



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 AUGUST 2020**

**REPORT ON: FINANCIAL MONITORING POSITION AS AT JUNE 2020**

**REPORT BY: CHIEF FINANCE OFFICER**

**REPORT NO: DIJB34-2020**

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2020/21 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

**2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2020/21 financial year end as at 30<sup>th</sup> June 2020 as outlined in Appendices 1, 2, 3 and 4 of this report.
- 2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.
- 2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 30th June 2020 (excluding any implications of additional COVID-19 spend) shows a net projected overspend position at the year-end of £263k. This is a significantly improved position from the net overspend of £4m incurred during 2019/20.
- 3.2 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/1 are submitted to the Scottish Government on a monthly basis and at this stage include a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.
- 3.3 The current projected total cost of the Mobilisation Plan is £11.413m
- 3.4 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee has received £1.429m. A further announcement of an additional £50m of funding to be made available nationally was made in early August 2020, with £25m to be distributed immediately based on the same basis as the first tranche (Dundee receiving £715k) and the release of the remaining £25m to be made following receipt and assessment of a financial return submitted to the

Scottish Government on the 14th August. It is projected that this initial confirmed release of funding will be fully spent by September 2020.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved under the Essential Business Procedure in operation due to the COVID-19 crisis. This was set out in Report DIJB15-2020.
- 4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.
- 4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of the IJB's projected financial position. Officers within the partnership will continue to explore areas to control expenditure and achieve the savings targets identified.

### **4.2 Projected Outturn Position – Key Areas**

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the potential cost implications of responding to the COVID-19 crisis.

### **4.3 Services Delegated from NHS Tayside**

- 4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around £616k by the end of the financial year. Community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£201k) and overall prescribing is projected to be underspend by (£461k). An overspend of £149k is projected in General Medical /Family Health services and an underspend of (£103k) as a result of the net effect of hosted services risk sharing.
- 4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£250k), Physiotherapy (£85k), Keep Well (£180k), Public Health (£136k) hosted services such as Psychology (£445k), Tayside Dietetics (£100k) and Sexual & Reproductive Health (£250k) mainly as a result of staff vacancies.
- 4.3.3 Service overspends are anticipated in Enhanced Community Support £635k, Medicine for the Elderly £325k, Psychiatry of Old Age In-Patients £300k and Medical Budgets £100k. Occupational Therapy budgets are projected to be overspent by £100k with further overspends arising in General Adult Psychiatry of £210k. Additional staffing pressures have contributed to the adverse position.
- 4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £143k being recharged with the net impact of hosted services to Dundee being an underspend of £103k.

4.3.5 The IJB should note that following the transfer of the operational management arrangements in relation to In Patient Mental Health Services in June 2020 from Perth and Kinross IJB to NHST Tayside, the operational financial management responsibility has also transferred. This has removed a significant financial risk from Dundee Integration Joint Board's financial position.

#### **4.4 Services Delegated from Dundee City Council**

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated overspend of £905k which is a significant improvement from the 2019/20 year end position where an overspend of £5.6m was incurred.

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, care at home services are projected to be overspent by £381k with staff costs projected to be £339k overspent and care home placements for adults and older people overspent by £175k by the end of the financial year.

#### **4.5 Financial Impact of the COVID-19 Response**

4.5.1 The HSCP's response to the crisis to date and plans for the immediate recovery period continue to evolve through the development of the HSCP's Mobilisation Plan. This is a live document which reflects the changing response as more is known about the impact of COVID-19, the response to it and how services have and will continue to adapt to life living with the disease. This has had to be submitted regularly to the Scottish Government through NHS Tayside for review.

4.5.2 Alongside the Mobilisation Plan, a monthly financial return is submitted to the Scottish Government setting out the actual additional expenditure by HSCP's incurred to date and anticipated by the end of the financial year in responding the impact of COVID-19. This includes a range of as yet unknown costs for which assumptions have been made based on the best information available at this time.

4.5.3 The mobilisation plan includes additional expenditure incurred through both NHS Tayside and Dundee City Council services. Additional interim funding of £100m nationally has been provided by the Scottish Government to HSCP's to meet additional social care costs of the response with separate funding being provided to NHS Boards to pass through to HSCP's to fund additional health services costs. Dundee HSCP has received its initial allocation of this funding of £1.429m with a further £715k to be provided in August 2020 however it is anticipated that this will be fully spent by the end of September 2020.

4.5.4 The mobilisation plans are expected to cover all reasonable additional expenditure incurred in response to the COVID-19 crisis. This includes additional staff costs incurred as a result of additional COVID-19 related absences such as through sickness, self-isolating or shielding, additional staff brought in to meet demand levels and to support new services or different ways of working. Additional expenditure has been incurred on increased requirement for PPE and the increasing cost of this due to short supply issues. Further costs have been incurred in relation to additional IT equipment to facilitate home / mobile working. Increased expenditure in relation to the provision of General Practice and prescribing costs are also reflected in the financial return. Further provision has been made for increased capacity over the winter period to increase the bed base in Royal Victoria Hospital and Kingsway Care Centre and appropriate community supports should there be an increase in COVID-19 cases. Loss of charging income from service users due to services no longer being provided or through lack of financial assessments being made are also a feature of the mobilisation plan. Provision has also been made for the non-achievement of financial savings as set out in the IJB's financial plan for 2020/21.

4.5.5 The most significant projected costs within the mobilisation plan relate to care provider sustainability expenditure. HSCP's are expected to support local care providers financially to ensure the social care market is stabilised. Providers can request additional payments through a financial support claim process to DHSCP. This covers similar expenditure incurred within in-

house services such as PPE and additional staff cover for sickness absence but also includes some sector specific, Scottish Government directed requirements such as the Social Care Support Fund, which ensures any worker in the sector who is or has been absent from work due to COVID-19 related issues is paid their normal contractual pay and not just statutory sick pay. Guidance on the specific features of this scheme was issued in late June therefore providers are working this through their payroll systems now and starting to provide financial information on the cost of this through the provider financial support process. This is anticipated to result in a significant additional cost given the higher levels of sickness absence experienced during the crisis however the actual figure is not known at this stage.

- 4.5.6 Care homes have been impacted on significantly and national agreements are in place, funded through mobilisation plans for HSCP's to make under occupancy payments to ensure they remain viable while some are closed to admissions. The weekly fee payable to care homes has been agreed nationally and represents 80% of the national care home rate (£592 per place per week for nursing care and £508.63 per place per week for residential care). This ensures that standard running costs of the home are funded. Given the continued high level of vacancies within care homes this is expected to be one of the largest expenditure areas within the mobilisation plan. The actual additional expenditure is not known at this stage.
- 4.5.7 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.
- 4.5.8 The latest financial summary of the mobilisation plan as submitted to the Scottish Government on the 14<sup>th</sup> August 2020 is as follows:

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2020/21) £000
Additional Bed Capacity (Royal Victoria/Kingsway Care Centre)	769
PPE	78
Additional Staff Cover / Temporary Staff	2,282
Provider Sustainability Payments	6,149
Additional Support to Vulnerable People	19
IT / Telephony	13
Additional GP Practice Costs	667
Additional GP Prescribing Costs	161
Loss of Charging Income	660
Increased Equipment & Supplies	66
Increased Transport Costs	68
Total Projected Additional Costs	10,932
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Cost	11,413
Projected NHST Spend	3,452
Projected DCC Spend	7,961

Please note this is based on a range of assumptions, including national agreements therefore is subject to change as actual expenditure figures become clearer throughout the financial year.

- 4.5.9 Funding for additional NHS expenditure will be provided by the Scottish Government through NHS Boards to HSCP's. At this stage, there is no confirmation that the anticipated commitments set out above will be fully funded through that mechanism.
- 4.5.10 Funding for additional DCC spend will be through separate health and social care funding announced by the Scottish Government of up to £100m to date. There has not been confirmation as yet from the Scottish Government that the full additional social care costs will be met from a subsequent release of additional funding.

4.5.11 Therefore there is a significant risk that there will be insufficient funding available to DHSCP to fully fund the anticipated additional cost of responding to the COVID-19 crisis. Dundee Integration Joint Board has no uncommitted reserves to support funding shortfalls and currently sits with a balance of committed reserves of £492k as set out in section 4.6. Given DHSCP is already operating within a challenging financial position with a net overspend incurred in 2019/20 of £4m and a range of interventions already being taken to balance the underlying budget position for 2020/21, full mitigation of unfunded costs will not be possible. While additional COVID-19 expenditure is controlled and monitored by DHSCP, the potential cost of decisions made nationally to support care providers will result in a commitment which can only be partly controlled by DHSCP and will be difficult to reduce. However, should additional funding not be sufficient, DHSCP will only have a limited opportunity to implement an effective financial recovery plan and will not be able to commit further mobilisation plan expenditure. This exposes both Dundee City Council and NHS Tayside to financial risk given, under the terms of the Integration Scheme any financial shortfall at the year-end is shared proportionately by the two partner organisations.

#### 4.6 Reserves Position

4.6.1 The IJB's reserves position was adversely affected at the year ended 31<sup>st</sup> March 2020 as a result of a planned drawdown from reserves to support service delivery and to contribute to funding the significant overspend incurred during last financial year under the risk sharing arrangement. This leaves the IJB with no uncommitted reserves with those reserves remaining set aside for commitments, including Scottish Government specific funding. The Scottish Government is likely to reduce the level of specific funding for these streams in 2020/21 by the balances of reserves noted below.

IJB Committed Reserves	Value £k
Primary Care Improvement Funding	28
GP Premises Funding	89
Action 15 Mental Health Funding	36
Historic ADP Funding Carried Forward	339
Total	492

#### 4.7 Savings Plan

4.7.1 The IJB's savings for 2020/21 were considered under the Essential Business Procedure however IJB members were provided with the opportunity to consider the implications of these prior to agreement being reached. The total savings to be delivered during 2020/21 amount to £2,342k and at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

#### 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	The IJB has agreed a range of efficiency savings and other interventions to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
<b>Approval recommendation</b>	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

## 7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

<b>Direction Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry  
Chief Finance Officer

Date: 24<sup>th</sup> July 2020

## DUNDEE INTEGRATED JOINT BOARD - HEALTH &amp; SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21

Jun-20

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)
	£,000	£,000	£,000	£,000	£,000	£,000
<b>Older Peoples Services</b>	41,457	530	16,305	1,145	57,762	1,675
<b>Mental Health</b>	4,407	105	3,669	210	8,076	315
<b>Learning Disability</b>	24,954	1,022	1,458	(60)	26,411	962
<b>Physical Disabilities</b>	6,239	-114	0	0	6,239	(114)
<b>Substance Misuse</b>	2,056	(291)	2,635	50	4,691	(241)
<b>Community Nurse Services/AHP/Other Adult</b>	694	(330)	13,126	(45)	13,821	(375)
<b>Hosted Services</b>	0	0	20,428	(466)	20,428	(466)
<b>Other Dundee Services / Support / Mgmt</b>	272	(18)	28,021	(564)	28,293	(582)
<b>Centrally Managed Budgets</b>	0		1,110	(497)	1,110	(497)
<b>Total Health and Community Care Services</b>	<b>80,078</b>	<b>905</b>	<b>86,754</b>	<b>(227)</b>	<b>166,832</b>	<b>678</b>
Prescribing (FHS)	0	0	32,083	(338)	32,083	(338)
Other FHS Prescribing	0	0	458	(123)	458	(123)
General Medical Services	0	0	26,557	191	26,557	191
FHS - Cash Limited & Non Cash Limited	0	0	19,015	(42)	19,015	(42)
<b>Total</b>	<b>80,078</b>	<b>905</b>	<b>164,867</b>	<b>(539)</b>	<b>244,945</b>	<b>366</b>
Net Effect of Hosted Services*			(3,597)	(103)	(3,597)	(103)
<b>Grand Total</b>	<b>80,078</b>	<b>905</b>	<b>161,270</b>	<b>(642)</b>	<b>241,348</b>	<b>263</b>
<b>Less: Planned Draw Down From Reserve Balances</b>						0
<b>Revised Net Projected Position</b>	<b>80,078</b>	<b>905</b>	<b>161,270</b>	<b>(642)</b>	<b>241,348</b>	<b>263</b>
*Hosted Services - Net Impact of Risk Sharing Adjustment						

- AHP – Allied Health Professionals
- FHS – Family Health Services





## Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report June 2020

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry Of Old Age (POA) (In Patient)			4,522	300	4,522	300
Older People Serv. – Ecs			1,093	635	1,093	635
Older Peoples Services -Community			674	20	674	20
Medicine for the Elderly			5,453	325	5,453	325
Medical ( POA)			693	100	693	100
Psychiatry Of Old Age (POA) - Community			2,276	-250	2,276	-250
Intermediate Care			26	-10	26	-10
Medical (Medicine for the Elderly)			1,568	25	1,568	25
Older People Services	41,457	530			41,457	530
<b>Older Peoples Services</b>	<b>41,457</b>	<b>530</b>	<b>16,305</b>	<b>1,145</b>	<b>57,762</b>	<b>1,675</b>
General Adult Psychiatry			3,669	210	3,669	210
Mental Health Services	4,407	105			4,407	105
<b>Mental Health</b>	<b>4,407</b>	<b>105</b>	<b>3,669</b>	<b>210</b>	<b>8,076</b>	<b>315</b>
Learning Disability (Dundee)	24,954	1,022	1,458	-60	26,411	962
<b>Learning Disability</b>	<b>24,954</b>	<b>1,022</b>	<b>1,458</b>	<b>-60</b>	<b>26,411</b>	<b>962</b>

		<b>Dundee City Council Delegated Services</b>		<b>NHST Dundee Delegated Services</b>		<b>Partnership Total</b>	
		<b>Annual Budget</b>	<b>Projected Over / (Under)</b>	<b>Annual Budget</b>	<b>Projected Over / (Under)</b>	<b>Annual Budget</b>	<b>Projected Over / (Under)</b>
		<b>£,000</b>	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>
Physical Disabilities		6,239	-114			6,239	-114
	<b>Physical Disabilities</b>	6,239	-114	0	0	6,239	-114
Substance Misuse		2,056	(291)	2,635	50	4,691	(241)
	<b>Substance Misuse</b>	2,056	(291)	2,635	50	4,691	(241)
A.H.P. Admin				422	-20	422	-20
Physiotherapy				3,901	-85	3,901	-85
Occupational Therapy				1,500	100	1,500	100
Nursing Services (Adult)				6,586	0	6,586	0
Community Supplies - Adult				315	20	315	20
Anticoagulation				403	-60	403	-60
Intake/Other Adult Services		694	-330			694	-330
	<b>Community Nurse Services / AHP / Intake / Other Adult Services</b>	694	-330	13,126	-45	13,821	-375

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,855	-20	2,855	-20
Palliative Care – Medical			1,180	45	1,180	45
Palliative Care – Angus			358	45	358	45
Palliative Care – Perth			1,794	175	1,794	175
Brain Injury			1,763	160	1,763	160
Dietetics (Tayside)			3,123	-100	3,123	-100
Sexual and Reproductive Health			2,110	-250	2,110	-250
Medical Advisory Service			103	-30	103	-30
Homeopathy			28	5	28	5
Tayside Health Arts Trust			63	0	63	0
Psychology			5,312	-445	5,312	-445
Psychotherapy (Tayside)			887	29	887	29
Learning Disability (Tayside AHP)			852	-80	852	-80
<b>Hosted Services</b>	<b>0</b>	<b>0</b>	<b>20,428</b>	<b>-466</b>	<b>20,428</b>	<b>-466</b>
Working Health Services			0	-20	0	-20
The Corner			428	-40	428	-40
Grants Voluntary Bodies Dundee			26	0	26	0
IJB Management			812	-138	812	-138
Partnership Funding			25,139	0	25,139	0
Urgent Care			0	0	0	0
Public Health			440	-136	440	-136
Keep Well			647	-180	647	-180
Primary Care			530	-50	530	-50
Support Services/Management Costs	272	-18			272	-18
<b>Other Dundee Services / Support / Mgmt</b>	<b>272</b>	<b>-18</b>	<b>28,021</b>	<b>-564</b>	<b>28,293</b>	<b>-582</b>

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Centrally Managed Budgets			1,110	-497	1,110	-497
<b>Total Health and Community Care Services</b>	<b>80,078</b>	<b>905</b>	<b>86,754</b>	<b>(227)</b>	<b>166,832</b>	<b>678</b>
<b>Other Contractors</b>						
Prescribing (FHS)			32,083	-338	32,083	-338
Other FHS Prescribing			458	-123	458	-123
General Medical Services			26,557	191	26,557	191
FHS - Cash Limited and Non Cash Limited			19,015	-42	19,015	-42
<b>Grand Total HSCP</b>	<b>80,078</b>	<b>905</b>	<b>164,867</b>	<b>-539</b>	<b>244,945</b>	<b>366</b>
Hosted Recharges Out			(12,100)	-246	(12,100)	-246
Hosted Recharges In			8,503	143	8,503	143
<b>Hosted Services - Net Impact of Risk Sharing Adjustment</b>			<b>-3,597</b>	<b>-103</b>	<b>-3,597</b>	<b>-103</b>
<b>Total</b>	<b>80,078</b>	<b>905</b>	<b>161,270</b>	<b>(642)</b>	<b>241,348</b>	<b>263</b>

**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB  
Risk Sharing Agreement – June 2020**

**Appendix 3**

<b>Services Hosted in Angus</b>	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	993,604	18,000	7,092
Out of Hours	7,477,082	(360,000)	(141,840)
Tayside Continence Service	1,872,116	0	0
Ang-loc Pharmacy	1,454,834	(56,000)	(22,064)
Speech Therapy (Tayside)	1,163,604	80,000	31,520
<b>Hosted Services</b>	<b>12,961,240</b>	<b>(318,000)</b>	<b>(125,292)</b>
Apprenticeship Levy	46,000	(5,072)	(1,998)
Baseline Uplift surplus / (gap)	175,903	175,903	69,306
Balance of Savings Target	-48,272	(48,272)	(19,019)
<b>Grand Total Hosted Services</b>	<b>13,134,871</b>	<b>(195,441)</b>	<b>(77,004)</b>
<b>Services Hosted in Perth</b>			
Prison Health Services	3,917,089	18,500	7,289
Public Dental Service	1,429,943	35,000	13,790
Podiatry (Tayside)	3,201,515	100,000	39,400
<b>Hosted Services</b>	<b>8,548,547</b>	<b>153,500</b>	60,479
Apprenticeship Levy - Others	41,700	1,752	690
Baseline Uplift surplus / (gap) - Others	130,000	0	0
Balance of Savings Target	-273,553	-323,570	(127,487)
<b>Grand Total Hosted Services</b>	<b>8,446,694</b>	<b>-168,318</b>	<b>(66,317)</b>
<b>Total Hosted Services</b>	<b>21,581,565</b>	<b>(363,759)</b>	<b>(143,321)</b>



<b>Dundee IJB - Budget Savings List 2020/21</b>		
<b>Proposed savings</b>	<b>2020/21 £000</b>	<b>Risk of delivery</b>
<b>Base Budget Adjustments</b>		
Reduction in GP Prescribing Budget	306	Low
Full Year Effect of 2019/20 Saving - Review of Learning Disability Day Care	58	Low
Reduction in NHS Operational Discretionary Spend	400	Medium
<b>Total Base Budget Adjustments</b>	<b>764</b>	
<b><i>New Savings for 2020/21</i></b>		
New Meals Contract Price from Tayside Contracts under new CPU arrangements	114	Low
Reshaping Non-Acute Care Programme: Net Reduction in Withdrawing Intermediate Care Contract	496	Low
Review of Voluntary Sector funding for Older People	96	Low
Impact of DCC Review of Charges	152	Low
Review Investment of Additional Carers Funding (short term)	148	Low
Increasing Eligibility Criteria for Access to Services	271	Medium
Learning Disability Benchmarking Review	100	Medium
Review of Strategic Housing Investment Planning	200	Low
<b>Total New Savings</b>	<b>1,578</b>	
<b>Total Base Budget Adjustments and New Savings</b>	<b>2,342</b>	
<b>Savings Target</b>	<b>2,342</b>	

