 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

FIFE HEALTH BOARD is hereby directed to deliver for the Fife IJB the functions detailed below in accordance with the following conditions:-

The functions in question are:-

All functions listed in Annex 1, Part 1 of the Fife Health and Social Care Integration Scheme dated 19 August, 2015 that are delegated and managed by the IJB.

CONDITIONS

(1) The functions will be carried out in a manner consistent with the Fife IJB’s Strategic Plan 2016-2019.

(2) No material change will be made to the service provision relating to the functions unless agreed in writing by the Fife IJB.

(3) The Fife IJB will make payment of £330.418m to the Health Board to carry out the functions. This baseline payment will be subject to change, for example, when additional resources are allocated.

(4) This direction is effective from 13 March 2019 and will remain in force until revoked or amended by the Fife IJB.

Fife Integration Joint Board
Financial Year 2018/19
DIRECTION

TO FIFE COUNCIL BY FIFE INTEGRATION JOINT BOARD
ISSUED UNDER S26 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

FIFE COUNCIL is hereby directed to deliver for the Fife IJB the functions detailed below in accordance with the following conditions:-

The functions in question are:-

Functions listed in Annex 2, Part 1A and Part 1B of the Fife Health and Social Care Integration Scheme dated 19 August, 2015 that are delegated and managed by the IJB.

CONDITIONS

(1) The functions will be carried out in a manner consistent with the Fife IJB’s Strategic Plan 2016-2019.

(2) No material change will be made to the service provision relating to the functions unless agreed in writing by the Fife IJB.

(3) The Fife IJB will make payment of £198.436m to Fife Council to carry out the functions. This baseline payment will be subject to change, for example, when additional resources are allocated.

(4) This direction is effective from 13 March 2019 and will remain in force until revoked or amended by the Fife IJB.

Fife Integration Joint Board
Financial Year 2018/19
Fife Health and Social Care Partnership Board Flow of Funds

Contributions:

FC  £146.180m  NHS  £382.674m

IJB  £528.854m

Payment:

FC  £198.436m  NHS  £330.418m

Notes

1. The contribution to the total budget of £528.854m is from Fife Council is £146.180m and from NHS is £382.674m
2. Resource Transfer and Other Funding payments are part of the NHS contribution and are then directed by the IJB to Fife Council
3. Payment for the Grants to voluntary organisations budget is directed to Fife Council
4. Payments for the Fife Community Equipment Store budget is directed to Fife Council
<table>
<thead>
<tr>
<th>Title of Savings Project</th>
<th>Savings Target £m</th>
<th>Savings Achieved as at 31 January £m</th>
<th>Savings Forecast to be Achieved as at 31st March £m</th>
<th>(Under)/over projection as at Jan £m</th>
<th>(Under)/over projection as at Dec £m</th>
<th>Movement between Oct to Nov 18’ £m</th>
<th>Rag Status</th>
<th>Owner</th>
<th>Comment</th>
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<tr>
<td>Managed Clinical Networks</td>
<td>0.060</td>
<td>0.060</td>
<td>0.060</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>Green</td>
<td>Claire Dobson</td>
<td>Alternative Options being reviewed by SLT will be presented as part of Financial Recovery Plan</td>
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<tr>
<td>Community Service redesign</td>
<td>0.400</td>
<td>0.000</td>
<td>0.000</td>
<td>(0.400)</td>
<td>(0.400)</td>
<td>0.000</td>
<td>Red</td>
<td>David Heaney</td>
<td>Delivered</td>
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<td>Day care review</td>
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<td>0.586</td>
<td>0.586</td>
<td>0.276</td>
<td>0.276</td>
<td>0.000</td>
<td>Green</td>
<td>David Heaney</td>
<td>Achieved</td>
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<tr>
<td>Personal outcomes - Community Support</td>
<td>0.435</td>
<td>0.035</td>
<td>0.075</td>
<td>(0.360)</td>
<td>(0.360)</td>
<td>0.000</td>
<td>Red</td>
<td>Julie Paterson</td>
<td>This is due to a delay in getting the social workers in place that will carry out reviews. 34 reviews have been undertaken to date</td>
</tr>
<tr>
<td>Full scale review of adults community care packages with reference to eligibility criteria and targeting finite resources</td>
<td>0.250</td>
<td>0.250</td>
<td>0.250</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>Green</td>
<td>Julie Paterson</td>
<td>Achieved</td>
</tr>
<tr>
<td>Full scale review of older people community care packages with reference to eligibility criteria and targeting finite resources</td>
<td>0.250</td>
<td>0.000</td>
<td>0.000</td>
<td>(0.250)</td>
<td>(0.234)</td>
<td>(0.016)</td>
<td>Red</td>
<td>David Heaney / Claire Dobson</td>
<td>Assessment staff not in place in full to deliver. Plans require to be submitted</td>
</tr>
<tr>
<td>Introduction of Technology: Financial Management</td>
<td>0.250</td>
<td>0.000</td>
<td>0.062</td>
<td>(0.188)</td>
<td>(0.188)</td>
<td>0.000</td>
<td>red</td>
<td>Julie Paterson</td>
<td>The full role out of Total Mobile system to external providers will commence in January assumption for avsing was earlier</td>
</tr>
<tr>
<td>Short Breaks/Respite: Maximum annual budget allocation and Short Break Booking Service</td>
<td>0.230</td>
<td>0.062</td>
<td>0.114</td>
<td>(0.116)</td>
<td>(0.116)</td>
<td>0.000</td>
<td>red</td>
<td>Julie Paterson</td>
<td>Not achieved in full due to timing.</td>
</tr>
<tr>
<td>Transport: Adult Community Care</td>
<td>0.580</td>
<td>0.000</td>
<td>0.000</td>
<td>(0.580)</td>
<td>(0.580)</td>
<td>0.000</td>
<td>Red</td>
<td>n/a</td>
<td>Saving removed as charging rejected</td>
</tr>
<tr>
<td>Assessment Beds: Client Contribution</td>
<td>0.120</td>
<td>0.000</td>
<td>0.000</td>
<td>(0.120)</td>
<td>(0.063)</td>
<td>(0.057)</td>
<td>Red</td>
<td>Fiona McKay</td>
<td>Patient safety and quality is paramount and income from this area has been less than costed due to patients being moved to assessed need quicker</td>
</tr>
<tr>
<td>Community Support Service Buildings Reduced to 3 sites</td>
<td>0.080</td>
<td>0.010</td>
<td>0.016</td>
<td>(0.064)</td>
<td>(0.064)</td>
<td>0.000</td>
<td>Red</td>
<td>Julie Paterson</td>
<td>To date only The Grange has closed. This has not resulted in a significant saving as previously the building was exempt from rates as it was providing a service to the disabled. Now that the building is empty it was only eligible for empty building relief for 3 months and rates are now being charged. This charge will continue until the property is sold.</td>
</tr>
<tr>
<td>Adult Accommodation Services: Communal furniture/white goods</td>
<td>0.045</td>
<td>0.045</td>
<td>0.045</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>Green</td>
<td>Claire Dobson</td>
<td>Achieved</td>
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<tr>
<td>Voluntary Sector Efficiency Savings</td>
<td>0.200</td>
<td>0.200</td>
<td>0.200</td>
<td>0.000</td>
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<td>0.000</td>
<td>Green</td>
<td>Fiona McKay</td>
<td>Achieved</td>
</tr>
<tr>
<td>Review Management Structures</td>
<td>0.440</td>
<td>0.000</td>
<td>0.000</td>
<td>(0.440)</td>
<td>(0.440)</td>
<td>0.000</td>
<td>Red</td>
<td>Michael Kellet</td>
<td>This will not be delivered in year. Previously in narrative however not updated until this month</td>
</tr>
<tr>
<td>Project Description</td>
<td>Progress</td>
<td>Percentage Complete</td>
<td>Savings Achieved (£)</td>
<td>Unapproved Savings (£)</td>
<td>Status</td>
<td>Additional Notes</td>
<td></td>
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<td>---------------------</td>
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<tr>
<td>Corporate Change Procurement – NHS/FC</td>
<td>Michael Kellet</td>
<td>1.750</td>
<td>0.057</td>
<td>0.292</td>
<td>Red</td>
<td>Work is being prioritised with Changing to deliver team to meet the £583m</td>
<td></td>
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</tr>
<tr>
<td>Indicative Budgets for Adult Community Care Packages as agreed by F&amp;P Committee.</td>
<td>Julie Paterson</td>
<td>0.4</td>
<td>0</td>
<td>0.000</td>
<td>red</td>
<td>This plan has not been progressed to deliver savings in year.</td>
<td></td>
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<tr>
<td>Charging Uplift (existing charges only)</td>
<td>Fiona McKay</td>
<td>0.15</td>
<td>0.15</td>
<td>0.150</td>
<td>Green</td>
<td>This plan has not been progressed to deliver savings in year.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pharmacy savings - War on Waste</td>
<td>Evelyn McPhail</td>
<td>1.2</td>
<td>1.65</td>
<td>1.800</td>
<td>Green</td>
<td>Achieved</td>
<td></td>
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<tr>
<td>Introduction of Turnover and efficiencies</td>
<td>All DGMS</td>
<td>3.02</td>
<td>3.02</td>
<td>3.070</td>
<td>Green</td>
<td>Failed to deliver over savings targets - other areas are still looking for savings to achieve target.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Care at home START role out</td>
<td>David Heaney</td>
<td>1.4</td>
<td>1.167</td>
<td>1.400</td>
<td>Green</td>
<td>Delivered through procurement</td>
<td></td>
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</tr>
<tr>
<td>Charging for Intermediate Care</td>
<td>Fiona McKay</td>
<td>0.1</td>
<td>0</td>
<td>0.000</td>
<td>Red</td>
<td>Movement of patients more efficiently - this is excellent for patient quality and safety but has meant savings cannot be generated</td>
<td></td>
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</tr>
<tr>
<td>Savings re tender for continence service</td>
<td>Claire Dobson</td>
<td>0.11</td>
<td>0.11</td>
<td>0.110</td>
<td>Green</td>
<td>Delivered through procurement</td>
<td></td>
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<tr>
<td>Travel - pool cars and VC - Strategy to be designed</td>
<td>All DGMS</td>
<td>0.3</td>
<td>0.204</td>
<td>0.204</td>
<td>red</td>
<td>Not being delivered in PC due to START causing increased mileage costs - leased car model been implemented to reduce as of October</td>
<td></td>
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<tr>
<td>Committee attendance</td>
<td>Seonaid McCallum</td>
<td>0.09</td>
<td>0.09</td>
<td>0.090</td>
<td>Green</td>
<td>on track</td>
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<tr>
<td>Primary Care Emergency Service Redesign - October Implementation</td>
<td>Claire Dobson</td>
<td>0.4</td>
<td>0</td>
<td>0.000</td>
<td>Red</td>
<td>Not achieved in year - delayed consultation and cost of contingency mean this cant be achieved</td>
<td></td>
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<tr>
<td>Catering strategy</td>
<td>David Heaney</td>
<td>0.1</td>
<td>0</td>
<td>0.060</td>
<td>Red</td>
<td>Ongoing work to deliver</td>
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<tr>
<td>Introduction of recruitment strategy in year savings</td>
<td>David Heaney</td>
<td>0.1</td>
<td>0</td>
<td>0.000</td>
<td>Red</td>
<td>not delivered</td>
<td></td>
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<tr>
<td>Absence management</td>
<td>All DGMS</td>
<td>0.1</td>
<td>0</td>
<td>0.000</td>
<td>Red</td>
<td>not delivered</td>
<td></td>
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<td>Total Unapproved Savings</td>
<td></td>
<td>12.870</td>
<td>7.696</td>
<td>8.584</td>
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