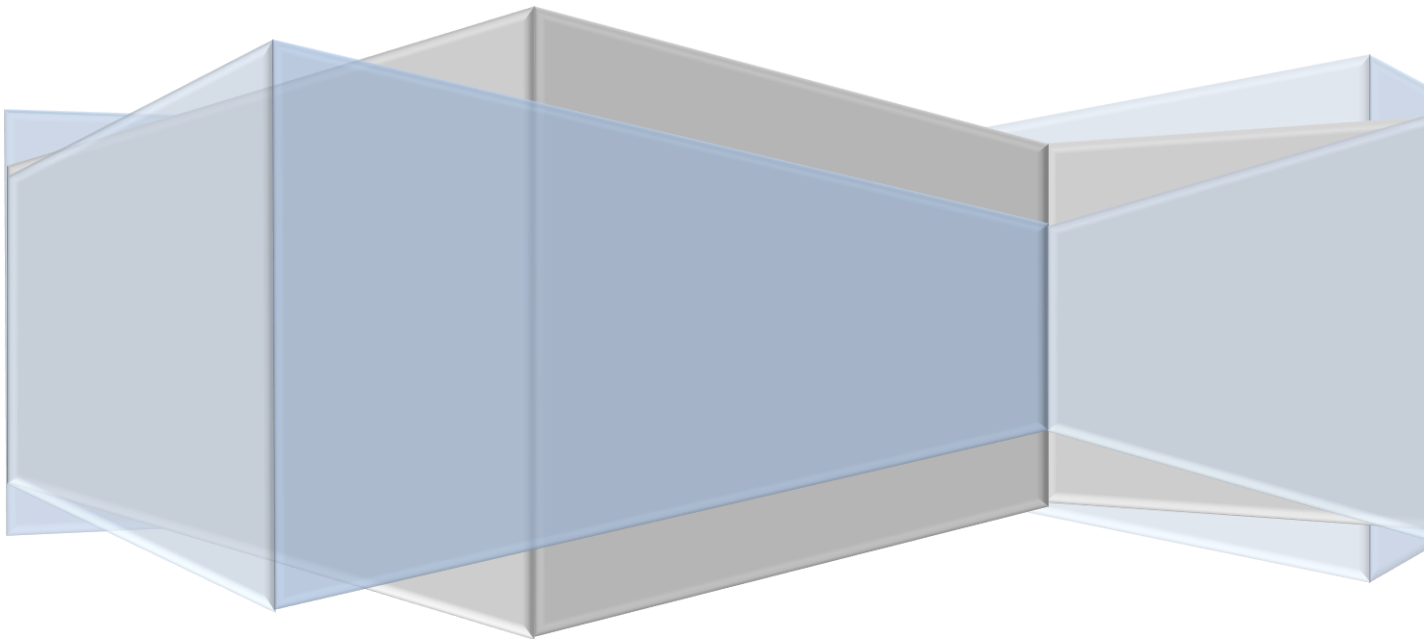


Financial Plan 2021/22

T McCaig Director of Finance (Interim)

SMT review: 01/06/21

Board approval: 10/06/21



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1. Introduction and Background

The Minister for Health approved an opening revenue budget for 2021/22 providing an additional £495.2m for Health and Social Care services in NI. This budget provided for price increases due to inflation, ongoing Covid-19 response, rebuilding and transformation of HSC services. The vast majority of this budget has been provided on an in-year, or non-recurrent, basis only with the exception of funds held to cover the Agenda for Change (AfC) pay increases in 2021/22 and has been augmented by a further amount of circa £167m for PPE costs due to an approved change to budgeting treatment from 2020/21 into 2021/22. This budget has been supported by a savings target in relation to Medicines Optimisation Regional Efficiency group (MORE) of which £12m relates to budgets held by the HSCB, with the balance being applied to Trust budgets.

As advised by the Department of Health (DoH) in the HSCB's opening allocation letter it is accepted that the budget settlement is not adequate to meet the level of inescapable pressures being faced by the HSC, nor will it provide a basis for the sustainable rebuild of our services post the response to Covid-19. The funds provided have helped to mitigate some of our funding pressures, however significant financial pressures still exist across the HSC which will require careful management throughout 2021/22 if expenditure is to be contained within the budget notified.

While the DoH led the Financial Planning process for 2021/22, supported by the HSCB, the HSCB lead on the deployment to Trusts, PHA and Independent Providers of some £119m (excluding PPE) of funds to support the HSC's ongoing response to the Covid-19 pandemic in 2021/22.

During the financial year the HSCB will continue to work collaboratively and support the DoH in planning for HSC breakeven, which will include providing clarity to HSC Providers on available funding sources, reviewing and analysing pressures, funding gaps and business cases, ensuring funds allocated are deployed to maximum effect.

Following Minister's approval of the budget the HSCB has received opening allocation letters from the DoH initially providing £5,937m of revenue budget; this includes £389m of new resources and a further capital allocation of £15m. Details of how these income sources have been, or planned to be, deployed, have been set out within this financial plan. Further funds may be received during the year.

The HSCB's final decision surrounding the deployment of the Covid-19 response funds has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission's screening criteria no significant equality implications have been identified. Other funds noted within this plan have either been screened by the DoH as part of the budget approval, or will be screened as developments are put in place during the year, including any proposed significant changes to baseline budgets.

1. HSCB 2021/22 Financial Plan - Revenue

This financial plan sets out the funds available to the HSCB, the associated risks and uncertainties in delivering the HSCB's breakeven target and summarises the opening budgets against the high level reporting areas. Detailed budgets have been developed which underpin this financial plan and will be monitored and reported to budget holders, the Senior Management Team (SMT) and the HSCB Board (the Board) on a monthly basis. All actions taken by budget holders with the support of the Finance Directorate will seek to provide an overall breakeven position for HSCB in 2021/22.

The following sections of this plan summarise:

- i. Sources of income for the HSCB, in line with DoH 2021/22 opening Financial Allocation letter and projections on other income streams.
- ii. Planned application of resources set against high level budget areas.
- iii. Risks and uncertainties associated with the 2021/22 financial plan.
- iv. The HSCB opening projected financial position for 2021/22.

In addition to the above a series of supplementary detailed tables and narrative on HSCB proposed budgets have been provided in the Appendices.

Tables may show minor rounding differences due to be rounded to £m

2. Summary of Income Sources - Revenue

The main source of funding for the HSCB is provided by the DoH and this has been advised to the HSCB on an opening financial allocation letter, dated 20 May 2021. The key elements of this allocation have been summarised in **Table 1**, overleaf.

Further sources of income available to HSCB are also noted, these income sources primarily relate to Sure Start schemes from the Department of Education and receipts from service users of Family Health Services (FHS) e.g. Dental and Ophthalmic.

Any risk to income, which is expected to be received at a later date, is noted within this plan.

Table 1: HSCB Income Sources 2021/22 - Revenue

| | Non-recurrent £m | Assumed recurrent £m | Recurrent £m | Total 2021/22 £m |
|-------------------------------------|---------------------|-------------------------|-----------------|------------------------|
| Opening allocation (recurrent) | | | 5,548 | 5,548 |
| <i>New allocations:</i> | | | | |
| Recurrent | | | 32 | 32 |
| Assumed Recurrent | | 219 | | 219 |
| Non recurrent (excl Covid response) | 39 | | | 39 |
| Sub total | | | | 290 |
| Covid Response (non recurrent) | 119 | | | 119 |
| Pharmacy savings (MORE) | | | (20) | (20) |
| Subtotal allocations | 158 | 219 | 5,560 | 5,937 |
| Income from other sources | 46 | | | 46 |
| Total funding 2021/22 | 204 | 219 | 5,560 | 5,983 |

* Income from other sources include Sure Start (DoE) and FHS, e.g. Dental income

- Recurrent, Non-recurrent and assumed recurrent

A significant amount of the additional funds provided to the HSCB are in-year only or non-recurrent in nature (£377m) including funds provided to support the ongoing Covid-19 response. However, the DoH has advised that £219m of these non-recurrent funds may be treated as if they are recurrent and the risk for managing the requirement into 2022/23 will be managed centrally by the DoH, supported by HSCB. The requirement and application of these in-year funds will require close monitoring during 2021/22. The services being supported by the £219m and £39m include Transformation and other service developments set out in table 2a, the recurrent resources of £32m largely relate to the recurrent impact of 202/21 pay awards.

- Pharmacy Savings (MORE)

Additional pharmacy savings of £20m have been processed as a retraction within the opening allocation letter. Further detail on the HSCB's plans and risks surrounding delivery of the primary care element (£12m) of this target in 2021/22 have been set out in Section 5 of this plan, the balance of £8m will be managed by Trusts.

- Ring-fenced Funds

Within the HSCB's opening financial allocation letter for 2021/22 detail has been set out on a number of ring fenced areas which will require separate monitoring within the HSCB budget, such as funding secured from New Decade New Approach (NDNA), the HSCB has reduced flexibility to redeploy across such budgets and approval would be required to be sought from the DoH in advance.

- Allocations not yet received

HSCB and DoH teams will continue to work collaboratively and it is expected that further funds will be issued during the year. These will be monitored through the monthly finance reports with the expectation that they will cover associated levels of expenditure.

3. Planned application of HSCB resources - Revenue

Table 2, below, provides a summary of the planned HSCB expenditure areas by Provider or HSCB high level budget area, against the total income sources available to the HSCB in 2021/22 which have been summarised in Table 1 above.

Table 2: Summary of opening budgets 2021/22

| | HSCB - internal | | | | | Grand Total £m |
|-----------------------------|-----------------|-------------------|------------|-----------|--------------|-------------------|
| | Trusts | Commis sioning | FHS | M&A | Total | |
| | £m | £m | £m | £m | £m | |
| Opening position | 4,390 | 175 | 952 | 31 | 1,158 | 5,548 |
| <i>Newfunds:</i> | | | | | | |
| Recurrent | 20 | (0) | 11 | 1 | 11 | 32 |
| Assumed recurrent | 156 | 38 | 25 | 1 | 63 | 219 |
| Non-recurrent | 36 | 3 | 0 | 0 | 3 | 39 |
| <i>Subtotal newfunds</i> | <i>212</i> | <i>41</i> | <i>36</i> | <i>2</i> | <i>78</i> | <i>290</i> |
| Covid response | 83 | 36 | 0 | 0 | 36 | 119 |
| Savings: MORE | (8) | 0 | (12) | 0 | (12) | (20) |
| Subtotal allocations | 4,677 | 253 | 976 | 32 | 1,260 | 5,937 |
| Income from other sources | 0 | 30 | 15 | 2 | 46 | 46 |
| Totals | 4,677 | 282 | 991 | 34 | 1,306 | 5,983 |

- Trusts

Trusts' values above relate to baseline roll forward funds and new funds from the additional budget for 2021/22 which have been allocated indicatively. HSCB will closely monitor these indicative allocations, via completion of business cases and monitoring of actual expenditure, prior to formally allocating these resources during the year. Financial management of these resources remains the responsibility of the relevant Trust.

Supplementary analysis of the opening allocations (£5,983m) in respect of planned expenditure by Programme of Care is contained in Appendix 1, along with a breakdown of the opening commissioning budget by HSC Trust and other providers.

- HSCB internal

The following areas are HSCB core budgets which will be closely monitored by budget holders and SMT and reported to the Board on a monthly basis:

- HSCB Commissioning budgets includes funding identified for other non-Trust providers of health and social care, e.g. The SLA for services provided by Business Services Organisation (BSO), Community and Voluntary organisations and providers supporting extra contractual referrals¹, or where a provider has not yet been identified, e.g. Regional ICT budgets. See Appendix 1C for supplementary detail.

¹ Extra contractual referrals are the treatment of NI patients outside NI where services are not provided in NI

- Family Health Services (FHS) budgets include income and expenditure relating to services provided by independent contractors in the areas of Prescribing, Dental, General Medical and Ophthalmic and are largely demand led services, with variability in activity levels required to be closely monitored especially in the context of the ongoing Covid-19 response. Further detail on the breakdown of this budget is contained in Appendix 2.
- The Management & Admin (M&A) budget covers the HSCB's expenditure on salaries and goods and services. The values noted do not take account of any 2021/22 pay award which will be notified when approved and updated in the monthly financial reports. Further detail on the breakdown of this budget is contained within Appendix 3.

Detail of the planned budgeted expenditure areas being funded from the additional allocations received by HSCB are shown in **Table 2a** (new allocations in 2021/22, excluding Covid Response) and **Table 2b** (2021/22 Covid Response).

Table 2a: New allocations (2021/22)

| New Allocation | Trusts £m | HSCB Internal | | | Total £m | Grand Total £m |
|--|--------------|-------------------------|-----------|-----------|-------------|----------------------|
| | | Commissi oning £m | FHS £m | M&A £m | | |
| Opening recurrent allocations & retractions | 20 | 0 | 11 | 1 | 11 | 32 |
| 2021/22 Non Pay | 35 | 5 | 0 | 0 | 5 | 40 |
| Drugs and Therapies | 22 | 2 | 14 | 0 | 16 | 38 |
| Demography (full year effect) | 12 | 0 | 0 | 0 | 0 | 12 |
| Revenue Consequences of Capital Expenditure (RCCE) | 6 | 6 | 0 | 0 | 6 | 12 |
| Elective Care | 35 | 5 | 0 | 0 | 5 | 40 |
| Mental Health / Learning Disability / Older People | 16 | 6 | 0 | 0 | 6 | 22 |
| Adult & Children's Social Care | 5 | 1 | 0 | 0 | 1 | 6 |
| Hospital Services | 26 | 2 | 0 | 0 | 2 | 27 |
| Family Health Services | 2 | 2 | 11 | 1 | 13 | 15 |
| Other, incl. Nursing, Prison Healthcare, Diabetes care | 6 | 1 | 0 | 0 | 1 | 7 |
| Other | | | | | | |
| NDNA / Transformation | 27 | 10 | 0 | 0 | 10 | 37 |
| Totals | 212 | 40 | 36 | 2 | 78 | 290 |

Table 2b: Covid Response (2021/22)

| | Trusts | HSCB | Grand Total |
|---|-----------|---------------------|-------------|
| | £m | Commissioning £m | |
| Service delivery and workforce | 55 | 2 | 57 |
| Infrastructure, Equipment, Digital & Communications | 6 | 3 | 9 |
| RCCE | 2 | 0 | 2 |
| Family Health Services | 0 | 18 | 18 |
| Covid: Vaccination Programme, Centres, Testing etc | 19 | 12 | 31 |
| Total | 83 | 36 | 119 |

4. Assumptions, risks and uncertainties - Revenue

This opening financial plan has a number of assumptions, risks and uncertainties built in and the management of these elements are set out below.

- Pharmacy Savings and cost pressures

Budgets in respect of Pharmaceutical expenditure have been subject to ongoing annual cash releasing savings, cumulative efficiencies delivered by HSCB over the last 10 years are in excess of £260m. Within this demand led budget, it has become increasingly challenging to identify additional new savings to the levels required. In 2020/21 the savings target across the medicines optimisation programme required delivery of £20m savings, £12m of which was required from Primary Care (HSCB target) and the remaining £8m from Secondary Care (Trusts' target). The HSCB delivered £7m towards the £12m target, with the balance of £5m being carried forward to be delivered in 2021/22.

A further savings target of £20m has been applied in 2020/21, with £12m relating to primary care budgets. Cumulatively £17m of efficiencies must now be identified by the HSCB. An efficiency plan is being finalised, however it is currently projected that the likely delivery will be circa £7m in 2021/22, leaving a projected shortfall of £10m to be managed within this financial plan.

The Pharmaceutical Price Regulation System (PPRS), now known as the Voluntary Scheme for Branded Medicines Pricing and Access (VSBMPA), results in income to HSCB where growth in sales of Branded Health Service Medicines above an allowed growth rate results in payments made by Scheme. HSCB has recently received notification from DoH that anticipated income for 2021/22 is c£7m lower than previously expected. In addition, there are also other recurrent pressures within this area, e.g. the full year impact of funding GP practice based Pharmacist programme.

As reported in the last quarter's financial reports, significant above inflation price increases have been noted within pharmaceuticals. Projecting this forward, a pressure of £10m is being anticipated within this paper, but this will require close monitoring and may not materialise to this level. To support management of this significant pressure the HSCB has bid for £10m funding in the June Monitoring Round. This plan assumes that this pressure will be funded.

Table 3: Summary of GPS financial position for 2021/22

| | £m |
|--|---------------|
| Undelivered savings 2020/21 (MORE) | (5.0) |
| Other recurrent pressures less in year opportunities | (2.5) |
| <i>2021/22:</i> | |
| Savings (MORE) | (12.0) |
| PPRS - income reduction | (7.0) |
| Estimate of deliverable savings opportunities | 7.0 |
| Subtotal | (19.5) |
| 2021/22 anticipated inescapable price pressures | (10.0) |
| Subtotal pressures | (29.5) |
| Assumed funding | 10.0 |
| Pressure net of assumed funding | (19.5) |

Note: The 2020/21 realignment of £8m from Dental and Ophthalmic budgets to Pharmacy budgets is assumed as being continued into 2021/22.

- Impact of Covid on Financial Planning

The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary resources as the service continues to respond to it during 2021/22.

- Demand led and high risk

There are a number of budgetary areas that are more difficult to predict the funding requirements and therefore manage the budgets. These include ECRS; due to the nature of emergency (Non Contract Activity) can fluctuate from month to month.

- Managing recurrent, assumed recurrent and non-recurrent funding

The DoH has provided cover in the allocation letter to the HSC to assume a level of the non-recurrent funding will be recurrent in future years. This will help stability and manage risk across the system. The HSCB will be working closely with colleagues across all organisations to jointly manage this challenge.

It is important that any non-recurrent allocations received during the year that have not been identified as assumed recurrent are managed so that there is no spending in these areas in 2022/23 without identification of a funding source (for example, through reprioritisation of existing baseline or notification of additional funding to be allocated), or prior approval from the Department. In the absence of this, it is the Department's expectation that non-recurrent spending will cease on 31 March 2022.

5. Baseline Review - Revenue

The HSCB has conducted a review of baseline budgets and considered in-year slippage opportunities within funds which have not yet been allocated. The table below sets out the outcome of this review. The in-year resources identified (£19.6m) have allowed the HSCB to manage the key projected deficit within General Pharmaceutical budget.

Table 4: Baseline review 2021/22

| | £m |
|---|-------------|
| Commissioning in-year slippage | 12.3 |
| Reduction in funds held for WHSCT deficit | 4.0 |
| HSCB budgets, e.g. ECRs, M&A | 3.5 |
| Total in-year identified slippage | 19.8 |

6. Opening budgets and projected financial position - Revenue

Following assessment of risks, uncertainties and opportunities this section summarises the opening budgets and associated projected financial position for the HSCB in 2021/22.

The final position summarised in **Table 5**, below, shows an opening surplus of £0.25m, however it should be noted that this assumes the receipt of £10m of additional resources from the June Monitoring Round, which if not received will necessitate a review of this plan.

Table 5: Summary financial position 2021/22 – Revenue

| | HSCB - internal | | | | | Grand Total £m |
|------------------------------------|-----------------|-------------------|---------------|------------|------------|-------------------|
| | Trusts | Commissi oning | FHS | M&A | Total | |
| | £m | £m | £m | £m | £m | |
| Funding position | 4,677.2 | 282.3 | 991.0 | 34.0 | 1,306.3 | 5,983.6 |
| 2021/22: | | | | | | |
| Expenditure budgets | 4,677.2 | 282.3 | 991.0 | 34.0 | 1,306.3 | 5,983.6 |
| Budget: Surplus / (Deficit) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Projected pressures | | | (29.5) | | (29.5) | (29.5) |
| Anticipated income | | | 10.0 | | 10.0 | 10.0 |
| In-year slippage and opportunities | | 18.8 | | 1.0 | 19.8 | 19.8 |
| Actual: Surplus / (Deficit) | 0.0 | 18.8 | (19.5) | 1.0 | 0.3 | 0.3 |

7. Opening Capital position 2021/22

The HSCB has received an allocation letter from the DoH providing an opening capital position as detailed in **Table 6**, below.

Table 6: HSCB opening Capital position (2021/22)

| | £m |
|-------------------------------------|-------------|
| GP Improvement Scheme - GP Owned | 5.2 |
| GP Improvement Scheme - Trust Owned | 3.9 |
| <i>Total GP Improvement Schemes</i> | 9.1 |
| FTC* Receipts | (0.1) |
| ICT | 4.7 |
| Vaccine Management System | 1.6 |
| General Capital | 0.0 |
| Total HSCB CRL | 15.3 |

* *Financial Transaction Capital (FTC) receipts relates to the repayment of loans to General Practitioners to enable them to undertake premises developments and improvements for health and social care purposes.*

- A significant proportion of the HSCB's opening Capital Resource Limit (CRL) relates to GP premises improvement schemes. It should be noted that this is primarily managed through the Directorate of Integrated Care and the element relating to 'Trust owned' will be subject to regular transfer of the CRL budget to Trusts throughout the financial year, with the aim of transferring all of this capital funding out of HSCB. A new section will be provided within the monthly Finance report in 2021/22 to provide information on the financial position for capital.
- The ICT budget relates to General Medical Services (GMS), managed by Digital Health Care NI team (DHCNI), hosted by HSCB.
- The Vaccine Management System (VMS) relates to the system which records details of the Covid-19 vaccination programme across NI.
- The HSCB has not as yet been allocated any 'General Capital' for use on schemes of a more minor nature.

It is currently projected that capital schemes will breakeven, but will be subject to careful monitoring throughout the year.

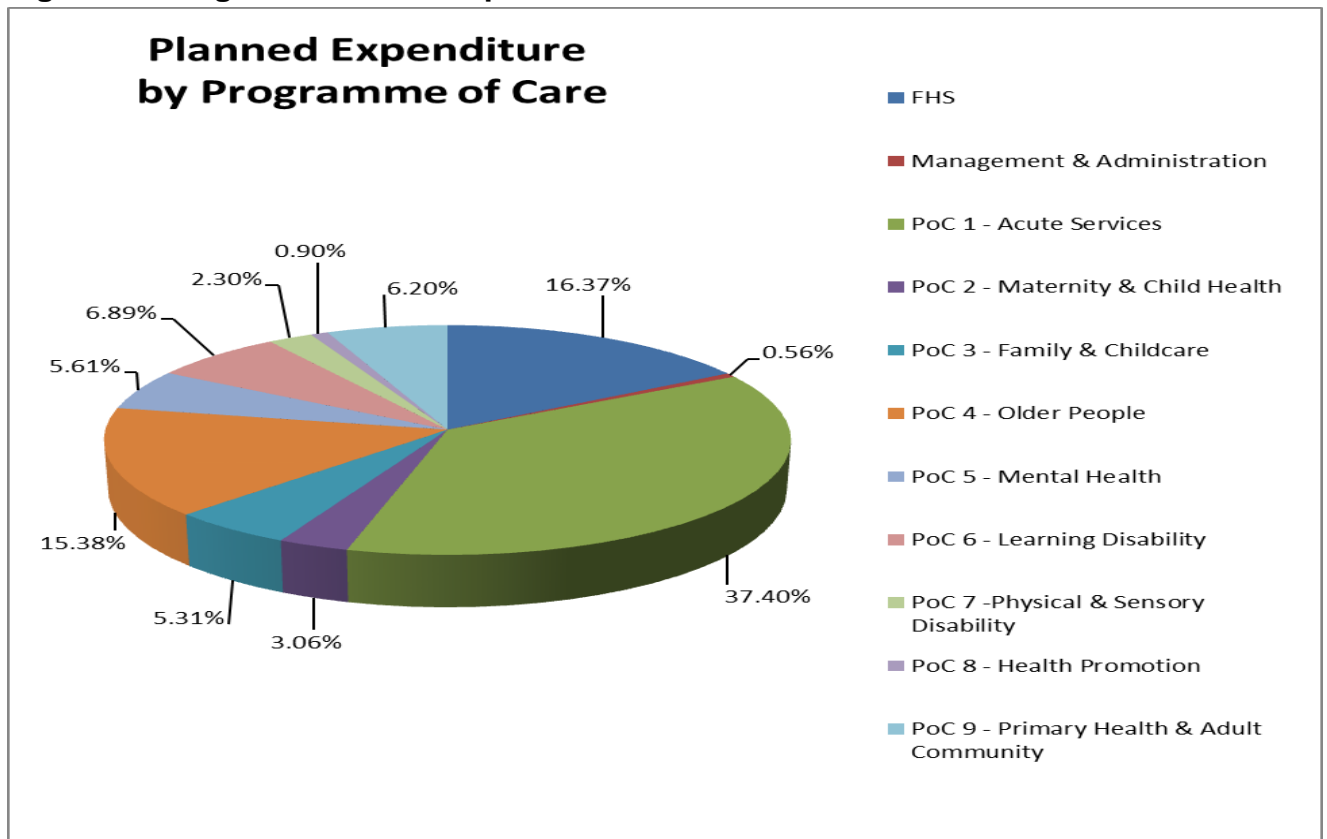
8. Recommendation

SMT is asked to note the assumptions, risks and uncertainties within this paper and consider approval to proceed to the Board for approval of the HSCB's opening financial plan for 2020/21 and budgets.

A: Total 2021/22 planned expenditure by Programme of Care splits

Figure 1 provides a summary of the HSCB planned expenditure across Programmes of Care based on apportionments. A more accurate picture of planned expenditure across the HSC by Programme of Care will be available when Trusts have completed their detailed financial planning later in the financial year.

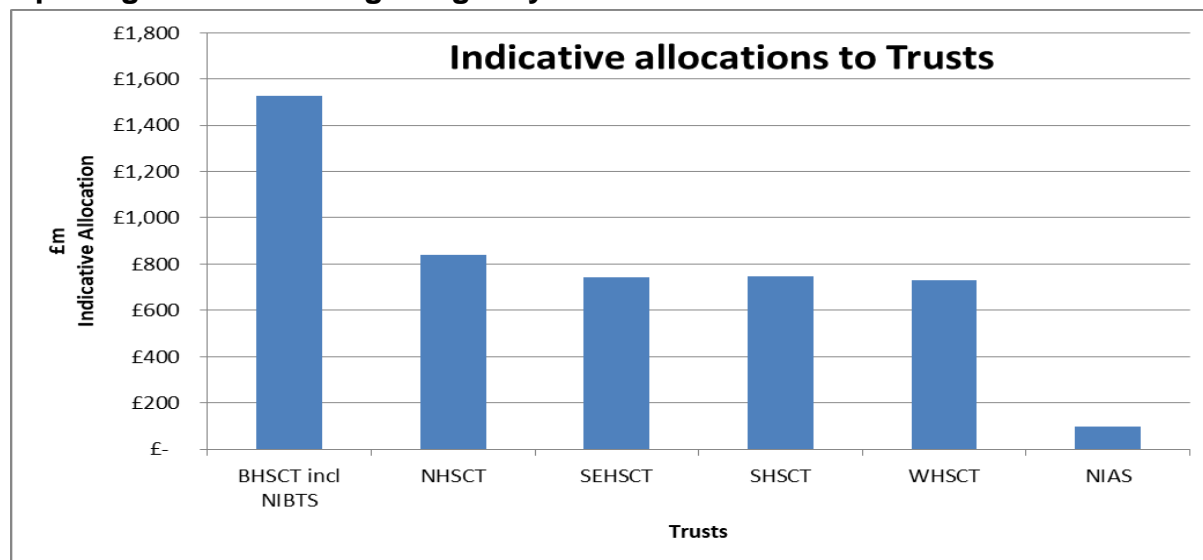
Figure 1: Programme of Care splits



B: Commissioning - Trusts

The chart below provides the commissioning budget by Trust for allocations indicatively identified at the start of the year. This budget will be adjusted throughout the year as new allocations are received and further planning allows budgets in the yet to be allocated areas confirmed.

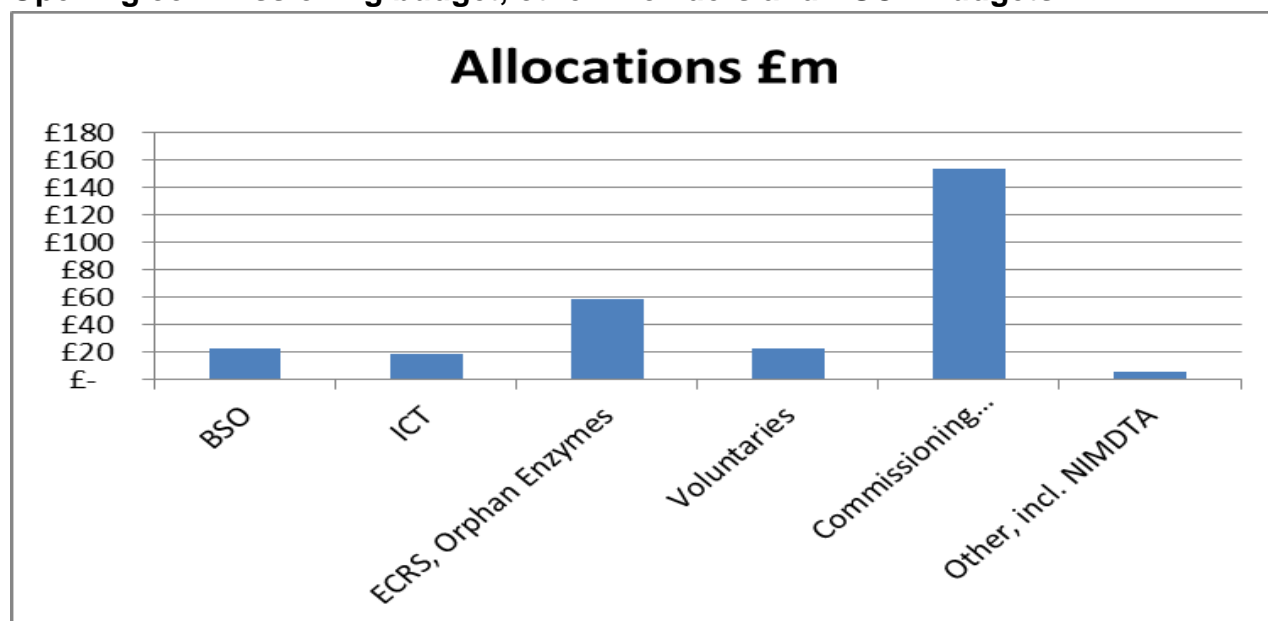
Opening commissioning budget by Trust



C: Commissioning – Other

The chart below provides an analysis of planned budget expenditure for non-Trust providers.

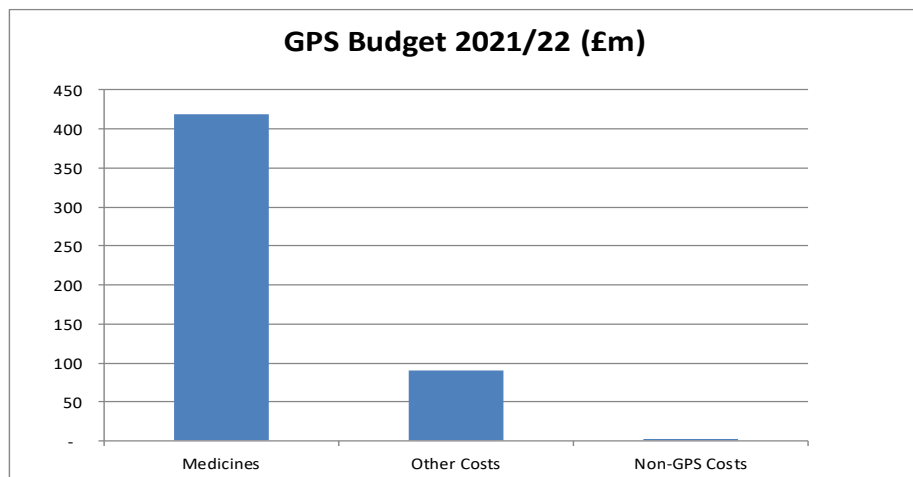
Opening commissioning budget, other Providers and HSCB Budgets



Commissioning also contains funds not yet allocated to providers which will flow once business case approval has been completed.

Family Health Services (FHS) budget 2021/22

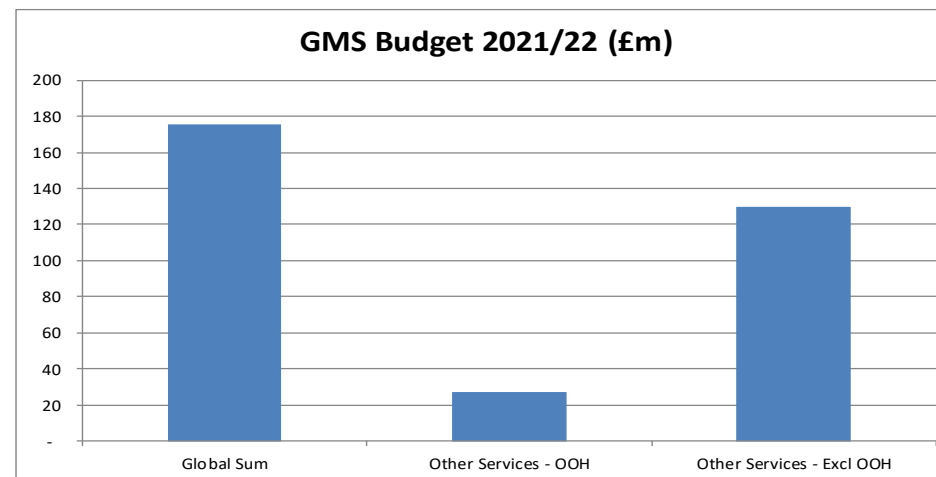
A: Pharmacy (GPS)



| | £m | £m | £m | £m |
|---------------------|-----------|-------------|---------------|-------|
| | Medicines | Other Costs | Non-GPS Costs | Total |
| Budget 2021/22 (£m) | 419 | 90 | 2 | 512 |

| | |
|--------------------------|--|
| GPS medicines include: | <i>the cost of prescribed medicines dispensed by community pharmacies in Northern Ireland. In 2020/21, 42m items were dispensed. In 2021/22, this budget will be under severe pressure to deliver a breakeven position, for several reasons including: the ongoing challenges in the delivery of the efficiencies required by DoH, and a reduction in income expected from DHSC under the UK-wide Pharmaceutical Payment Regulation Scheme in this financial year.</i> |
| GPS other costs include: | <i>various fees and allowances paid to community pharmacies and appliance suppliers. Payments include Ordinary and Multiple Dispensing fees and Practice Allowance payments.</i> |
| Non-GPS costs include: | <i>initiatives such as Substitute Prescribing and Rota Payments</i> |

B: General Medical Services (GMS)

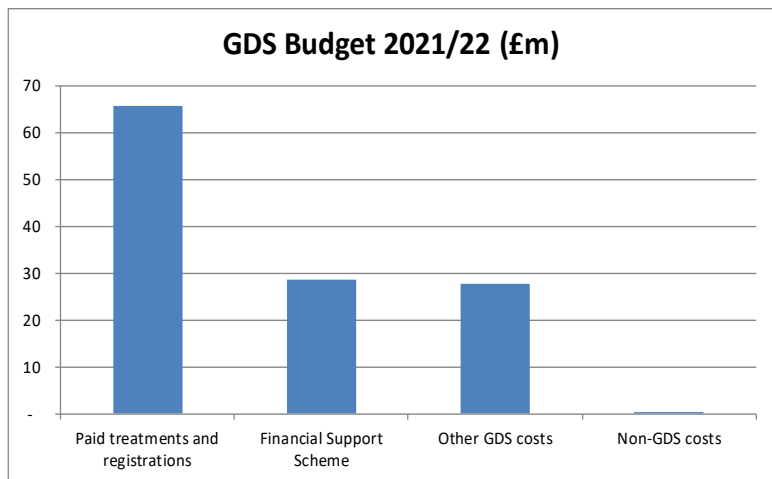


| | £m | £m | £m | £m |
|---------------------|------------|----------------------|---------------------------|-------|
| | Global Sum | Other Services - OOH | Other Services - Excl OOH | Total |
| Budget 2021/22 (£m) | 175 | 27 | 130 | 332 |

Budget includes £2m funding from PHA in relation to costs for specific GP services.

| | |
|---|--|
| GMS Global Sum includes: | <i>core funding of GMS practices, employer's superannuation and funding for Practice Nurses.</i> |
| GMS other Services - OOH includes: | <i>funding for GP services provided outside normal GP opening hours. OOH services are provided by 5 providers in Northern Ireland (BHSCT SEHSCT, SHSCT, Dalriada Urgent Care and Western Urgent Care).</i> |
| GMS other services - Excl OOH includes: | <i>expenditure related to the Quality and Outcomes Framework, GMS premises-related costs, maternity/paternity costs and also for the provision of GMS enhanced services such as GP Pharmacists service, Childhood Immunisations and an enhanced service to care home patients.</i> |

C: General Dental Services (GDS)

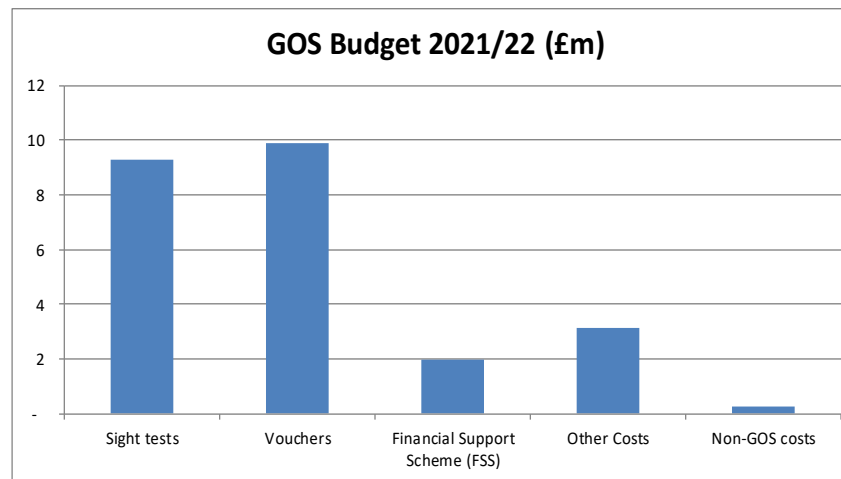


| | £m | £m | £m | £m | £m |
|----------------------------|-----------------------------------|--------------------------|-----------------|---------------|-------|
| | Paid treatments and registrations | Financial Support Scheme | Other GDS costs | Non-GDS costs | Total |
| Budget 2021/22 (£m) | 66 | 29 | 28 | 0 | 122 |

Budget includes £12m funded from anticipated patient /statutory charges.

| | |
|---|--|
| <i>Paid treatments and registrations include:</i> | <i>Service provision fees for courses of HSC dental treatment provided to registered patients, as well as related registration payments.</i> |
| <i>Financial Support Scheme includes:</i> | <i>Top-up payments to dentists during the Covid-19 pandemic.</i> |
| <i>Other costs include:</i> | <i>payments such as Practice Allowance, Employer Superannuation costs and Seniority payments.</i> |
| <i>Non-GDS costs include:</i> | <i>includes services such as Dental In-hours and Pain clinics</i> |

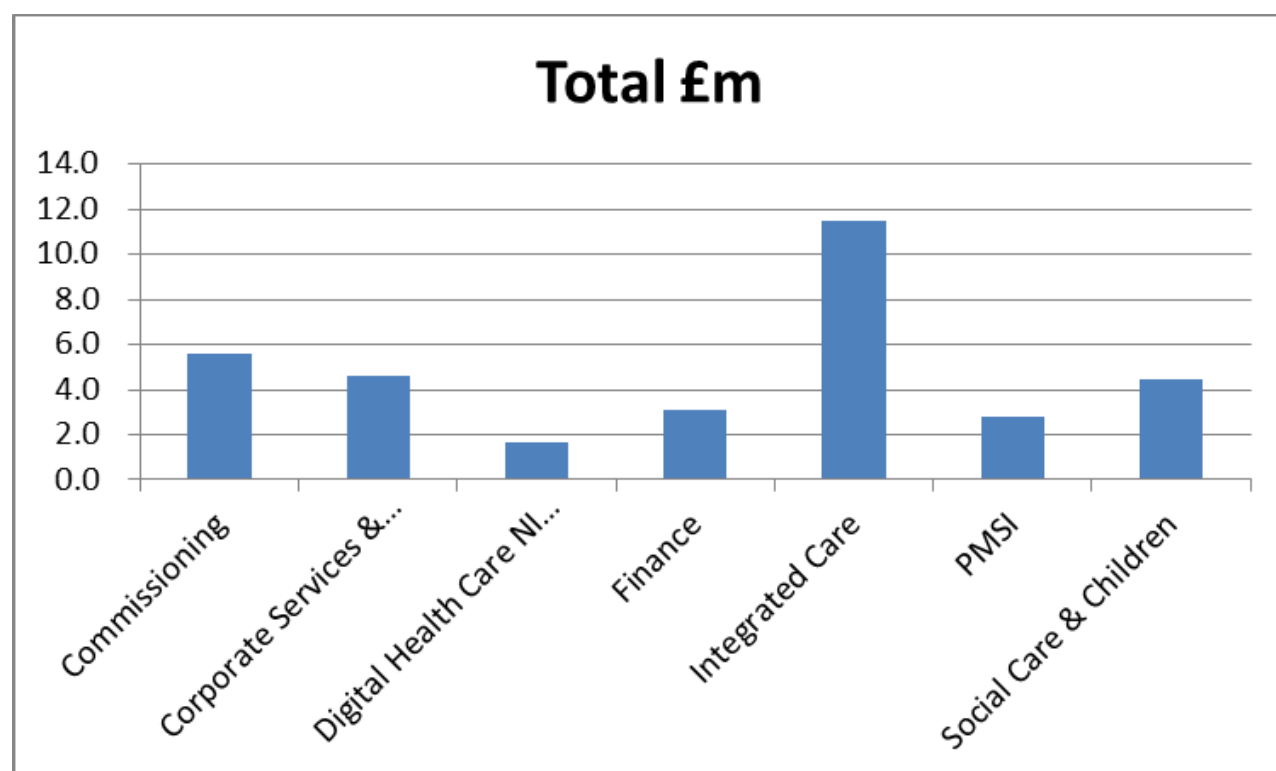
D: General Ophthalmic Services (GOS)



| | £m | £m | £m | £m | £m | £m |
|----------------------------|-------------|----------|--------------------------------|-------------|---------------|-------|
| | Sight tests | Vouchers | Financial Support Scheme (FSS) | Other Costs | Non-GOS costs | Total |
| Budget 2021/22 (£m) | 9 | 10 | 2 | 3 | 0 | 25 |

| | |
|-------------------------------|---|
| <i>Sight tests include:</i> | <i>costs of claims submitted by high street opticians for sight tests carried out on patients who are entitled to an HSC-funded test.</i> |
| <i>Vouchers include:</i> | <i>costs of claims submitted by high street opticians for the provision of spectacles for patients who are entitled to an HSC-funded voucher.</i> |
| <i>FSS includes:</i> | <i>due to the ongoing pandemic, support continues to be provided. These costs are not expected to be as high as in 2020/21, when services were severely curtailed in early part of that year.</i> |
| <i>Other costs include:</i> | <i>other services such as repairs to glasses and an acute eye service.</i> |
| <i>Non-GOS costs include:</i> | <i>includes services such as Diabetic Eye Screening and Glaucoma Services</i> |

Management & Admin Budgets 2021/22



| | S&W £m | G&S £m | Total £m |
|----------------------------------|-------------|------------|-------------|
| Commissioning | 5.5 | 0.1 | 5.6 |
| Corporate Services & Board | 2.2 | 2.4 | 4.6 |
| Digital Health Care NI (eHealth) | 1.5 | 0.2 | 1.6 |
| Finance | 3.0 | 0.1 | 3.1 |
| Integrated Care | 11.2 | 0.3 | 11.5 |
| PMSI | 2.7 | 0.1 | 2.8 |
| Social Care & Children | 4.3 | 0.2 | 4.4 |
| Total funding 2021/22 | 30.3 | 3.4 | 33.7 |

S&W: Salaries and Wages, G&S: Goods and Services

- The administration budget covers all aspects of staff related costs and also those related to the buildings in which the HSCB is located.
- The above budget values include income which HSCB anticipated it will receive in 2021/22 from a variety of sources including Sure Start, CAWT, NICAN and accommodation recharges.
- The Salaries and Wages budget include the recurrent allocation for 2020/21 pay inflation, but do not yet include any pay award for 2021/22.
- Budgets will be subject to change for any further allocations received throughout the year.