

Health and Care Integrated Commissioning Board

AGENDA

Tuesday 28 November 2017 1.30pm start

To be held in Boardroom, Regent House, 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 18 July 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 AND PERFORMANCE REPORT

To consider a report detailing the finances of the Pooled Budget and the related performance indicators and measures.

7. DATE OF NEXT MEETING

The next meeting of the Health and Care Integrated Commissioning Board will take place on 27 February 2018

Health and Care Integrated Commissioning Board

DRAFT MINUTES

Tuesday 18 July 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 Laura Latham, Associate Director Corporate Governance, Stockport Clinical Commissioning Group
- Mrs Sally Wilson, Senior Head of Service Redesign and Market Management, Stockport Metropolitan Borough Council
- Mr A Webb, Corporate Director of People, Stockport Metropolitan Borough Council

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Andrew Johnson and G Mullins.

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 12 May 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

M Cullen provided an overview of the report provided by the Director of Integrated Commissioning which highlighted the following key issues:

- Progress in taking the Outline Business Cases through the organisational governance of all Stockport Together partners
- The ongoing refresh of the Section 75 Agreement for 2017/18
- Development of a Mental Health Strategy
- Progress in the Multi-Specialty Community Provider (MCP) Procurement process

A discussion took place regarding the national and local requirements for mental health commissioning and delivery and the continued focus on investment in this area.

In response to questioning M Cullen confirmed that the review of the Section 75 was focussing on fitness for purpose of the document for the next 12 months and a further more detailed review would be scheduled for 2018/19 when it was anticipated the procurement approach and contracting mechanisms would require significant alterations to be made.

Resolved: That the Health and Care Integrated Commissioning Board note the updates contained within the report and agree with pulling together strategic approach to adult social care issues, across partnership taking into account Greater Manchester perspective.

6. INTEGRATED FINANCE AND PERFORMANCE REPORT

M Cullen provided an overview of the integrated finance and performance report highlighting in particular:

- Male and female life expectancy trends with a particular focus on deprived areas since 2008.
- Emergency Department attendances and the continued tracking in this area.
- Delayed Transfers of Care (DTOC)

With regard to the financial position of the Pooled Budget at the end of Quarter in particular noting where surpluses and deficits had been forecast. The £1m forecast deficit in community / out of hospital was noted.

The Board considered the investment proposals being developed as part of the Improved Better Care Fund to target additional monies to areas such as DTOC and care home and home care market development in line with the wider Stockport Together Programme transformation and investment.

The Board requested that a future report be received to consider the factors which were impacting on mortality rates in Stockport (including mental health) in order to more closely consider how outcomes in this area could be improved.

Discussions took place regarding the following issues:

- The recognition of the ring-fencing of the public health grant by Stockport Council and the use of new public health measures which would enable narrowing health inequalities to be monitored more closely

- The importance of considering the totality of the monies within the pooled budget through the lens of place based commissioning with a view of the whole population need.
- The potential impact between underinvestment in mental health and Delayed Transfers of Care (DTC)
- The opportunity to connect commissioning of services from monies within the pool with the wider Council activity including elements such as inclusive growth work around education and training, third sector services
- The findings of the Commonwealth Fund report on international health systems and the importance for the NHS and social care on focussing on improvements in health outcomes.
- The Outcomes Framework focus in terms of future commissioning approach
- Planning for winter in terms of DTC and other issues which were being overseen by the Urgent and Emergency Care Delivery Board. The report that would be received by the Board was requested to be shared with the Health and Care Integrated Commissioning Board.
- Noting of an ongoing piece of work to establish further detail round care at home issues which would be reported to the Urgent and Emergency Care Delivery Board and the Improvement Board and shared with the Health and Care Integrated Commissioning Board.
- The consistent theme of alcohol which could be tracked through the CCG Outcome Measures and the future focus on this which would be required.

J Crombleholme sought confirmation about the governance process and route for signing off the Improved Better Care Fund Plan. In response it was noted that a co-production approach was being taken between commissioners and providers which responsibility for final sign off resting with the Health and Wellbeing Board. It was noted however the report would be widely shared.

Resolved: That the Health and Care Integrated Commissioning Board:

1. Note the outturn position £0.677m deficit
2. Note that a future report would be provided on the factors which were impacting on mortality rates in Stockport (including mental health) in order to more closely consider how outcomes in this area could be improved.
3. Note that interim flash reports would be shared with the Board on planning for winter in terms of DTC and care at home issues.

7. DATE OF NEXT MEETING

The next meeting of the Health and Care Integrated Commissioning Board will take place on 27 November 2017.

Closed 09.28am

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. Joint Planning Approach

The Joint Commissioning Board (JCB) has considered the approach to developing plans across the economy, and identified a process for developing and integrating our plans to move from a 'shared' to an 'integrated' process. This is complex given the different timescales and regulatory frameworks that we operate in, however we have significantly developed our approach over the past few years and have identified how this could be improved. It is not clear whether we will be required to update our Locality plan. However, given the need to reflect the Stockport Together business cases we think that it would be prudent to do so and have therefore started that process. This also provides a robust platform to our commissioning and contracts process which is described in more detail below.

3. Contracting and Commissioning approach 2018/19

We are starting the process of developing our commissioning plans and contracts for 2018/19. Although we have 2 year agreements in place, these are reviewed annually each year to reflect changes in activity, services etc. A significant element of this years' process is to ensure that the services and benefits set out in the Business Cases that were signed off in the Summer, are properly reflected in contracts. The development of a formal alliance arrangement with providers is another significant change that we need to take into account.

We have discussed and developed an approach at the Joint Commissioning Board which we will discuss with the provider alliance over the next month.

The plan is to ensure that we reinforce our agreements and aims through:

- A single strategy
- A transparent single offer from commissioners to providers.
- A single Implementation and Agreement process which is inclusive of all partners

The underpinning principle is that the approach to commissioning and contracting this year needs be based on partnership / collaborative working, and be consistent with the agreements that we have reached, i.e business cases, provider alliance and approach to outcomes based contracts. The priority for the health and social care system is the full mobilisation of the new models of care and benefits delivery, addressing quality and performance challenges and making progress towards our strategic aim of population based contracting and delivery.

Therefore, the basis of the commissioning approach will be:

- Services for which the Stockport Together investment will be made should deliver the required system benefits (financial and person centred)
- Quality standards will be maintained and increased where required

- To support integrated provider behaviours on journey to the vision of single integrated provider. (Establishing an Alliance as a key stage on this journey.)
- Focus on shift to commissioning for population segments and not by provider

4. GM Commissioning Review

HCICB members have previously been informed that Greater Manchester Health and Social Care Partnership have commissioned a commissioning review. The scope of the review includes:

- Designing a truly place-based approach to public service reform, with investment led commissioning at its heart.
- Defining the support provided by the services commissioned at the Greater Manchester spatial level.
- Designing a framework for responsive and effective commissioning support services in the context of the new commissioning landscape.

The report has been approved by the Greater Manchester Strategic Partnership Board on 28th July 2017. The Association of Greater Manchester Clinical Commissioning Groups has contributed to the review and has established a task and finish group to support this.

Stockport CCG and Stockport Council are fully engaged in the review and are working through the recommendations, including the further development of integrated commissioning arrangements. The lead for this is Gaynor Mullins. We plan a workshop in the New Year with members of the HCICB to discuss options for future integration which will inform this next stage of development.

5. MCP Procurement

The HCICB initiated a procurement for a Multi-Speciality Community Provider in April 2016. The HCICB has received reports throughout the process detailing the scope, process and approach. These are not therefore summarised again in this report.

Alongside the local procurement, members of the HCICB will be aware of a national assurance process, the Integrated Support and Assurance Process (ISAP) that we took the decision to pause in March 2017. This decision was taken to provide more time to consider the requirements of this process and also to focus on our integration and service development plans. The decision to pause ISAP did not impact on the procurement process which continued as planned.

Over the course of the procurement the provider alliance of Pennine Care NHS Foundation Trust, Stockport Metropolitan Borough Council, Stockport NHS Foundation Trust and Viaduct Care have developed the provider alliance arrangements and recently implemented an Alliance Agreement. This has allowed the providers to develop integrated services under single line management: Stockport Neighbourhood Care. These new management arrangements started in October 2017, and we have already seen some really positive benefits in improving hospital discharge and developing new services.

Members of the Joint Commissioning Board have managed the procurement and following the initial assessment in March 2017 have met frequently with the Provider Alliance Bidding Team through a joint dialogue process.

The joint dialogue process reviewed in detail the requirements and implications of moving to an MCP contract and new organisational form.

The conclusion of the process is that the Joint Commissioning Board in agreement with the Provider Alliance, recommends to the HCICB that we focus on bringing the providers together through an alliance agreement as the most pragmatic and effective route to delivering the required new models of care. As a health and social care partnership we have a number of significant challenges to address and we recommend that we conclude the procurement and at this stage do not to move to an MCP contract via a new organisational form, however the future ambition to move to both remains the same.

6. Recommendation

Members are asked to:

1. Note items 2-4
2. Approve item 5

Gaynor Mullins

Director of Integrated Commissioning

To:	Health & Care Integrated Commissioning Board (HCICB)
From:	Stockport Council Financial Services, Stockport CCG Finance
Subject:	2017/18 Budget Monitoring – Quarter Two
Date:	28 th November 2017

1. Introduction

This report focuses on the financial performance at Quarter 2 for the 2017/18 Section 75 pooled budget between Stockport Council and Stockport CCG. The s.75 agreement for 2017/18 is in the process of being signed.

2. Budget Position at Quarter Two

The table below provides a summary by commissioning organisation of the total budget resources available at Quarter 2 2017/18. It also illustrates any changes from the Q1 position.

Table One – Draft Budget Position at Quarter 2

Commissioner	Quarter 1 2017/18 Budget £000	Movement(s) £000	Proposed Quarter 2 2017/18 Budget £000
Stockport Council	84,435	(109)	84,326
Stockport CCG	114,873	1,843	116,716
Total	199,308	1,734	201,042

Stockport Council:

The reduction of £0.109m is due to the centralisation of telephone budgets across all Council directorates into Corporate and Support Services.

Stockport CCG:

The increase of £1.843m budget increases the pool budget in line with 17/18 signed contract values.

3. Quarter 2 position by service 2017/18

The table below provides a summary by Commissioner of the forecast outturn position. In summary, this illustrates a £2.019m deficit. (+1.0% variance).

Table Two: Quarter 2 Position by Service 2017/18

Commissioner	Service / Portfolio	Quarter 2 2017/18 Budget	Forecast Outturn Q2	Forecast Variance Q2	Forecast Variance Q1
		£000	£000	£000	£000
Stockport Council	Adult Social Care	67,922	68,771	849	650
Stockport Council	Health	16,404	16,398	(6)	0
Stockport CCG	Acute - NHS Providers	66,411	66,776	365	0
Stockport CCG	Acute – Independent sector	4,177	4,452	275	35
Stockport CCG	Non Acute and Other Health	46,128	46,664	536	(8)
Total		201,042	203,061	2,019	677

4. Budget Position at Quarter 2 by POD 2017/18

The table below illustrates the pooled budget resource based on Points of Delivery (PODs) at Quarter 2. It also illustrates any changes from the Q1 position.

Table Three: Resource changes by Point of Delivery

Points of Delivery	Commissioner	Quarter 1 2017/18 Budget £000	Movement(s) £000	Proposed Quarter 2 2017/18 Budget £000
Prevention	SMBC	21,226	(8)	21,218
	SCCG	368	(22)	368
Boroughwide Services	SMBC	7,271	(37)	7,234
	SCCG	4,660	(74)	4,586
Community / Out of Hospital	SMBC	70,138	(64)	70,074
	SCCG	40,177	1,019	41,196
Acute	SMBC	0	0	0
	SCCG	69,668	920	70,588
Better Care Fund	SMBC	(14,200)	0	(14,200)
Total		199,308	1,734	201,042

See Section 2 for movements to budgets.

5. Quarter 2 Forecast by POD 2017/18

The Quarter 2 forecast outturn by POD is reflected in the table below. Further analysis is illustrated in Appendix 1 of this report.

Table Four: Quarter 2 forecast by Point of Delivery

Points of Delivery	Commissioner	Quarter 2 2017/18 Budget	Forecast Outturn Q2	Forecast Variance Q2	Forecast Variance Q1
		£000	£000	£000	£000
Prevention	SMBC	21,218	21,111	(107)	(49)
	SCCG	346	346	0	0
Boroughwide Services	SMBC	7,234	6,790	(444)	(333)
	SCCG	4,586	4,586	0	0
Community / Out of Hospital	SMBC	70,074	71,468	1,394	1,032
	SCCG	41,196	41,732	536	-8
Acute	SMBC				0
	SCCG	70,588	71,228	640	35
Better Care Fund	SMBC	(14,200)	(14,200)	0	0
Total		201,042	203,061	2,019	677

Prevention (SMBC) surplus: £0.107m

The Public Health service is forecasting a breakeven position at Q2. There has been an additional recurrent cut to the grant of £0.406m (2.5%) in 2017/18.

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 are pressures within current contracts in addition to pressures from the grant cut still to find. These pressures are currently being partly offset by forecast staffing underspends, due to vacant posts within the service.

It is currently anticipated that £0.153m of the Public Health reserve totalling £0.766m will be utilised in 2017/18 to mitigate the above pressures.

A surplus of £0.043m is anticipated within the Stockport Local Assistance Scheme Service (SLAS) due to staffing variations and forecasted external provision.

There is also a £0.042m surplus forecast due to vacancies within the Step Out service, as discussed in the Q1 report.

Health and Wellbeing is forecasting a surplus position of £0.006m at Q2 due to a reduced commitment against a Health Policy contract. The savings aligned to the service came from agreed staffing and non-pay surpluses.

The balance of £0.016m is due to a minor surplus within contracts which were formerly aligned to Supporting People and the Safeguarding Adults service.

Variance from Q1

The surplus has increased by £0.058m from that reported in Q1. This is mainly due to the underspend which is now anticipated within SLAS as mentioned above and a minor increase from in year savings from staffing vacancies.

Boroughwide (SMBC) surplus: £0.444m

There are significant surpluses predominantly within Non Acute Intermediate Care of £0.290m due to staffing including internal vacancies and a reduced recharge from partner organisations. Bed provision aligned to the Intermediate Tier outline business case is illustrated as breakeven as the saving is being reinvested into additional Intermediate Tier workforce capacity.

In addition to this are other staffing savings of £0.082m predominantly within the Contact Centre. A surplus forecast is also anticipated within the Equipment Service of £0.072m relating to a contract variation.

Variance from Q1

The surplus forecast at Q2 has increase by £0.111m from that reported at Q1. This relates to further in year vacancies and changes to anticipated start dates of new recruitment from that included at Q1.

Community / Out of Hospital (SMBC) deficit £1.394m

There continues to be a significant financial pressure within the Integrated Neighbourhood Service care management services across residential and nursing care and non-residential care provision. As highlighted in Q1 the main reasons for this forecasted overspend in addition to an overall increase in demand is due to;

- Increase in transfer of clients back into the community from Delayed Transfers of Care (DTC) out of hospital.
- Enhanced rates payable to secure bed provision within Residential & Nursing Care to minimise DTC and support clients back into the community.

Finance continue to work with operational service managers to ascertain the recurrent impact of the enhanced rate increases in the context of the challenges being experienced by commissioners to secure local bed based provision.

A report was taken to the Adult Social Care and Health Scrutiny Committee on the 12th September with a revised version taken to the Health & Wellbeing Board on the 27th September to provide an update on the iBCF. Indicative proposed commitments against the £10.6m three year investment from 2017-2020 are as follows;

- System Sustainability: £4.5m
- Market Capacity: £4.5m
- Quality Improvements: £1.6m

Within the 2017/18 allocation of £5.111m the Q2 report continues to reflect £1.239m of iBCF funding to in part offset the pressures within care management highlighted above. The commitment of £1.239m forms part of the investment into Market Capacity and supports the requirement to meet ongoing Adult Social Care needs for current and new clients.

Bed provision within Neighbourhood Services is illustrating a break even position. This is due to the underspends being achieved within the bed provision being reinvested into the additional staffing requirements within the wider Intermediate Tier service as outlined in the Stockport Together business case.

Mental Health is experiencing a financial pressure within its Residential and Nursing Care and Non-residential services of £0.388m. This is due to increase demand from that previously reported. Investment aligned to demand already allocated to Adult Social Care is currently held within Adult Social Care support services and is included within the overall outturn forecast. A proportion of this balance will be aligned to Mental Health during Q3.

With regards to other Adult Social Care support services the significant forecasted pressure at Q2 is the balance of the unachieved saving target brought forward from 2016/17 of £0.558m. In addition to this is the £0.314m saving target aligned to reaffirming policies with regards to staff travel and overtime. This change is in its infancy and it is too early to anticipate any savings which could be generated. A further update will be provided during Q3.

The cabinet on the 3rd October asked that options for spending reductions in pooled budget services be brought to the appropriate scrutiny committees in this November / December cycle. Officers will review current areas of spend and demand to identify integration, digitisation and other service efficiencies.

These sessions have the remit of exploring further new ways of working both internally and with local partners, providing challenge to current processes to maximise efficiencies and value for money while continuing to deliver each services statutory requirements. It is anticipated that the outcome of these sessions will create a number of options to support the ongoing delivery and financial sustainability of the service in the short to medium term.

The deficits reported in other Adult Social Care support services are part offset by the balance of the initial investment into Adult Social Care provided in Q1 for demographic, demand and price inflation of £0.621m. As highlighted an element of this investment will be transferred into the Mental Health service during Q3.

In addition to this is a surplus of £0.156m which is the balance from the rebasing exercise of staffing posts to midpoint. The balance is being held pending any recurrent staffing pressures which may arise from the rebasing exercise.

Within the service it is currently assumed that an appropriation from reserves to non recurrently fund the £1.500m Intermediate Tier saving requirement for 17/18 will be actioned from the Strategic Priority Reserve aligned to Health & Social Care integration.

The remaining balance within the iBCF allocation of £3.872m is reflected within Strategy & Performance and is illustrated as fully committed. The contribution to the two month extension of the Community Unit is no longer required from the iBCF as the £0.198m commitment can be funded from the revised bed based provision within the outline Intermediate Tier business case.

The Learning Disability Internal Tenancy service is reflecting a deficit at Q2 of £0.168m. This includes the remaining balance from the Learning Disability £1.000m tenancy outsourcing saving target. It is anticipated this will be achieved during the final phase of outsourcing. The deficit also includes a forecasted overspend for Heys Court, this is in addition to funding the tenancy received during Q1. Additional funding has been allocated and approved for Heys Court and is held within corporate resources awaiting confirmation of the recurrent cost of the required establishment to run the tenancy at full capacity.

Learning Disabilities external tenancies and Non-residential care expenditure is also forecasting a deficit of £1.045m. This is due to demand pressures and requests from external providers for proposed increases to current contracts due to the annual National Living Wage (NLW) increase. These deficits are part offset by the contribution of Continuing Healthcare income of £0.224m and in year staffing and non pay underspends of £0.078m.

Variance from Q1

The deficit forecast has increased by £0.362m from that reported in Q1. This is predominantly due to the increase in care management costs aligned to the Mental Health service.

Community / Out of Hospital (SCCG) deficit: £0.536m

A financial pressure of £0.636m is forecasted 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 239 in September 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).

The increase in CHC is partially offset by reduced costs of £0.100m for Funded Nursing Care (FNC).

The net impact of both of these areas gives rise to a forecast overspend of £0.536m.

Acute (SCCG) deficit: £0.640m

NHS Providers

There is forecast over performance of £0.365m (0.6%). The main areas where expenditure is above plan are within Non Elective, diagnostics, drugs and devices and Neuro rehabilitation.

Non Elective

A forecast overspend of £0.907m is being reported at UHSM, The main areas of overspend are within general medicine and geriatric medicine.

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

Diagnostics

The £0.535m forecast overspend on diagnostics is mainly due to an increase in Nuclear Stress Tests at SFT and ultrasound scans at UHSM.

Neurorehabilitation

Neurorehabilitation activity at SFT is 10% above plan and is forecast to overspend by £0.280m.

Drugs and Devices

Drugs and Devices are forecast to overspend by £0.650m. The main areas of overspend are PBR excluded drugs at UHSM Adult and Paediatric insulin pumps at Stockport FT.

Independent Providers

The Independent Sector forecast overspend is £0.275m.

The forecast overspend is due to:

- Wet AMD activity provided by Optegra is 2.7% above plan resulting in a forecast overspend of £0.100m
- 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 £60k. The main area of over performance is within assessments and fitting of aids.

6. Reserves

The Q2 position where the Council (SMBC) is the lead commissioner is anticipating the following transfers from reserves totalling **£2.005m**.

- £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.
- £0.153m 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

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	950	It is anticipated the balance of £0.050m will be achieved during the final phase of outsourcing.
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	No agreed savings plan currently in place. To be discussed at STAR chamber sessions.
Staff Travel – policy review	Red	251	28	The savings from the change in policy have yet to materialise and are being closely monitored. £0.028m minor balances aligned at budget setting 17/18. To be discussed at STAR chamber sessions.
Overtime - policy review	Red	91		
Superannuation advanced payment	Green	217	217	Achieved
Grant Reduction -	Amber	406	294	£0.112m savings still to find (£0.144m in Q1)

Public Health				
Commissioning, contracts and staffing – Health Policy	Green	62	62	Achieved in full
Total		4,119	3,085	
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	4,638	

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 position £2.019m deficit.

Appendix 1: HCICB Pooled Budget Report Q2 2017/18

		Budget Q2	Forecast Q2	Forecast Variance Q2
Provider	Service	£000's	£000's	£000's
Prevention				
Pennine Care	Dementia / Memory Services	£46	£46	£0
GP	Flu Services	£90	£90	£0
SMBC	Dementia Services	0	£0	£0
SMBC	People Powered Health	£210	£210	£0
Various	Public Health	£16,081	£16,081	£0
Various	Health and Wellbeing	£323	£317	£-6
Various	ASC Preventitive Services	£4,814	£4,713	£-101
Total		£21,564	£21,457	£-107
Community / Out of Hospital				
Stockport FT Community	District Nursing, Palliative Care and Teir Two Services	£11,414	£11,414	£0
Pennine Care	Crisis Resolution, Mental Health Teams, Liason	£536	£536	£0
GP	Care Homes Development and Care Home Planning	£1,981	£1,981	£0
SMBC	FNC, Neighbourhood Services, ESS, Reablement, R Response	£8,876	£8,776	£-100
Various Care Homes	Continuing Care / Domiciliary	£5,739	£6,375	£636
Mastercall	IV Therapy and Pathfinder	£1,415	£1,415	£0
Beechwood and St Ann's	Hospices	£1,108	£1,108	£0
Various 3rd Sector	Carers / Alzheimer's	£711	£711	£0
Various	Programme Management Services	£100	£100	£0
SMBC	Learning Disabilities	£2,099	£2,099	£0
SMBC	Mental Health	£289	£289	£0
SMBC	S256 - FACs & Demograpics & ESD	£4,248	£4,248	£0
SMBC	S256 - Care Integration	£252	£252	£0
SMBC	S256 - Social Care Protection	£122	£122	£0
SMBC	S256 - ASC Demograpics / FACS	£1,516	£1,516	£0
SMBC	Care Act	£720	£720	£0
SMBC	Programme Management Services	£70	£70	£0
Care Home Providers	Integrated Locality Services - Residential & Nursing care	£16,055	£16,772	£717
Homecare / Community Providers	Integrated Locality Services - Non Residential Services	£12,552	£13,112	£560
Integrated Neighbourhood Services	Reablement and Rapid response	£2,163	£2,098	£-65
	Contribution from improved Better Care Fund	£0	£-1,239	£-1,239
Care Home Providers	Learning Disability - Residential & Nursing care	£3,852	£3,537	£-315
Homecare / Community Providers	Learning Disability - Non Residential Services	£17,054	£18,190	£1,136
Learning Disability	Internal Tenancy provision	£6,757	£6,925	£168
Care Home Providers	Mental Health - Residential & Nursing care	£2,015	£2,348	£333
Homecare / Community Providers	Mental Health - Non Residential Services	£1,127	£1,182	£55
Various	Operational staffing support	£7,147	£7,121	£-26
Various	Other services incl ASC support services	£1,352	£1,422	£70
Better Care Fund Contribution	BCF	£-14,200	£-14,200	£0
Total		£97,070	£99,000	£1,930
Acute				
Stockport FT Acute	A&E, Medicine, Ophthalmology, ENT, T&O and Other	£45,849	£45,992	£143
Pennine Care	General Psychiatry	£6,789	£6,789	£0
Various Independent Sector	A&E, Medicine, Ophthalmology, ENT, T&O and Other	£4,177	£4,452	£275
NHS Trusts	A&E, Medicine, Ophthalmology, ENT, T&O and Other	£13,773	£13,995	£222
Total		£70,588	£71,228	£640
Stability / Recovery / Boroughwide				
Pennine Care	Rehabilitation and Recovery Services	£55	£55	£0
SMBC	Non Acute Services for Older People and Equipment	£4,531	£4,531	£0
Various	Boroughwide Services	£7,234	£6,790	£-444
Total		£11,820	£11,376	£-444
Grand Total		£201,042	£203,061	£2,019

Health and Care Integrated Commissioning Board

PERFORMANCE UPDATE

1. Purpose

The purpose of this report is to update members of the Health & Care Integrated Commissioning Board on the performance headlines for health and social care indicators.

2. Performance

Detailed performance reports have been provided through individual organisation governance and additionally through Greater Manchester Health and Social Care Partnership meetings.

From these reports the following summary update is provided to the HCICB:-

The suite of indicators relating to the integration of health and social care have all seen improvement on the 2016/17 outturn. These include the effectiveness of short term support; the proportion of older people receiving support following discharge from hospital that were still at home 91 days following discharge and the number of people whose delayed discharge from hospital is attributed to adult social care. Whilst all of these indicators exceeded targets it is acknowledged that there will be additional pressures on services over the winter that will make maintenance of this level of performance challenging.

Whilst the rate of permanent admissions to residential care is low compared with nearest neighbour authorities and performance in year has continued to improve, we are anticipating a number of short term placements will become permanent in year. This alongside the significant growth in the numbers of older people in Stockport make the reduction in the numbers of older people being admitted to residential care a real challenge.

The quality of residential and nursing home provision has improved, however there has been no overall change in the number of home care agencies rated as good or outstanding. The improvement reflect the areas that we have been targeting with our improvement strategy with Stockport now ranked 4th highest in GM for nursing care. It is acknowledged that performance in relation to both home care and residential care is some distance from current targets for the year however with the new enhanced quality improvement team now in place we are anticipating a significant improvement to be seen over the next few months. The change in reported performance is however dependent on the inspection programme of CQC.

With regard to the NHS constitution indicators:-

- Cancer waiting times have been consistently achieved.
- Referral to treatment times and diagnostic waits have been under pressure because of performance at Manchester NHS FT, additionally there is risk of under-performance at SFT over the winter period.
- Mixed sex accommodation breaches at both SFT and Pennine Care FT have been identified. The breach issue at SFT has been quickly resolved but the plan to address the PCFT breaches is yet to be agreed and implemented.
- ED performance remains below plan at around 85%. It is planned to move to 95% by the end of Q4 17/18. The linked measure of Delayed Transfers of Care has seen significant improvement from 5.6% at the beginning of August to 2.7% at the beginning of November.
- Mental Health standards were all achieved in the most recent month.

3. Recommendation

To note the performance update.