



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 APRIL 2018

ANGUS IJB FINANCIAL PLAN 2018/19 TO 2020/21

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) regarding the developing Angus IJB Financial Plan for period 2018/19 to 2020/21.

1. RECOMMENDATIONS

Regarding Adult Services, it is recommended that the Integration Joint Board:-

- (i) approve the planning framework set out for 2018/19.
- (ii) note the potential shortfalls for 2019/20 and beyond and request reports are brought back to the IJB outlining how these will be addressed in line with the IJB's current and developing Strategic Plan by August 2018.
- (iii) request regular updates regarding all parts of the 2018/19 plan that are not yet complete.

Regarding Health Services, it is recommended that the Integration Joint Board:-

- (iv) note the status of budget settlement discussion and note the working assumptions regarding the 1.5% uplift and Agenda for Change uplift.
- (v) note that a detailed budget settlement paper re NHS resources will come forward in due course for consideration by the IJB.
- (vi) approve the planning framework set out for 2018/19, but note that there remains a residual shortfall and request future reports to the IJB to address that shortfall.
- (vii) note the potential shortfalls for beyond 2018/19 and request reports are brought back to the IJB outlining how these will be addressed in line with the IJB's current and developing Strategic Plan by August 2018.
- (viii) request regular updates regarding all parts of the 2018/19 plan that are not yet complete.

2. BACKGROUND

2.1 Previous IJB financial reports have highlighted the necessity for the IJB to develop a multi-year financial plan, consistent with the IJB's overall Strategic Plan that demonstrates that the Strategic Plan can be delivered within the available resources.

To date, compiling that plan has proved challenging due to issues such as the lack of clarity regarding budget settlements with Partners (i.e. NHS Tayside and Angus Council), and previously impending decisions including those regarding the Angus Care Model. However with some of these factors now either resolved or partially resolved, it is more practical to compile a 2018/19 and multi-year financial plan.

The information below is set out in 2 sections:-

1. Information relating to the IJB's Adult Services (section 3).
2. Information relating to the IJB's Health Services (section 4).

Various recommendations are made in each section of the report reflecting the state of each part of the IJB's overall planning.

Related to this financial plan, it is important to note that on an annual basis, the IJB is required to issue "Directions" to Angus Council and NHS Tayside. It was agreed in April 2017 (reports 17/17, 18/17) that the issuing of Directions, as long as they are consistent with financial plans (i.e. information set out in this document), can be undertaken by the Chief Officer.

3. ADULT SERVICES

- 3.1 As the Board will recall, report 22/18 to the February IJB set out a proposed budget settlement between Angus Council and Angus IJB. It was agreed by the IJB to accept the proposed budget as a working budget, and to raise concerns regarding residual risks with Angus Council.

The information contained in report 22/18 focussed on the financial year 2018/19 only. The plans documented at Appendix 1 now extend to 2020/21. Points to note, including the main changes since report 22/18, are as follows:-

1. Consolidation of budget uplift assumptions.
 2. Revised presentation of commitments, noting:-
 - a. This includes only a provisional estimate of the impact of the Carers Act. Many other assessments of additional commitments are still estimates.
 - b. The IJB has now revised the assumed impact of demographic growth over the duration of the 3 year plan. This revised assumption will require close monitoring and a series of interventions, consistent with the Strategic Plan, to contain demographic pressures.
 3. Revised presentation of planned interventions including additional interventions, noting:-
 - a. Increased assumed Improvement and Change Programme Efficiencies in 2018/19 including reflecting assumptions regarding management of third party contracts. These will be reported through regular IJB reports.
 - b. An assumption that the IJB will be able to consolidate part of the Adult Services under spends evident in 2017/18 into recurring savings.
 4. A proposed balanced budget for Adult Services for 2018/19.
 5. Provisional assumptions for beyond 2018/19 including:-
 - a. Assumptions regarding future budget uplifts.
 - b. Assumption regarding additional annual commitments.
 - c. Assumptions regarding additional future interventions (noting Care Home review and Learning Disability review were outlined in papers 9/18 and 16/18).
 6. A projected recurring shortfall increasing from 2019/20 and beyond as the impact of inflationary and demographic pressures potentially outstrips the IJB's ability to identify further recurring savings.
- 3.2 A status update is now included in Appendix 1. This shows some assumptions/interventions actions are well progressed while others are incomplete and require further development.

The IJB now requires to consider the multi-year plan set out at Appendix 1 and:-

1. Approve the planning framework set out for 2018/19.
2. Note the potential shortfalls for 2019/20 and beyond and request reports are brought back to the IJB outlining how these will be addressed in line with the IJB's current and developing Strategic Plan by August 2018.
3. Request regular updates regarding all parts of the 2018/19 plan that are not yet complete.

4. HEALTH SERVICES

4.1 While the February 2018 IJB meeting received information regarding financial plans for Adult Services, similar information was not available for Health Services. Appendix 2 therefore contains more detail about the IJB's proposed financial planning for Health services over the period 2018/19 to 2020/21.

4.2 The final proposed budget settlement with NHS Tayside has still to be confirmed however a broad set of assumptions has been included in appendix 2 as follows:-

1. An across the board budget uplift of 1.5% on all relevant budgets (note - this reflects the general budget uplift NHS Tayside has received from Scottish Government).
2. An additional uplift (£100k) to offset the costs of implementing Agenda for Change Pay uplifts in excess of 1%.
3. An additional increase in prescribing budgets of £200k above the 1.5% uplift noted above.

As these principles are still to be confirmed and final figures agreed, so a final budget settlement cannot yet be confirmed. However, in discussion with NHS Tayside, points 1 and 2 above are intended to be a transparent pass through of funds made available by the Scottish Government to NHS Tayside. As such they would generally be deemed to be reasonable and fair.

The additional uplift proposed regarding Prescribing does contribute to partially addressing the historic shortfalls regarding Prescribing budgets. However the residual shortfall is still very significant and places a burden on other IJB services. As such it could be the case that, as with 2016/17 and 2017/18, the IJB may decide it cannot accept the Prescribing budget and may wish to raise ongoing concerns with NHS Tayside regarding the fairness and sufficiency of this funding stream.

The Large Hospital Set Aside framework remains under development in both Tayside and in the rest of Scotland.

Noting all the above, a series of planning assumptions have been used in developing the financial planning framework set out in Appendix 2.

4.3 In any given year the Health & Social Care Partnership (HSCP) will receive additional NHS originated funding. (e.g. in 2018/19 Primary Care Transformation Funding). These funding streams will be confirmed in due course and it is generally assumed additional funding will be neutral for the IJB. However, as noted in Appendix 2, for 2018/19 it is assumed there will be some slippage on some funding streams.

4.4 The IJB now requires to consider the information set out above and the multi-year plan set out at Appendix 2 and:-

1. Note the status of budget settlement discussion and note the working assumptions regarding the 1.5% uplift and Agenda for Change uplift.
2. Note that a detailed budget settlement paper re NHS resources will come forward in due course for consideration by the IJB.
3. Approve the planning framework set out for 2018/19, but note that there remains a residual shortfall and request future reports to the IJB to address that shortfall.
4. Note the potential shortfalls for beyond 2018/19 and request reports are brought back to the IJB outlining how these will be addressed in line with the IJB's current and developing Strategic Plan by August 2018.
5. Request regular updates regarding all parts of the 2018/19 plan that are not yet complete.

5. RISKS

Regular finance reports describe the breadth of financial risks the IJB faces on an ongoing basis. Many of those risks are factors within the proposed financial planning framework. These risks are significant but are also consistent with the financial risks and challenges faced across the public sector.

A risk summary is set out at Appendix 3 that describes risks under headings of funding, commitments, and interventions. However there will be risks that emerge that have not been documented here, and equally some risks listed here will ultimately be managed down or contained in some other way.

It is important to note that while the IJB has to manage the risk associated with this proposed budget settlement, both Angus Council and NHS Tayside are, as partners of the IJB, exposed to those same risks.

6. SUMMARY

The attached plan, subject to approval, represents the current IJB financial planning framework for years 2018/19 to 2020/21. Clearly shortfalls remain in 2018/19 and, at a much more material level, in future years.

The IJB will need to address both in year shortfalls and, in a manner consistent with developing strategic plans, longer term financial planning shortfalls.

The scale of interventions described reflect the challenges that the IJB need to address while remaining shortfalls (in year and beyond) demonstrate that further development of interventions will also be required. This will include looking at issues such as containing future pressures and managing down the current level of prescribing spend.

The IJB should expect that future iterations of financial plans will bring together more closely the funding, commitments and interventions associated with Adult Services and Health Services within the IJB as part of an integrated IJB financial plan.

REPORT AUTHOR: ALEXANDER BERRY, Chief Finance Officer
EMAIL DETAILS: hscianguis.tayside@nhs.net

April 2018

List of Appendices:

Appendix 1: Adult Services Financial Planning Summary
Appendix 2: Health Services Financial Planning Summary
Appendix 3: Financial Plan – Risk Register

APPENDIX 1 : Adult Services Financial Planning Summary					
Adult Services - Financial Planning Summary					
Financial Year		2018/19	2019/20	2020/21	Status
		£k	£k	£k	
Funding	Opening Funding	44162	44902	45002	2018/19 Per existing budgets
	Funding Uplift (Angus Council)	510	0	0	See report 22/18
	Funding Uplift (FPC)	0	100	100	Assumption
	Funding Uplift (Partnership)	230	0	0	Internal assumption
	Available Funding	44902	45002	45102	
Commitments	Opening Commitments	44162	44902	47392	2018/19 assumed as per funding
	Pay Inflation	790	650	640	To be refined
	Contract Inflation	500	430	390	To be refined
	NCHC Inflation	840	1280	890	Near finalised
	Carers Act (Legal)	220	160	200	Provisional
	Free Personal care (Legal)	0	100	100	Assumption
	Demographic Changes	800	970	1000	Assumption
	Total	47312	48492	50612	
Opening Shortfalls		2410	3490	5510	
Interventions	Help To Live at Home	860	50	50	Agreed, then future year provisional
	Increased Income / Charging	200	200	100	Agreed 18/19, then provisional
	Improvement & Change Programme	550	100	50	Work in progress
	IPCR	0	0	0	Work in progress
	Care Home Review	250	350	0	2018/19 part year only - under development
	Learning Disability Review	150	250	150	Risk Assessed - 2018/19 part year only - under development
	Eligibility Criteria Review	150	150	0	2018/19 part year only - under development
	Consolidate 17/18 Under spends	250	0	0	To be refined
	Total	2410	1100	350	
Commitments	Total Closing Commitments	44902	47392	50262	
Closing Shortfall		0	2390	5160	

Appendix 2

Angus HSCP – Community Health Services – Financial planning framework

Table 2 below sets out the proposed financial planning framework for community health services for financial years 2018/19 to 2020/21. Information is set out under a series of headers reflecting general financial reporting within the HSCP as follows:-

- Local Community Health
- Hosted Services (Angus)
- Hosted Services (Elsewhere)
- Prescribing
- Family Health Services (FHS)
- Large Hospitals.

The following section provides more detailed commentary on the detail of the plan by row of the plan, by headers within the plan and by year.

Funding

A final budget settlement has yet to be agreed with NHS Tayside. However some working assumptions are included as follows:-

1. An across the board budget uplift of 1.5% on all relevant budgets (note - this reflects the general budget uplift NHS Tayside has received from Scottish Government).
2. An additional uplift (£100k) to offset the costs of implementing Agenda for Change Pay uplifts in excess of 1%.
3. An additional increase in prescribing budgets of £200k above the 1.5% uplift noted above.

Assumptions beyond 2018/19 are high level and subject to future review.

Uplifts associated with local services will continue to be partially realigned, as per 2017/18, into Prescribing for the duration of this plan. This alleviates pressure on prescribing budgets but increases the relative pressures on other local health services. This overall plan demonstrates this is a practical planning assumption.

Other funding streams sourced via NHS Tayside (e.g. to support Primary Care Transformation) will be confirmed in due course.

The Large Hospital Set Aside framework remains under development in both Tayside and in the rest of Scotland and is shown at 2017/18 budget levels.

Commitments

It is generally assumed that the IJB's opening commitments are equivalent to opening budget, however for Hosted Services (including Out of Hours), Hosted Services (Elsewhere) (including Mental Health) and Prescribing, there are brought forward deficits. For Hosted Services (Elsewhere), future year shortfalls are assumed to be consistent with this year's shortfalls, while for prescribing, shortfalls are as described in detailed prescribing financial plans (see paper IJB30/18).

Inflation assumptions reflect most current understanding of Agenda for Change impacts and the overall inflationary environment. For prescribing, there are expected to be pricing issues as described in detailed prescribing financial plans (see paper IJB30/18).

The IJB is currently containing a small number of cost pressures - including Community Nursing overspends and implication of GMS Section 2C Practice costs. It is generally assumed these will continue to be contained within existing budgets and that work will continue to manage these costs down in 2018/19.

As a general planning assumption, it is assumed that the majority of growth across the Angus HSCP will occur in Social Care and Prescribing and that, for example, the In Patient component of the IJB will have a relatively static capacity.

Interventions

These are the interventions that will allow the IJB to close out the financial planning gap that exists between available budget and opening commitments. A number of interventions have already been described within the IJB (e.g. Angus Care Model). The following provides more detail on each line within this part of the plan:-

Previous Year Savings – These are already actioned full year savings from 2017/18 that will contribute to the 2018/19 financial gap.

Services Efficiencies – These are efficiencies individual services will be required to identify. This will include Management and Administrative savings, further improvement regarding Community Nursing over-commitments, further benefits of Occupational Therapy integration (still incomplete). It is anticipated that non-recurring under spends in 2017/18 may be translated to deliver these recurring targets. Progress regarding this will be reported in routine finance reports.

Angus Care Model – This now reflects the following:-

1. The full benefit of In Patient savings set out in paper 9/18 (i.e. £650k), less £100k of one off 2018/19 accommodation reconfiguration costs.
2. An assumed 2019/20 benefit from site savings.
3. An assumed additional longer term benefit from further operational efficiencies in delivery of current planned bed numbers.
4. An additional extension of the Angus Care Model to include a further review of Psychiatry of Old Age (POA) services from 2019/20.

Partnership Funds – In 2017/18 the IJB's overall financial position was supported by Partnership Funds as per principles set out in papers 6/18. Due to the ongoing financial challenges faced by the IJB it is envisaged similar type of support may be required in 2018/19. It is estimated this could be c£500k in 2018/19.

Other Funding Slippage – At any given time the IJB may have slippage on some developments. While the IJB would not be actively delaying investments that are pivotal to both developing and sustaining community infrastructure, it is realistic to expect there to be a level of slippage on development plans due to, for example, recruitment issues. A high level assumption of c£250k of in year (18/19) slippage only has been factored into this financial framework.

Out of Hours Review – Angus IJB hosts Out of Hours services on behalf of Tayside IJBs. This is a service that has experienced significant financial challenges over the last 2 years. Plans are now under development to review the cost base significantly. These plans will be considered through separate channels but are reflected here as they will play a material role within the overall Hosted Services financial plan.

Prescribing – There are a series of planned prescribing Interventions. These include plans described elsewhere (see separate prescribing paper) that are developed from Tayside Prescribing Management Group (PMG) plans. There is also a high level planning assumption that the IJB will both contain the annual impact of price and volume growth and bring the IJB back towards the national weighted cost per patient at a rate of 2% per annum over period 2019/20 to 2020/21.

Adjustment for Hosting – The IJB's "Hosted Services" require to be adjusted for the share of budget/cost/shortfall that is attributable to other Tayside IJBs.

Notes by Header

Local Community Health - Angus HSCP has already made a series of decisions (e.g. Angus Care Model) that heavily influence the financial planning for local community health services. These give the HSCP a very firm starting point for financial planning for these services. There will be some additional short term non-recurring financial interventions. After 2018/19 there is intended to be a further iteration of the Angus Care Model that looks at POA services again. However, generally beyond 2018/19 further planned interventions will be required to be developed in line with future strategic plans.

Hosted Services (Angus) – Angus hosts c£10m of services on behalf of Tayside IJBs. This is dominated by Out of Hours Services. Plans are under development that are intended to ensure the sustainability of these services in future years. This area of planning will need to be considered discretely and shared with Tayside IJBs as required.

Hosted Services (Elsewhere) – Planning for these services is dependent on plans developed by Dundee & Perth IJBs. We know that our neighbouring IJBs are developing plans and, once received, these will be fully factored into our overall Planning. Currently it is assumed there will be an ongoing overspend of c£400k regarding these services.

Prescribing – The financial position regarding Prescribing is described in more detail elsewhere. However the overall assumption for future years is that the IJB will be able to both contain future year growth (price and volume) implications and to gradually manage local Prescribing spend down towards the Scottish average per weighted population.

Family Health Services – While there are ongoing pressures within Family Health Services (e.g. re sustainability of General Practice, premises issues, impacts of the new GMS contract), for financial planning purposes it is assumed these will be contained within available funding.

Large Hospital Set Aside – As at April 2018, this area remains under development across Scotland. On that basis, the current assumption is that for financial planning purposes all costs will be incurred within available funding.

Notes by Year

2018/19 – While the financial planning framework does rely heavily on a number of assumptions, the current assessment, in advance of a complete picture regarding Hosted Services (Elsewhere), is that the IJB may be projecting an overspend of c£500k by the year end should all plans deliver as described. This position will be refined in due course.

2019/20 and 2020/21 – Noting the heavy reliance on Prescribing assumptions/ aspirations, the financial position is expected to be roughly similar in terms of magnitude. This, as well as the forecast 2018/19, does require further development of interventions to close out the remaining gap and to offset any slippage or under-delivery of other planned interventions.

Table 2

Community Health Services - Financial Planning Summary		2018/19							2019/20							2020/21						
Financial Year		Local	Hosted (Angus)	Hosted (Elsewhere)	Prescribing	FHS	Large Hospitals	Total	Local	Hosted (Angus)	Hosted (Elsewhere)	Prescribing	FHS	Large Hospitals	Total	Local	Hosted (Angus)	Hosted (Elsewhere)	Prescribing	FHS	Large Hospitals	Total
		£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Funding	Opening Funding	43570	9860	13140	20739	28930	11760	127999	44020	10008	13340	21517	28960	11760	129605	44070	10058	13410	21807	28960	11760	130065
	Funding Uplift (NHST)	750	148	200	508	0	0	1606	220	50	70	120	0	0	460	210	50	70	120	0	0	450
	Funding Re-profiling	-300	0	0	270	30	0	0	-170	0	0	170	0	0	0	-160	0	0	160	0	0	0
	Available Funding	44020	10008	13340	21517	28960	11760	129605	44070	10058	13410	21807	28960	11760	130065	44120	10108	13480	22087	28960	11760	130515
Commitments	Opening Commitments	43570	10197	13540	24386	28930	11760	132383	42363	10008	13740	23285	28960	11760	130116	43093	10209	13810	23105	28960	11760	130937
	Inflation	930	252	370	355	0	0	1907	530	151	210	244	0	0	1135	540	151	210	244	0	0	1145
	Growth	0	0	0	0	30	0	30	0	0	0	122	0	0	122	0	0	0	122	0	0	122
	Total	44500	10449	13910	24741	28960	11760	134320	42893	10159	13950	23651	28960	11760	131373	43633	10360	14020	23471	28960	11760	132204
Opening Shortfalls		480	441	570	3224	0	0	4715	-1177	101	540	1844	0	0	1308	-487	252	540	1384	0	0	1689
Interventions	Previous Year Savings	97	0	0	0	0	0	97	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Service Efficiencies (Recurring)	290	41	0	0	0	0	331	100	50	0	0	0	0	150	100	0	0	0	0	0	100
	Service Efficiencies (Non-recurring)	100	100	0	0	0	0	200	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Angus Care Model - MIU	300	0	0	0	0	0	300	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Angus Care Model - In Patients	550	0	0	0	0	0	550	250	0	0	0	0	0	250	0	0	0	0	0	0	0
	Angus Care Model - Future Phases	50	0	0	0	0	0	50	100	0	0	0	0	0	100	0	0	0	0	0	0	0
	Angus Care Model - POA	0	0	0	0	0	0	0	200	0	0	0	0	0	200	0	0	0	0	0	0	0
	Partnership Funds (Non-recurring)	500	0	0	0	0	0	500	-500	0	0	0	0	0	-500	0	0	0	0	0	0	0
	Other Funding Slippage (Non-recurring)	250	0	0	0	0	0	250	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	OOH Review	0	300	0	0	0	0	300	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hosted Services	0	0	170	0	0	0	170	0	0	140	0	0	0	140	0	0	140	0	0	0	140
	Prescribing - Agreed Plans	0	0	0	1456	0	0	1456	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Prescribing - Growth Containment	0	0	0	0	0	0	0	0	0	0	76	0	0	76	0	0	0	86	0	0	86
	Prescribing - Future Intentions	0	0	0	0	0	0	0	0	0	0	470	0	0	470	0	0	0	470	0	0	470
	Previous Year Non-recurring	0	0	0	0	0	0	0	-350	-100	0	0	0	0	-450	0	0	0	0	0	0	0
	Total	2137	441	170	1456	0	0	4204	-200	-50	140	546	0	0	436	100	0	140	556	0	0	796
Commitments	Total Closing Commitments	42363	10008	13740	23285	28960	11760	130116	43093	10209	13810	23105	28960	11760	130937	43533	10360	13880	22915	28960	11760	131408
Closing Shortfall		-1657	0	400	1768	0	0	511	-977	151	400	1298	0	0	872	-587	252	400	828	0	0	893
Adjusted for Hosting		0	0	0	0	0	0	0	0	-110	0	0	0	0	-110	0	-184	0	0	0	0	-184
		-1657	0	400	1768	0	0	511	-977	41	400	1298	0	0	762	-587	68	400	828	0	0	709

Appendix 3 – Financial Plan Risk Register

Risks – Financial Plan	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Funding			
Risks regarding future year budget uplifts remain a significant factor particularly while IJB budgets are dependent on negotiations with Partners whose own position are dependent on Scottish Government.	Medium	Not Known	The IJB will continue to engage with Partners to develop a clear understanding of medium term financial planning assumptions. This is particularly relevant regarding managing the impact of likes of Carers Act and Free Personal Care (Under 65s).
NHS Tayside Budget Settlement	Medium	Not Known	As this agreement remains outstanding so residual risks remain – e.g. regarding prescribing funding and potentially regarding any other services/budgets (e.g. Complex care) that may be devolved to Angus IJB.
Commitments			
There are some 2018/19 commitments that still need to be ratified – specifically the impact of the Carers Act. This remains outstanding and represents a risk within the financial plan.	High	c£200k	The Carers working groups continue to develop an assessment of the financial impact of the Carers Act.
Demographic/ Volume Growth	Medium	Not known	While demographic and volume growth (e.g. Prescribing) have been allowed for in the plans, the IJB will need to at least contain growth within current assessments by ensuring the overall system manages the impact of demographic growth. This will help to contain the 18/19 and future year impact of same pressure.
Prescribing – e.g. assumption regarding pricing (Inc. “Short supply”) and volume growth.	High	c£1.0m	These assumptions contain an element of risk. The IJB will need to manage overall Prescribing system to manage the impact of may excess price and volume growth.
IJB is exposed to ongoing health overspends regarding Community Nursing and Out of Hours and overspends within Hosted Services (e.g. Palliative Care, Brain Injury, Mental Health).	Medium	c£0.8m	Comm. Nursing and OOH are continuing to review service delivery models. Angus IJB will liaise with other IJBs to seek assurance regarding future financial plans for Hosted Services.
Workforce – The IJB is exposed to workforce planning risks (e.g. difficulties recruiting to General Practice, other medical, nursing, Social Care roles).	High	Not known	This is a major future risk for the IJB and needs to be reflected in Workforce planning. Any shortfalls within workforce can lead to service disruption and have knock on financial consequences. Other impacts may be felt in the continuity of service provision where services are provided by third parties.
For 2017/18 IJB’s Large Hospital Resources will be reported at breakeven. In the longer term this will be an increasing financial risk for the IJB.	Increasing	Not known	Potential risks from 2018/19 noting Scottish Government intentions.
The IJB’s Adult Services are likely to see significant inflation-type pressures in 2018/19 and beyond reflecting both the ongoing impact of the Living Wage but also issues associated with the current National Care Home Contract.	Medium	Not known	The IJB will work at a local and national level to manage these pressures appropriately. Where necessary mitigating action may be required.
Interventions			
Timing of delivery of Interventions	Medium	Not known	Where the financial benefit of an intervention has been calculated so an associated time line has been assumed. Any slippage on these will have a consequent impact on savings delivery. The IJB will need to monitor the timeline for implementing interventions closely.
Scale of benefit from Intervention	Medium	Not known	In calculating financial benefits of interventions, a number of assumptions will have been made. These assumptions will be monitored closely as savings plans are actioned.