

Health and Care Integrated Commissioning Board

AGENDA

Tuesday 27 February 2018 2pm

To be held in Town Hall, Edward Street, Stockport

1. APOLOGIES FOR ABSENCE

To note any apologies submitted from Members of the Board.

2. DECLARATIONS OF INTEREST

Board Members to declare any interests which they have in any of the items to be considered as part of the agenda.

3. MINUTES OF THE PREVIOUS MEETING

To approve the minutes of the meeting held 28 November 2017 as a correct record

4. PUBLIC QUESTIONS

To consider and respond to any questions submitted by Members of the Public related to the remit of the Health and Care Integrated Commissioning Board no later than 24 hours prior to the meeting. Questions should be submitted in writing to laura.latham1@nhs.net

**Any questions requiring detailed response will be shared with the Board and responded to following the meeting in writing.*

5. REPORT OF THE DIRECTOR OF INTEGRATED COMMISSIONING

To receive an update from the Director of Integrated Commissioning.

6. INTEGRATED FINANCE REPORT

To consider a report detailing the finances of the Pooled Budget.

7. DATE OF NEXT MEETING

The next meeting of the Health and Care Integrated Commissioning Board will take place on TBC 2018

Health and Care Integrated Commissioning Board

DRAFT MINUTES

28 November 2017

Present

- Councillor Alex Ganotis, Stockport Metropolitan Borough Council
- Councillor Wendy Wild, Stockport Metropolitan Borough Council
- Councillor Tom McGee, Stockport Metropolitan Borough Council
- Ms Jane Crombleholme, Stockport Clinical Commissioning Group
- Dr Ranjit Gill, Stockport Clinical Commissioning Group

In Attendance

- Mr Michael Cullen, Borough Treasurer, Stockport Metropolitan Borough Council
- Mrs Gaynor Mullins, Director of Integrated Commissioning, Stockport Clinical Commissioning Group and Stockport Metropolitan Borough Council
- Mr Mark Chidgey, Chief Finance Officer, Stockport Clinical Commissioning Group
- Mrs Laura Latham, Associate Director Corporate Governance, Stockport Clinical Commissioning Group
- Mr A Webb, Corporate Director of People, Stockport Metropolitan Borough Council

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Andrew Johnson.

2. DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 18 July 2017 were agreed as a correct record.

4. PUBLIC QUESTIONS

There were none received on this occasion.

5. REPORT OF THE DIRECTOR OF INTEGRATED COMMISSIONING

G Mullins provided an overview of the content of the report and highlighted the following key elements:

- Planning and Budgeting for 2018/19
- Process for review of Contracts for 2018/19
- Provider Alliance Developments
- Recommendation arising from the Greater Manchester Commissioning Review.
- Conclusion of the procurement for the Multi-Speciality Community Provider (MCP)

As part of the Board's discussions the following elements were considered:

- Conclusion of the procurement for the Multi-Speciality Community Provider and the continued system focus on implementing the New Models of Care.
- System continued ambition to move to a new Provider Organisational Form and contracting approach in the future.
- Significant work which had been undertaken by the provider organisations within Stockport to develop the Alliance Arrangements and operation of single leadership and aligned senior management and staffing structures.
- Joint approach to ensuring continued focus on investment and benefits delivery and confirmation about how benefits would be transacted within the system.
- G Mullins confirmed the actions being progressed to respond to the requirements of the Greater Manchester Commissioning Review, including close commissioning of health and care, options for future commissioner organisational form and leadership and the future delivery of strategic and tactical commissioning functions.

The Board noted the importance of ensuring that future integrated arrangements did not create further governance layers but were developed collaboratively by both organisations to meet statutory requirements and expectations in terms of robust decision making, transparency and accountability.

Resolved: That the Board:

1. Notes Items 1 – 4
2. Approves the conclusion of the MCP Procurement as outlined in Item 5.

6. INTEGRATED FINANCE AND PERFORMANCE REPORT

M Cullen provided an overview of the integrated finance and performance report highlighting in particular the net increase in the budget of £1.734m, the Quarter 2 financial position and the elements of the finances of the pool specific to each commissioning organisation. The continued pressures in the areas of community, out of hospital and the acute sector were drawn to the Board's attention in addition to those facing the residential, care and nursing home sectors.

An overview of performance was provided to the Board and the improvement in the suite of indicators since the 2016/17 outturn position was noted. Improvements in Delayed Transfers of Care (DToC) were noted and the performance of the Emergency Department was highlighted including the arrangements in place as part of preparation for Winter.

In response to questioning the following elements were considered:

- The continued importance of ensuring the appropriate design, commissioning and delivery of an integrated family service and the Partnership approach required given a number of complex factors.
- The focus on public health monies, expertise and resource being deployed at the heart of current and future services.
- The role of the Commissioner in ensuring that focus remains on the outcomes for children in Stockport on the basis of evidence with a particular view on issues such as safeguarding, smoking cessation, breast feeding rates and family planning.
- The impact of alcohol on creating avoidable demand in the acute setting and future commissioner focus on alcohol services.

Resolved: That the Board:

1. Notes the outturn position £2.019m deficit
2. Notes the performance update.

7. DATE OF THE NEXT MEETING

The date of the next meeting of the Board was noted to be 27 February 2018

Health and Care Integrated Commissioning Board

REPORT OF DIRECTOR OF INTEGRATED COMMISSIONING

1. Introduction

The purpose of this report is to update members of the Health & Care Integrated Commissioning Board on a number of significant items.

2. Stockport Together Public Consultation – next steps

The Stockport Together Business Cases have recently been signed off by the CCG (31st January 2018) and Council Executive (5th February 2018) following careful consideration of feedback received during a formal public consultation. Partners across the system have been implementing the service models described in these cases in a phased way since Autumn 2016. Final approval confirms the agreement to make these investments recurrent, and is not the start of implementation. In approving the Business Cases, the CCG and Council set out a number of requirements. The Joint Commissioning Board are reviewing these requirements and will ensure that these are reflected in contracts and plans, and will monitor compliance.

The focus now is on ensuring that the service models are implemented and working to optimal levels within agreed timescales, and more importantly that the planned benefits are delivered. A considerable amount of work has been done to identify the metrics and processes which will track delivery of these benefits. A revised benefit delivery plan is going to the Stockport Together Programme Board on 26th February. The Programme Board will establish the process to ensure that benefits delivery progress is tracked on a monthly basis, and the Health & Care Integrated Commissioning Board will receive a report at each meeting setting out progress and remedial actions.

HCICB members may find the summary of recent progress on implementation of Stockport Together helpful:

Service delivery - the following services have gone live:

- Falls service,
- Psychological Medicines service,
- Care Home Quality team,
- Crisis response stage 2,
- Active recovery,
- 2 Neighbourhood 7 day services,
- Roll out of Practice champions approach from small Practice, Alvanley, to whole neighbourhood including the biggest Practice in the Heatons,
- Further work on enhanced case management,
- Recruitment underway for next set of services such as enhanced medicines service which will go live in next few months.

Infrastructure:

- Further developments in IM&T in particular EMIS now in all practices
- Community and Out Of Hours GP Services mobile working being implemented

- Commenced work on integrating these separate records,
- EMIS RC now in ED with the full GP record streaming from all practices and full IG agreement and being utilised for 7 day hubs enabling real time view and recording within the patient record.
- Further developed the Graphnet Shared record solution and are now the leading economy on what is now the GM agreed solution for sharing health and care records.

System level

- Neighbourhood leadership in place including GPs from the CCG Governing Body transferring,
- Undertaken a thorough public consultation exercise leading to approval of business cases by the joint commissioners allowing for changes to be made recurrent through contracts.
- Permanent SNC management team is now in place
- Alliance agreement now formally signed by all providers.

In terms of impact of this transformation there have been improvements in the clinical environment in ED and Acute Medicine, a sustained reduction in emergency hospital admissions from Care and Nursing Homes (10% reduction in each of the last 2 years), the quality in Care Homes improving, care home bed availability at 40 on any given day, DToC improvements and significant reductions in the cost of prescribing (with the overall numbers of items prescribed increasing). In the next three months the rest of GP 7 day service will go live including a daytime home visiting service to help ensure an earlier time of arrival of patients to hospital when admission is needed, a real time activity monitoring system within General Practice, direct access physiotherapy, enhanced case management service and Pharmacist led medicines optimisation service integrating all GP repeat prescribing and ultimately also hospital discharge and out-patient prescribing.

3. NHS Planning Guidance

NHS Planning Guidance was received at the beginning of February 2018. The timescale is draft plans by 8th March 2018 and final plans by 30 April 2018. The CCG is required to submit an update to the 2018/19 year of existing two-year plans to take account of refresh guidance & ensure local operating plans.

The link to the guidance can be found below and Appendix 1 summarises the main points.

<https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/>

For the Stockport system the planning guidance confirms the approach to transformation that we have described within the Stockport Together Business cases and previous plans. It also emphasises the need to deliver on NHS constitutional targets, and sets out requirements for Emergency Care waiting times and referral to treatment times.

A joint planning group had already been established across health and social care to start the process of refreshing our plans and the CCG is on target to meet the challenging deadlines. There is significant technical detail within the planning guidance, and significant work to refresh activity, financial and summary narrative plans. The Joint Commissioning Board will keep the HCICB updated on the key elements within the plan. Formal sign-off will be by the CCG Governing Body.

As part of the planning guidance the CCG has received an additional allocation of £3.5 m. This will be used to fund the Stockport Together new models of care. The initial expectation is that the CCG will need to make a cost saving of £10.5m over and above the required Stockport Together benefits.

In terms of the level of allocation, the CCG is a considerable way below the target allocation i.e. the CCG receives less funding than the national formula calculate are required to meet the health needs of the Stockport population. For 2018/19 Greater Manchester CCGs are £46.3m below its target level of funding with one third of this, or £16.6m relating solely to Stockport CCG.

4. Contractual updates

As a system, we have agreed and established a joint process for negotiating the refresh to the contracts with the Stockport Together Providers. Now that we have received the planning guidance we are able to move to negotiation. Contract negotiation is underway with Viaduct Care, who will provide a significant element of the services within the neighbourhood business case. A process has also been established for negotiation with the provider alliance. These negotiations are being conducted on a joint basis, with a health and social care negotiation team,

5. CQC System Review

The CQC system review will take place in the week of the 16th April. As commissioners we will be scrutinised on the effectiveness of the commissioned services and our role in ensuring that services are fit for purpose. The CQC review steering group meets weekly and is managing the preparations for the visit. Membership of the group includes commissioner and provider representation with a strong steer on partnership and collaboration based on the good relationships that we have in Stockport. There is a project plan that is being used to track the preparations, and members of the group have also liaised with colleagues from Trafford who have already experienced a system review.

A draft presentation is being prepared for consideration at the 7th March leaders meeting that will identify the areas that Stockport is proud of as well as the development areas that CQC need to be aware of. A key test for commissioning plans will be for the CQC to establish if front line provider staff are able to articulate the day to day implementation of the Stockport Together business cases.

Further updates on progress will be provided in due course.

6. Recommendation

To note the update.

To:	Health & Care Integrated Commissioning Board (HCICB)
From:	Stockport Council Financial Services, Stockport CCG Finance
Subject:	2017/18 Budget Monitoring – Quarter Three
Date:	27 th February 2018

1. Introduction

This report focuses on the financial performance at Quarter 3 for the 2017/18 Section 75 pooled budget between Stockport Council and Stockport CCG. The s.75 agreement dated 21 June 2016 shall continue in full force and effect until it is superseded by execution of a new Section 75 Agreement.

2. Budget Position at Quarter Three

The table below provides a summary by commissioning organisation of the total budget resources available at Quarter 3 2017/18. It also illustrates any changes from the Q2 position.

Table One – Draft Budget Position at Quarter 3

Commissioner	Quarter 2 2017/18 Budget	Movement(s)	Proposed Quarter 3 2017/18 Budget
	£000	£000	£000
Stockport Council	84,326	1,917	86,243
Stockport CCG	116,716	0	116,716
Total	201,042	1,917	202,959

Stockport Council:

- £0.363m - Homecare hourly rate uplift (£13.60 - £14.12)
- £0.247m - Heys Court (Learning Disability tenancy) balance of investment
- £0.801m - Residential & Nursing Care ceiling price uplift
- £0.506m - Balance held corporately for NLW / Demand / Price inflation

Stockport CCG:

There are no budget changes to the pooled budget. This remains in line with 17/18 proposed contract value.

3. Quarter 3 position by service 2017/18

The table below provides a summary by Commissioner of the forecast outturn position. In summary, this illustrates a £1.388m deficit. (+0.7% variance).

Table Two: Quarter 3 Position by Service 2017/18

Commissioner	Service / Portfolio	Quarter 3 2017/18 Budget	Forecast Outturn Q3	Forecast Variance Q3	Forecast Variance Q2
		£000	£000	£000	£000
Stockport Council	Adult Social Care	69,839	70,423	584	849
Stockport Council	Health	16,404	16,338	(66)	(6)
Stockport CCG	Acute - NHS Providers	66,411	66,879	468	365
Stockport CCG	Acute – Independent sector	4,177	4,592	415	275
Stockport CCG	Non Acute and Other Health	46,128	46,115	(13)	536
Total		202,959	204,347	1,388	2,019

4. Budget Position at Quarter 3 by POD 2017/18

The table below illustrates the pooled budget resource based on Points of Delivery (PODs) at Quarter 3. It also illustrates any changes from the Q2 position.

Table Three: Resource changes by Point of Delivery

Points of Delivery	Commissioner	Quarter 2 2017/18 Budget £000	Movement(s) £000	Proposed Quarter 3 2017/18 Budget £000
Prevention	SMBC	21,218	(50)	21,168
	SCCG	346	0	346
Boroughwide Services	SMBC	7,234	(10)	7,224
	SCCG	4,586	0	4,586
Community / Out of Hospital	SMBC	70,074	2,124	72,198
	SCCG	41,196	0	41,196
Acute	SMBC			
	SCCG	70,588	0	70,588
Better Care Fund	SMBC	(14,200)	(147)	(14,347)
Total		201,042	1,917	202,959

See Section 2 for movements to budgets.

5. Quarter 3 Forecast by POD 2017/18

The Quarter 3 forecast outturn by POD is reflected in the table below. Further analysis is illustrated in Appendix 1 of this report.

Table Four: Quarter 3 forecast by Point of Delivery

Points of Delivery	Commissioner	Quarter 3 2017/18 Budget	Forecast Outturn Q3	Forecast Variance Q3	Forecast Variance Q2
		£000	£000	£000	£000
Prevention	SMBC	21,168	21,023	(145)	(107)
	SCCG	346	346	0	0
Boroughwide Services	SMBC	7,224	6,817	(407)	(444)
	SCCG	4,586	4,586	0	0
Community / Out of Hospital	SMBC	72,198	73,268	1,070	1,394
	SCCG	41,196	41,183	(13)	536
Acute	SMBC	0	0	0	0
	SCCG	70,588	71,471	883	640
Better Care Fund	SMBC	(14,347)	(14,347)	0	0
Total		202,959	204,347	1,388	2,019

Prevention (SMBC) surplus: £0.145m

The Public Health service is forecasting a breakeven position at Q3. There has been an additional recurrent cut to the grant of £0.406m (2.5%) in 2017/18. This is in addition to an unexpected recurrent cut in 2015/16 of £0.966m and a further recurrent grant cut in 2016/17 of £0.350m.

The response from the service to these ongoing cuts was to create a revised staffing structure at a reduced cost base. It has also renegotiated the Sexual Health contract and is still in the process of renegotiating its remaining contracts with Stockport Foundation Trust (FT) for School Nursing, Health Visitors and Family Nurse Partnership.

Whilst these negotiations continue there is a pressure of £0.076m over preferred budgets in addition to a pressure of £0.096m of the grant cut still to find (£0.112m in Q2). The reduction of £0.016m is due to a budget saving found in the Sexual Health service. The ongoing pressures are currently being offset by forecast staffing underspends, due to vacant posts within the service, of £0.035m, and savings identified

within the service areas, in year, of £0.074m. This leaves an overall remaining pressure of £0.063m.

It is currently anticipated that £0.063m of the Public Health reserve totalling £0.766m will be utilised in 2017/18 to mitigate the above pressures.

Agreed savings of £0.062m have been aligned and achieved within the Health and Wellbeing service. The savings came from staffing and non-pay surpluses.

Health Policy and ASC preventative services are forecasting a surplus position of £0.145m at Q3. This is due to minor underspends within staffing and non pay external contract commitments.

Variance from Q2

The forecasted surplus has increased by £0.038m from what was reported at Q2, this is due to reduced commitments on external contracts within the Health Policy service.

Boroughwide (SMBC) surplus: £0.407m

The surplus forecasted is similar to that presented at Q2. This includes significant staffing surpluses of £0.370m due to in year recruitment and recharges from partners. Included is budget aligned to Residential Care provision which remains uncommitted. The £0.037m balance is due to a minor underspend on equipment services.

Variance from Q2

The surplus forecast at Q3 has decreased by £0.037m from that reported at Q2. This is due to a forecasted increase in equipment expenditure from what was previously anticipated.

Community / Out of Hospital (SMBC) deficit £1.070m

Integrated Neighbourhoods

The service continues to incur additional care management costs due to demand and enhanced rates to secure local bed provision. In addition to this are additional costs of increased client flow to minimise Delayed Transfers of Care (DToC), to transfer clients back into a community setting. At Q3 the outturn forecast is a deficit of £1.169m.

This deficit is offset by the £1.239m non recurrent iBCF funding which is aligned to the service.

Variation from Q2

The underlying deficit on Integrated Neighbourhoods care management has increased by £0.620m since Q2. This excludes the additional expenditure and aligned funding of £0.801m for the 2017/18 Residential and Nursing Care ceiling price increase, which came into effect during Q3.

The deficit increase of £0.620m between Q2 and Q3 is part offset by the £0.363m recurrent funding for the increase in hourly homecare rates payable, uplifted from £13.60 to £14.12 applicable for 17/18. The expenditure was within the Q2 position with the funding drawn down during Q3 from approved corporate resources.

The balance of the underlying deficit increase is offset by additional recurrent funding of £0.300m which has been aligned out of the balance of the approved investment held corporately for Adult Social Care to support National Living Wage (NLW), demand and price increases. This was aligned to Integrated Neighbourhood Services due to the continued increasing demand for Residential and Nursing Care services.

Learning Disabilities

The most significant financial pressure is with Non-residential services of £1.088m. There has been a further increase in demand including new clients transferring into supported accommodation and external tenancies. Internal Tenancies are forecasting a deficit of £0.125m predominantly due to Stockport Road apartments and to a lesser extent Heys Court, part offset by surpluses within other tenancies and within operational management. These increasing demands are part offset by a forecasted underspend within Residential & Nursing Care of £0.369m

Variation from Q2

Within Learning Disabilities the underlying care management deficit has increased by £0.501m from that reported at Q2.

However during Quarter 3 the Learning Disability service was allocated a number of recurrent investments to offset this deficit increase. These included the £0.247m balance of the approved investment into Heys Court which was brought into Adult Social Care during Q3. In addition to this was additional funding which was held within Other Adult Social Care services in Q2 of £0.192m for additional NLW pressures for external contracts. A further investment has been aligned to Non Residential services of £0.206m to in part offset the increasing demand.

Due to the investments highlighted above the service is forecasting a reduced deficit outturn position from that reported at Q2 of £0.144m.

Mental Health

A minor surplus is reported at Q3 of £0.027m, this includes the investment aligned to the service during Q3 of £0.229m to recurrently fund the additional demand.

Variance from Q2

Mental Health care management received £0.229m of additional recurrent funding in Q3 into care management services which was previously held within the Other ASC Services heading. In addition to this £0.186m of anticipated additional care management costs which were forecasted in Q2 are no longer within the outturn projections. This is due to a reduction in the anticipated length of stay for some packages than previously projected and a temporary cessation of a high cost package.

Other Adult Social Care Services

A deficit at Q3 is forecasted of £0.327m.

The service continues to hold the £0.558m saving requirement brought forward from 16/17 and the balance of £0.284m saving aligned to staff travel and overtime policy changes remains within the service.

The deficit is in part offset by the £0.156m balance of budget available from the rebasing of staffing budgets to midpoint. The balance of £0.200m aligned for demographics, demand and price inflation remains within the service and will be reviewed as part of 18/19 budget setting.

Included within the Q3 position is an inflationary uplift funding of £0.147m from the 17/18 Better Care Fund allocation on the basis of the nationally mandated 1.79% uplift applied to Social Care schemes.

The balance of £0.012m is due to underspends within support services.

Variation from Q2

There is an increase from Q2 of £0.257m. This is partly due to the transfer of the £0.421m investment balance split between Mental Health and Learning Disabilities which was held within the service in Q2 for NLW, demand and price inflation.

The BCF uplift of £0.147m and minor increased underspends within support services of £0.017m account for the balance.

Community / Out of Hospital (SCCG) surplus £0.013m:

The main area that gives rise to the small surplus is agreed slippage of £0.200m within the GP care planning budget.

A financial pressure of £0.261m is forecast within continuing healthcare (CHC). The forecast overspend is in part due to an increase in the cost of placements but is primarily driven by an increase in the number of CHC patients. The increase, from 203 in September 2016 to 237 in December 2017, aligns with changes to CHC process to reduce pressure on the acute system, in particular to reduce the number of Delayed Transfers of Care (DTC).

Funded nursing care Q3 actual expenditure has increased above that in Q2. This has resulted in a reduced underspend from £0.1m in Q2 to £0.032m in Q3.

The Mastercall IV therapy contract has been re-negotiated in year has resulted in a saving of £0.057m. Expenditure against the Mastercall Pathfinder contract is above plan by £0.015m due to agreeing additional capacity which should deflect ED attendances.

The net impact of these areas gives rise to a forecast surplus of £0.013m.

Acute (SCCG) deficit: £0.883m

NHS Providers

There is forecast over performance of £0.468m at Q3, made up of Stockport FT £0.060m and other NHS Trusts £0.408m. This gives rise to a forecast deterioration of £0.103m from quarter 2. The main areas where expenditure is above plan are within Non Elective, Diagnostics, Neuro Rehabilitation and Day Case.

Non Elective

The forecast overspend reported is as a result of overspends at Manchester Foundation Trust (MFT). The main specialties generating the pressure are within general, geriatric and diabetic medicine specialties.

As there is a fixed value contract with Stockport FT, there are no additional costs to commissioner from this area of the Stockport FT contract.

Diagnostics

The forecast overspend on diagnostics is mainly due to an increase in Nuclear Stress Tests at Stockport FT. The costs have increased c.20% on the CMR tests component and is currently being investigated and challenged. Ultrasound scans at MFT also continue to remain above plan.

Neurorehabilitation

Neurorehabilitation activity at SFT is 18% above plan and this in turn contributes to a pressure of c£0.130m

Independent Providers

The Independent Sector forecast overspend is £0.415m.

The forecast position has deteriorated by £0.140m to Q3. However the main areas of overspend remain as below:

- Wet AMD activity provided by Optegra is above plan resulting in a forecast overspend of £0.206m.
- GM Primary Eyecare, that deliver minor eye conditions services, continues to over perform to date giving rise to a forecast overspend of £0.095m.
- The Specsavers Hearcare contract is forecast to over perform by £0.06m. The main area of over performance is within assessments and fitting of aids.

6. Reserves

The Q3 position where the Council (SMBC) is the lead commissioner is anticipating the following transfers from reserves totalling **£1.952m**.

- £1.500m to support the Intermediate Tier saving requirement non recurrently as it is not anticipated benefits from Stockport Together will be realised in year.
- £0.167m to support the Councils neighbourhood services investment initially agreed in 2016/17.

- £0.139m to support Care Act funding aligned to the BCF contribution.
- £0.025m balance from 2016/17 to fund 3.00 fte Social Worker posts supporting the LD tenancy outsourcing project.
- £0.063m funding from the Public Health reserve to reflect a break even position for the service.
- £0.021m funding for Employment Support Advisors to support Younger Adults.
- £0.037m to fund additional Learning Disability transition workers.

In addition to this the Council is holding £2.854m in reserves on behalf of Stockport Together partners relating to the balance of Transformation Funding received by the locality held for investment in 2017/18.

7. Savings

Below is a summary of savings / Continuous Improvement Plan (CIP) affecting the pooled budget in 2017/18 and their status:

Table Five: 2017/18 Saving Proposals

Proposal	Risk Rating	Value £000	Value Achieved £000	Additional Information
Learning Disability Tenancy Outsourcing	Green	1,000	1,000	This saving is now fully achieved.
Rebasing of operational staffing budgets to midpoint	Green	500	500	As per savings plan agreed with ASC
Support Service Redesign	Green	390	390	As per savings plan agreed with ASC
Commissioning and Contracts	Green	644	644	As per savings plan agreed with ASC
Unachieved saving balance from 16/17	Red	558	0	Part of 18/19 budget proposals with £0.300m being funded recurrently and £0.258m being funded through reserves for a further year.
Staff Travel – policy review	Red	251	58	£0.030m has been aligned to services as anticipated saving in 17/18. £0.028m minor balances aligned at budget setting 17/18. Recurrent funding has been identified as part of the 2018/19 savings proposals.
Overtime - policy review	Red	91		
Superannuation advanced payment	Green	217	217	Achieved
Grant Reduction - Public Health	Amber	406	310	£0.096m savings still to find (£0.112m in Q2)
Commissioning, contracts and	Green	62	62	Achieved in full

staffing – Health Policy				
Total		4,119	3,181	£0.938m unachieved saving balance.
Acute Health – Demand	Green	2,114	2,114	Reported as delivered in full non-recurrently as a result of agreeing 17/18 contracts at 16/17 outturn and agreeing block contracts for A&E attendances, non-elective admissions and outpatient attendances with Stockport FT. If activity levels increase above planned levels a recurrent financial pressure will be carried forward into 2018/19.
Grand Total		6,233	5,295	£0.938m unachieved saving balance.

Also to note for Adult Social Care is the Intermediate Care saving requirement of £1.500m which was funded non-recurrently in 2015/16 and 2016/17. It is currently illustrated this is funded non recurrently from reserves in 2017/18 as illustrated in Section 6 of this report.

Risk rating

- **Green** – good confidence (90% plus) the saving is/will be delivered or minor variances (<£0.050m) that will be contained within the portfolio.
- **Amber** – progressing at a reasonable pace, action plan being pursued may be some slippage across years and/or the final position may also be a little unclear.
- **Red** – Significant issues arising or further detailed consultation required which may be complex/ contentious.

8. Recommendations

The Board are asked to:

1. Note the outturn forecast position at Q3 of a £1.388m deficit.

HCICB Pooled Budget Report Q3 2017/18						
	Budget Plan 1	Forecast Q3	Variance Q3	Forecast Q2	Variance Q2	Change Q3-Q2
	£'000	£'000	£'000	£'000	£'000	£'000
PODs						
Prevention						
Dementia / Memory Services	46	46	0	46	0	0
Flu Services	90	90	0	90	0	0
Dementia Services	0	0	0	0	0	0
People Powered Health	210	210	0	210	0	0
Public Health	16,081	16,081	0	16,081	0	0
Health and Wellbeing	323	257	(66)	317	(6)	(60)
ASC Preventative Services	4,764	4,685	(79)	4,713	(101)	22
Total	21,514	21,369	(145)	21,457	(107)	(38)
Boroughwide Services	11,810	11,403	(407)	11,376	(444)	37
Community / Out of Hospital						
Integrated Neighbourhood Service						
- Residential and Nursing Care	17,156	17,978	822	16,772	717	105
- Non Residential Services	12,915	13,262	347	13,112	560	(213)
- Reablement & Rapid Response	2,163	2,163	0	2,098	(65)	65
- Contribution from Improved Better Care Fund	0	(1,239)	(1,239)	(1,239)	(1,239)	0
- District Nursing, Palliative Care and Teir Two Services	11,414	11,414	0	11,414	0	0
- Care Homes Development and Care Home Planning	1,981	1,781	(200)	1,981	0	(200)
- FNC, Neighbourhood Services, ESS, Reablement, R Response	8,876	8,844	(32)	8,776	(100)	68
- Continuing Care / Domiciliary	5,739	6,000	261	6,375	636	(375)
- IV Therapy and Pathfinder	1,415	1,373	(42)	1,415	0	(42)
- Hospices	1,108	1,108	0	1,108	0	0
- Carers / Alzheimer's	711	711	0	711	0	0
- Programme Management Services	100	100	0	100	0	0
Learning Disabilities						
- Residential and Nursing Care	5,951	5,582	(369)	5,636	(315)	(54)
- Non Residential Services	17,737	18,825	1,088	18,190	1,136	(48)
- Internal Tenancy provision	6,720	6,845	125	6,925	168	(43)
Mental Health						
- Residential and Nursing Care	2,593	2,592	(1)	2,637	333	(334)
- Non Residential Services	1,067	1,041	(26)	1,182	55	(81)
- Crisis Resolution	536	536	0	536	0	0
Operational staffing support	7,197	7,193	(4)	7,191	(26)	22
Other services including ASC Support Services	8,015	8,342	327	8,280	70	257
Total	113,394	114,451	1,057	113,200	1,930	(873)
Acute Services	70,588	71,471	883	71,228	640	243
Better Care Fund contribution excluding iBCF	(14,347)	(14,347)	0	(14,200)	0	0
Total	202,959	204,347	1,388	203,061	2,019	(631)