



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
15 DECEMBER 2020**

REPORT ON: FINANCIAL MONITORING POSITION AS AT OCTOBER 2020

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB53-2020

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 31st October 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 31st October 2020 (excluding any implications of additional COVID-19 spend) shows a net projected overspend position at the year-end of £52k. 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 projected total cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in October 2020 (Quarter 2 return) is £11.487m.

- 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 of this released to partnership's immediately. In late September, the Scottish Government announced a total funding package to the value of £1.089m to cover NHS and Integration Authority additional costs. This includes the £100m already announced and is set out in detail in section 4.5.4 of this report.

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 (Article V of the minute of the 25 August refers).
- 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 £1,718k by the end of the financial year. Assuming all additional Covid costs are covered by additional funding, community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£995k) and overall prescribing is projected to be underspent by (£449k). A further underspend of (£163k) is projected 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 (£700k), Keep Well (£140k), Public Health (£120k) hosted services such as Psychology (£380k), Tayside Dietetics (£60k), Learning Disability (Tayside AHP) (£100k) and Sexual & Reproductive Health (£270k) mainly as a result of staff vacancies.
- 4.3.3 Service overspends are anticipated in Enhanced Community Support £643k, Medicine for the Elderly £610k and Psychiatry of Old Age In-Patients £585k. Occupational Therapy budgets are projected to be overspent by £200k with further overspends arising in Community Nursing of £250k and General Adult Psychiatry of £220k. Additional staffing pressures have contributed to the adverse position, mainly through the Covid-19 response with additional Scottish Government funding anticipated to cover these additional costs.

- 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 £151k being recharged with the net impact of hosted services to Dundee being an underspend of £163k.
- 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 £1,769k 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 around £1.8m at this stage of the financial year. Payments to other bodies for services received are anticipated to be around £500k overspent with reductions in care home placements for adults and older people leading to an underspend of around £120k, with a further underspend in respite care of £386k. Staff costs are projected to be £125k underspent.

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 has been 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 £75m nationally has been released 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 £2.144m.
- 4.5.4 In late September 2020, the Scottish Government announced an overall funding package for health and social care totalling £1.083 billion (inclusive of the £100m for social care already announced) to fund additional costs incurred by Health Boards and Integration Authorities in responding to the Covid-19 pandemic. The allocation of this funding is based on a number of different factors, including actual spend based on the first quarter financial return and the application of national formulae (NRAC). Given the level of uncertainty around different aspects of projected costs, funding has been confirmed on the basis of actual spend for quarter 1 for health and social care costs (health capped at the NRAC share) with quarters 2-4 confirmed at 70% of projected health costs and 50% of projected social care costs. Other

costs such as family health services will be funded separately and the Scottish Government has not made any provision at this stage for the under delivery of planned financial savings. Under this formula, Dundee IJB's allocation has been calculated at £8.162m of which £2.144m has been received to date. This leaves a potential risk exposure of around £2.8m should further funding not be released (not including non-achievement of savings).

- 4.5.5 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.
- 4.5.6 The most significant projected costs within the mobilisation plan relate to care provider sustainability expenditure. Health & Social Care Partnerships 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 Dundee Health & Social Care Partnership. 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.
- 4.5.7 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. These payments will be tapered down over the next few months to manage a transition to increasing occupancy. The final actual additional expenditure is not known at this stage however payments of around £1.5m have been made to date.
- 4.5.8 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.

4.5.9 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in October 2020 (Quarter 2 return) is as follows:

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2020/21) £000
Additional Bed Capacity (Royal Victoria/Kingsway Care Centre)	906
PPE	78
Additional Staff Cover / Temporary Staff	2,616
Provider Sustainability Payments	4,886
Additional Support to Vulnerable People	19
IT / Telephony	46
Additional GP Practice Costs	678
Additional GP Prescribing Costs	161
Loss of Charging Income	1,183
Increased Equipment & Supplies	103
Increased Transport Costs	159
Additional Winter Planning	60
Rehab & Recovery Costs	111
Total Projected Additional Costs	11,006
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Cost	11,487
Projected NHS Tayside Spend	3,433
Projected Dundee City Council Spend	8,054

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.

4.5.10 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.

4.5.11 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.

4.5.12 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 31st 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

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (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.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	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.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	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: 23rd November 2020

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21 Oct-20

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,634	1,270	16,380	1,272	58,015	2,541
Mental Health	4,796	445	3,669	220	8,465	665
Learning Disability	24,615	263	1,458	(50)	26,073	213
Physical Disabilities	5,786	438	0	0	5,786	438
Substance Misuse	2,067	(158)	2,637	200	4,704	42
Community Nurse Services/AHP/Other Adult	969	(626)	13,191	368	14,160	(258)
Hosted Services	0	0	20,534	(76)	20,534	(76)
Other Dundee Services / Support / Mgmt	210	136	32,130	(275)	32,340	(139)
Centrally Managed Budgets	0		877	(454)	877	(454)
Less: Covid 19 Spend			0	(2,200)	0	(2,200)
Total Health and Community Care Services	80,078	1,769	90,878	(995)	170,956	774
Prescribing (FHS)	0	0	31,901	(398)	31,901	(398)
Other FHS Prescribing	0	0	301	(151)	301	(151)
General Medical Services	0	0	27,244	67	27,244	67
FHS - Cash Limited & Non Cash Limited	0	0	20,916	(77)	20,916	(77)
Large Hospital Set Aside			18,172	0	18,172	0
Total	80,078	1,769	189,412	(1,554)	269,490	215
Net Effect of Hosted Services*			(3,186)	(163)	(3,186)	(163)
Grand Total	80,078	1,769	186,225	(1,718)	266,303	52
*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 October 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	585	4,522	585
Older People Serv. – Ecs			1,093	643	1,093	643
Older Peoples Services -Community			674	0	674	0
Continuing Care			0	60	0	60
Medicine for the Elderly			5,454	610	5,454	610
Medical (POA)			716	45	716	45
Psychiatry Of Old Age (POA) – Community			2,276	-700	2,276	-700
Intermediate Care			26	-21	26	-21
Medical (Medicine for the Elderly)			1,620	50	1,620	50
Older People Services	41,634	1,270			41,634	1,270
Older Peoples Services	41,634	1,270	16,380	1,272	58,015	2,541
General Adult Psychiatry			3,669	220	3,669	220
Mental Health Services	4,796	445			4,796	445
Mental Health	4,796	445	3,669	220	8,465	665
Learning Disability (Dundee)	24,615	263	1,458	-50	26,073	213
Learning Disability	24,615	263	1,458	-50	26,073	213

		Dundee City Council Delegated Services	NHST Dundee Delegated Services	Partnership Total	
		Dundee City Council Delegated Services	NHST Dundee Delegated Services	Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000
Physical Disabilities		5,786	438		438
	Physical Disabilities	5,786	438		438
Substance Misuse		2,067	-158	2,637	200
	Substance Misuse	2,067	-158	2,637	200
A.H.P. Admin				422	-23
Physiotherapy				3,941	-70
Occupational Therapy				1,500	200
Nursing Services (Adult)				6,587	250
Community Supplies - Adult				315	70
Anticoagulation				426	-60
Intake/Other Adult Services		969	-626		-626
	Community Nurse Services / AHP / Intake / Other Adult Services	969	-626	13,191	368
				14,160	-258

	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,841	50	2,841	50
Palliative Care – Medical			1,236	200	1,236	200
Palliative Care – Angus			358	30	358	30
Palliative Care – Perth			1,795	170	1,795	170
Brain Injury			1,786	230	1,786	230
Dietetics (Tayside)			3,123	-60	3,123	-60
Sexual and Reproductive Health			2,131	-270	2,131	-270
Medical Advisory Service			105	-40	105	-40
Homeopathy			29	6	29	6
Tayside Health Arts Trust			63	0	63	0
Psychology			5,316	-380	5,316	-380
Psychotherapy (Tayside)			901	88	901	88
Learning Disability (Tayside AHP)			852	-100	852	-100
Hosted Services	0	0	20,534	-76	20,534	-76
Working Health Services			0	0	0	0
The Corner			428	-50	428	-50
Grants Voluntary Bodies Dundee			26	0	26	0
IJB Management			546	95	546	95
Partnership Funding			29,471	0	29,471	0
Urgent Care			0	0	0	0
Public Health			440	-120	440	-120
Keep Well			619	-140	619	-140
Primary Care			600	-60	600	-60
Support Services/Management Costs	210	136			210	136
Other Dundee Services / Support / Mgmt	210	136	32,130	-275	32,340	-139

Dundee City Council Delegated Services	NHST Dundee Delegated Services	Partnership Total
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	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Centrally Managed Budgets			877	-454	877	-454
Less: Covid Identified Spend			0	-2,200	0	-2,200
Total Health and Community Care Services	80,078	1,769	90,878	-995	170,956	774
Other Contractors						
Prescribing (FHS)			31,901	-398	31,901	-398
Other FHS Prescribing			301	-151	301	-151
General Medical Services			27,244	67	27,244	67
FHS - Cash Limited and Non Cash Limited			20,916	-77	20,916	-77
Large Hospital Set Aside			18,172	0	18,172	0
Grand Total HSCP	80,078	1,769	189,412	-1,554	269,490	215
Hosted Recharges Out			-12,118	-324	-12,118	-324
Hosted Recharges In			8,931	161	8,931	161
Hosted Services - Net Impact of Risk Sharing Adjustment			-3,186	-163	-3,186	-163
Total	80,078	1,769	186,225	-1,718	266,303	52

**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee
Integration Joint Board
Risk Sharing Agreement - October 2020**

Appendix 3

Services Hosted in Angus	Annual Bud	Forecast Over or (Underspend)	Dundee Allocation
Forensic Service	1,026,753	180,000	70,920
Out of Hours	7,981,342	475,000	187,150
Tayside Continence Service	1,872,116	0	0
Ang-loc Pharmacy	1,502,839	(39,000)	(15,366)
Speech Therapy (Tayside)	1,199,794	(136,000)	(53,584)
Hosted Services	13,582,844	480,000	189,120
Apprenticeship Levy	46,000	2,200	867
Superannuation Cost Pressure	0	0	0
Baseline Uplift surplus / (gap)	0	0	0
Balance of Savings Target	-48,272	48,300	19,030
Grand Total Hosted Services	13,580,572	530,500	209,017

Services Hosted in Perth

Prison Health Services	3,924,573	70,000	27,580
Public Dental Service	2,177,448	138,500	54,569
Podiatry (Tayside)	3,201,515	241,000	94,954
Hosted Services	9,303,536	449,500	177,103
Apprenticeship Levy - Others	41,700	2,100	827
Superannuation Cost Pressure - Others	0	0	0
Baseline Uplift surplus / (gap) - Others	72,000	0	0
Balance of Savings Target - Others	-329,314	(329,314)	(129,750)
Grand Total Hosted Services	9,087,922	122,286	48,181

Total Hosted Services	22,668,494	652,786	257,198
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Dundee IJB - Budget Savings List 2020/21		
Proposed savings	2020/21 £000	Risk of delivery
Base Budget Adjustments		
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
Total Base Budget Adjustments	764	
<i>New Savings for 2020/21</i>		
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
Total New Savings	1,578	
Total Base Budget Adjustments and New Savings	2,342	
Savings Target	2,342	

