

**Health and Care Integrated Commissioning Board**

**AGENDA**

Thursday 6 April 2017

9am

To be held in Committee Room 2, Stockport Town Hall

**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 on 29 November 2016 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](mailto: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 for Quarter 3.

**7. DATE OF NEXT MEETING**

The next meeting of the Health and Care Integrated Commissioning Board will take place on 25 April 2017



**Health and Care Integrated Commissioning Board**

**DRAFT MINUTES**

Tuesday 29 November 2016

**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
- Dr Andrew Johnson, Stockport Clinical Commissioning Group

**In attendance**

- 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
- Mr Michael Cullen, Borough Treasurer, Stockport Metropolitan Borough Council
- Mrs Laura Latham, Board Secretary and Head of Governance, Stockport Clinical Commissioning Group
- Mrs C Tierney, Monitoring Officer, Stockport Metropolitan Borough Council

**1. APOLOGIES FOR ABSENCE**

There were no apologies for absence on this occasion.

**2. DECLARATIONS OF INTEREST**

Doctor Johnson declared an interest in Item 9 – Multi Speciality Community Provider Update, the nature of the interest being that as a General Practitioner (GP) operating as a Provider in Stockport he had an interest in the developing Multi-Speciality Community Provider and his practice was holder of the contract for intermediate tier care services as referred to in the agenda pack. He also noted that he had been appointed by Viaduct, the federation representing GPs in Stockport as the Lead for his Neighbourhood.

**3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 7 September 2016 were agreed as a correct record.

**4. PUBLIC QUESTIONS**

There were none on this occasion.

## 5. REPORT OF THE DIRECTOR OF INTEGRATED COMMISSIONING

G Mullins, Director of Integrated Commissioning provided an overview of key activity undertaken within the area of integrated commissioning. She acknowledged the engagement work being undertaken by Providers in developing the proposed preferred option for the Multi-Speciality Community Provider (MCP) organisational form and explained that it would be considered by Commissioners as part of the procurement.

\*R Gill joins the meeting.

The Board considered progress in developing the Outcomes Framework and in particular the development of the clinical and person-centred outcome measures which would be included as part of the contracting approach for the MCP. M Chidgey described the engagement approach underpinning the work which included clinicians, care professionals and patients and the support being provided to Stockport by specialists with expertise in commissioning for outcomes. At a recent meeting with NHS England and wider stakeholders he noted that the work to date had been positively received.

G Mullins noted that work was underway in developing the future of integrated commissioning and that a number of joint working initiatives around managing system quality and Delayed Transfers of Care (DTC) had already proved successful. She noted that the priority areas of focus at the current time were finalising the design and subsequent development and implementation of new models of care and developing a new contractual form to support and incentivise the required transformation across the Stockport health and care system.

Members of the Board considered the current performance against the national NHS 4 Hour Waiting Time Standards for the Emergency Department. G Mullins explained that a single fully agreed Urgent Care Improvement Plan had been implemented and monitoring progress was undertaken at weekly meetings Chaired by NHS England and including the CCG, Stockport Foundation Trust, Stockport Council and NHS Improvement. She highlighted a range of initiatives underway to address the known performance issues, including process improvements and a range of new services including winter specific schemes, intermediate care developments and introduction of a 7 day assessment service. She noted that schemes had started to impact positively but noted the continued focus on embedding change. Stockport was noted to be currently supported by the national Emergency Care Improvement Programme (ECIP) and a diagnostic report was due to be received.

G Mullins requested that the recommendation regarding the Out Of Hours Procurement be amended for the Board to note the decision of the CCG's Governing Body in order to ensure compliance with the Section 75 agreement in place.

In response to questions, the following elements were clarified:

- The ECIP support would pick up recommendations and suggested improvement techniques around system flow, assessment and discharge in order to maintain the continued focus on DTCs.
- Weekend assessment had continued to be in place from early November 2016 and would be reviewed in light of the ECIP diagnostic.
- Managing the care home market remained a high priority and joint work to date had proved to have a range of positive impacts.
- Capacity planning and an agreed plan to manage the festive period and number of Bank Holidays had been submitted to NHS England.
- G Mullins agreed to confirm whether the discharge ward established as part of the Emergency Department Improvement Plan would remain open over the Festive period.

- The co-production nature of the Outcomes Framework was confirmed and in particular the requirement to continue to develop the communications strategy underpinning the work to ensure the transformation and behaviour change across all partner organisations and staff was embedded.
- Public involvement and engagement mechanisms for the whole Stockport Together Programme were highlighted.

**Resolved:** That the Board:

- Note the content of the report and the decision of the Governing Body to waive the requirement to undertake a formal procurement process for the Out of Hours Contract.

## 6. INTEGRATED FINANCE AND PERFORMANCE REPORT

M Chidgey, Chief Finance Officer provided an overview of the content integrated performance report. He highlighted the performance and improvement elements of the report and the financial management of the pooled budget, including the current £4.1m overspend. He noted that the nature of the funds pooled relating to the over 65 cohort provided greatest opportunity for transformation but this had to be balanced with the level of risk. It was anticipated that newly implemented schemes would impact positively on financial balance but time to embed would be required. Pressures in the Learning Disability Service were also noting to be impacting on the pooled funds in addition to those community / out of hospital and the acute sector. M Cullen, Borough Treasurer confirmed that re-alignment of Council monies in the pool against different points of delivery were for accounting purposes and did not represent reduced funding to service areas.

In response to questions raised, the following areas were clarified:

- Stockport does benchmark well compared to other Greater Manchester areas for the numbers of social workers based within the acute hospital setting.
- All Cause All Age Mortality data had been analysed and the Public Health Team had advised that the period between 2008 – 2011 should be treated as abnormally low and treated as an exception. Therefore the trajectory had been steadily decreasing.
- A continued priority area for joint commissioners was the mortality rates of those with mental illness.
- Future financial modelling would include a trajectory to reduce deficits in acute spend but this had to be considered from the point of referral onwards and initiatives such as Consultant Connect to enable advice to be easily provided between General Practitioners and Acute Consultants had impacted positively. The NHS Constitutional Standard related to 18 week access to elective surgery was noted to be an integral part of effective system resource and capacity management.
- The importance of ensuring public understanding and behaviour change was noted to be integral to managing the future sustainability of the health and care system in Stockport. Communicating the case for change and the impact of not changing was noted to be a key message.
- The importance of the role of the board in leading the system and the redistribution of existing resources to focus on the areas of primary care, community services and mental was acknowledged.
- Transformation Fund monies were noted to be available to support the transformation in Stockport and in particular periods of transition where double running of existing services was required.
- The role of the whole workforce in Stockport was noted to be key to transforming the system, including leadership at all levels and the requirement to think innovatively about the future model of care.

**Resolved:** That the Board:

1. Note the content and issues raised in the Executive Summary

- contribution of £0.023m
2. Approve the increase to the value of the Pool (SMBC
  3. Note the financial position at Q2 deficit of £4.1m

## Health and Care Integrated Commissioning Board

### FINANCE AND PERFORMANCE REPORT EXECUTIVE SUMMARY

#### 1. Purpose

This is the third report to the Health & Care Integrated Commissioning Board (HCICB) setting out progress against a range of health, performance and improvement priorities and finance.

Attached as an appendix to the report is a data pack which provides detailed analysis.

#### 2. Performance & Improvement

- The system still has significant challenges within the urgent care system. The ECIP Improvement Programme indicates that flow and process need to be improved within both the acute sector and out of hospital health and social care services.
- In December delayed transfers of care remained at high levels and more immediate work to address these levels is being implemented, alongside the medium term plans for the new models of care. In the Q4 report, the HCICB will see a significant reduction in the number of DTOC patients. This is in part due to moving to a consistent Greater Manchester counting methodology. In addition, the Improvement Plan referenced below is delivering real reductions in the number of patients delayed for 7 days or more. Significantly, a single integrated discharge team is in the process of being implemented, this will include both health and social work professionals.
- The Stockport economy Urgent Care Delivery Board has agreed the need to establish a Discharge Board as a subcommittee that will oversee the jointly compiled discharge plan. The discharge plan has identified the components of the system that need improvement in order to reduce length of stay and delayed discharges. The discharge plan has a key focus on maximising care home and home care capacity in order to support and enable timely discharge from hospital.
- The balance between use of step up provision and step down provision continues to be of concern especially with the focus on DTOC. The introduction of the new models of care in relation to Intermediate Tier services are starting to be mobilised and impact. It should however be noted that over 90% of older people supported with re-ablement services following discharge from hospital were still at home 91 days following their discharge.
- As a result of joint work across the Stockport system and with CQC 4 out of the 5 homes that were previously suspended are now open to admission. There has been considerable effort applied by the SMBC and CCG quality and safeguarding teams to support the care homes in their improvement. The support provided has included advice on care standards, pressure ulcer management and medicines management. This joint work will continue over 17/18. Quality oversight and assurance of care homes is a key focus of the market management strategy.

### 3. Quality

In partnership with CQC and the providers themselves we have corrective action plans that are monitored. We have a monthly meeting with CQC to review all provision to track progress and identify potential problem areas.

Alongside individual action plans a number of wider initiatives, including the Stockport Care Home Awards have been implemented to support the development of Stockport Care provision and recognise best practice.

### 4. Finance

The finance report to HCICB shows that:-

- There are no changes to the level of the pooled budget since Q2 - £198.858m
- The overspend on the pool has increased slightly from £4.143m to £4.183m. Within this:-
  - The SMBC pooled overspend has improved by £0.164m – most significantly community and out of hospital services.
  - The SCCG pooled overspend has deteriorated by £.0204m – most significantly planned and critical care.

### 5. Recommendation

Health and Care Integrated Commissioning Board to note the content of the finance and performance reports and the key issues as outlined in the Executive Summary.



# Data Set for HCICB

## Context

The 2015/16 JSNA for Stockport describes a population that is generally healthy, however one which is older than average and where the proportion of older people is forecast to grow faster than average. Stockport has health outcomes that are better than the North West averages but also has challenging health inequalities. A&E and non-elective care performance have been poor for a significant time and the economy collectively forecasts a c£130m deficit unless care is delivered differently.

The overall objectives for health and wellbeing in Stockport are to improve life expectancy and reduce health inequalities. These remain unchanged since the last JSNA review in 2011. Following the 2015/16 JSNA analysis of key trends across a range of themes, work has been undertaken to identify the key priorities for health and wellbeing in Stockport for the next three years. These are the major issues that leaders, commissioners and providers of health, care and wider services will need to consider or address:

## Priorities 2016-2019



The overall objectives for health and wellbeing in Stockport are to **improve life expectancy** and **reduce health inequalities**. The priorities identified in 2015/16 JSNA to help us achieve these objectives are set out below, and are developed in further at <http://www.stockportjsna.org.uk/2016-2019-priorities/>

	All Ages	Start Well	Live Well	Age Well
Prevention	Increasing levels of <b>physical activity</b> as an effective preventative action at any age.	Taking action to improve the outcomes in <b>early years health</b> and <b>education</b> in <b>deprived communities</b> .	Prioritising a <b>whole systems approach to reducing smoking, alcohol consumption and obesity</b> as the key causes of preventable ill health and early death.	Supporting <b>healthy ageing</b> across Stockport, recognising that preventative approaches that promote <b>self care and independence</b> are essential at every life stage.
Wellness	Focus on <b>improving healthy life expectancy</b> for all as the priority, focussing especially in <b>the most deprived areas</b> and in a <b>person and family centred way</b> .	Promoting the <b>mental wellbeing</b> of children and families, especially for older children and young adults.	Improve the prevention, early detection and treatment of both <b>cancer</b> , now the major cause of premature death, and <b>liver disease</b> , which is increasing.	Aim to prevent and delay the need for care whilst responding to the <b>complexity of needs</b> that older people with multiple long term conditions may have.
Systems	Continue work to <b>integrate and improve care systems</b> , especially minimising the use of unplanned hospital care - ensuring that the healthy economy is <b>sustainable and prevention focussed</b> .	Ensuring that the acute care needs of children and young people, especially for <b>injuries, asthma and self harm</b> are dealt with appropriately and opportunities to promote prevention are maximised.	Giving equal weight to <b>mental wellbeing</b> as a key determinant of physical health and independence; especially for people of working age.	Providing <b>services and housing</b> that are suitable for the changing needs of our <b>ageing population</b> and those with specialist needs.
Support	Understanding the size and needs of our <b>vulnerable and at risk groups, especially carers</b> , and using JSNA intelligence to inform the appropriate levels of response.	Supporting and safeguarding the most <b>vulnerable children and young people and families</b> , especially looked after children and those with autism, so that they have the opportunity to thrive.	Improving the physical health and lifestyles of those with <b>serious mental health</b> conditions.	Continuing to improve the identification of and support available to those with <b>dementia and their carers</b> .

As part of the 2015/16 Stockport JSNA a review was undertaken of the key national outcome framework performance profiles for Stockport, highlighting areas of good practice as well as areas of concern across the NHS, Public Health and Adult Social Care .The key messages arising from this analysis are that:

- Stockport performs better than average on a range of measures, especially in life expectancy, health protection, cancer survival, quality of life and patient experience.
- For all the frameworks however **outcomes relating to liver disease, hospital admissions and permanent care home admissions are the ones on which Stockport performs poorly**. These are areas where performance has been consistently lower than average.

To view the full analysis (including spine chart comparisons) visit <http://www.stockportjsna.org.uk/2016-jsna-analysis/outcome-frameworks/>, an example from the NHS Outcome Framework is shown below:

# NHS Outcome Framework - December 2015 - <http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html>

Indicator	Value	England	Cluster	England Min	Spine chart	England Max
▼ NHS Outcomes Framework - domain 1						
1a.i Potential years of life lost (PYLL) from causes considered amenable to healthcare - adults - Female	2,426	2,530	2,796	1,517		4,092
1a.i Potential years of life lost (PYLL) from causes considered amenable to healthcare - adults - Male	3,066	3,237	3,771	1,925		5,506
1b Life expectancy at 75 - Female	13.2	13.3	12.5	11.5		16.0
1b Life expectancy at 75 - Male	12.0	11.5	10.9	10.1		13.8
1c Neonatal mortality and stillbirths (formerly indicator 1.6.ii)	6.70	7.30	7.40	0.00		14.30
1.1 Under 75 mortality rate from cardiovascular disease	64.2	73.8	86.1	42.3		142.6
1.2 Under 75 mortality rate from respiratory disease	30.2	31.9	40.1	11.9		70.5
1.3 Under 75 mortality rate from liver disease	17.8	17.9	23.3	6.5		43.7
1.4 Under 75 mortality rate from cancer	149	139	158	98		201
1.5.i Excess under 75 mortality rate in adults with serious mental illness (formerly indicator 1.5)	351	352	396	135		588
1.6.i Infant mortality	3.20	3.81	4.07	0.00		7.44
▼ NHS Outcomes Framework - domain 2						
2 Health-related quality of life for those with long term conditions	0.75	0.74	0.72	0.63		0.82
2.1 Proportion of people feeling supported to manage their condition	68.6	64.4	65.7	50.7		73.0
2.2 Employment of people with long-term conditions	9.7	13.2	15.1	-7.0		31.0
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,111	800	982	217		1,513
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	496	313	378	0		743
2.4 Health-related quality of life for carers	0.82	0.80	0.79	0.73		0.85
2.5.i Employment of people with mental illness (formerly indicator 2.5)	26.9	35.8	36.0	-6.3		69.2
▼ NHS Outcomes Framework - domain 3						
3a Emergency admissions for acute conditions that should not usually require hospital admission	1,621	1,196	1,545	255		2,287
3b Emergency readmissions within 30 days of discharge from hospital	12.5	11.8	12.4	7.9		14.5
3.2 Emergency admissions for children with lower respiratory tract infections (LRTIs)	403	356	448	68		646
3.6.i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	87.5	82.1	83.7	48.1		100.0
3.6.ii Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital	3.10	3.10	2.77	0.70		11.70
▼ NHS Outcomes Framework - domain 4						
4a.i Patient experience of GP services	87.0	84.8	85.5	72.0		92.5
4a.ii Patient experience of GP out-of-hours services	80.9	68.6	71.3	51.9		89.4
4a.iii Patient experience of dental services	86.2	84.6	86.8	55.2		91.6
4.4.i Access to GP services	75.8	73.3	73.5	55.3		90.4
4.4.ii Access to NHS dental services	96.3	95.0	96.0	87.5		98.6

● Stockport  
● In worst quartile ● In best quartile ● Sig change ↓ ↓ ↓ ↑ ↑ ↑ Non-sig change ↓ ↓ ↓ ↑ ↑ ↑ No change -  
| England Mean | Cluster mean ◆  
■ Lower quartile ■ Worse outcomes ■ Interquartile range ■ Better outcomes ■ Upper quartile ■  
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## Overview of Data

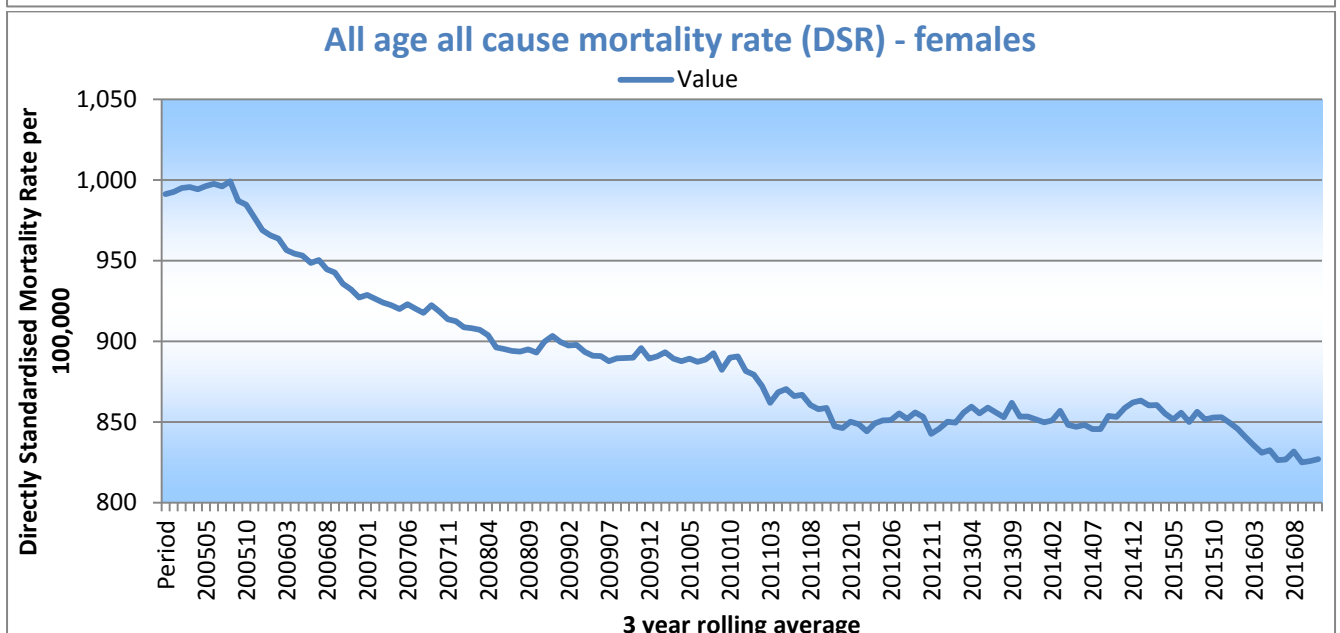
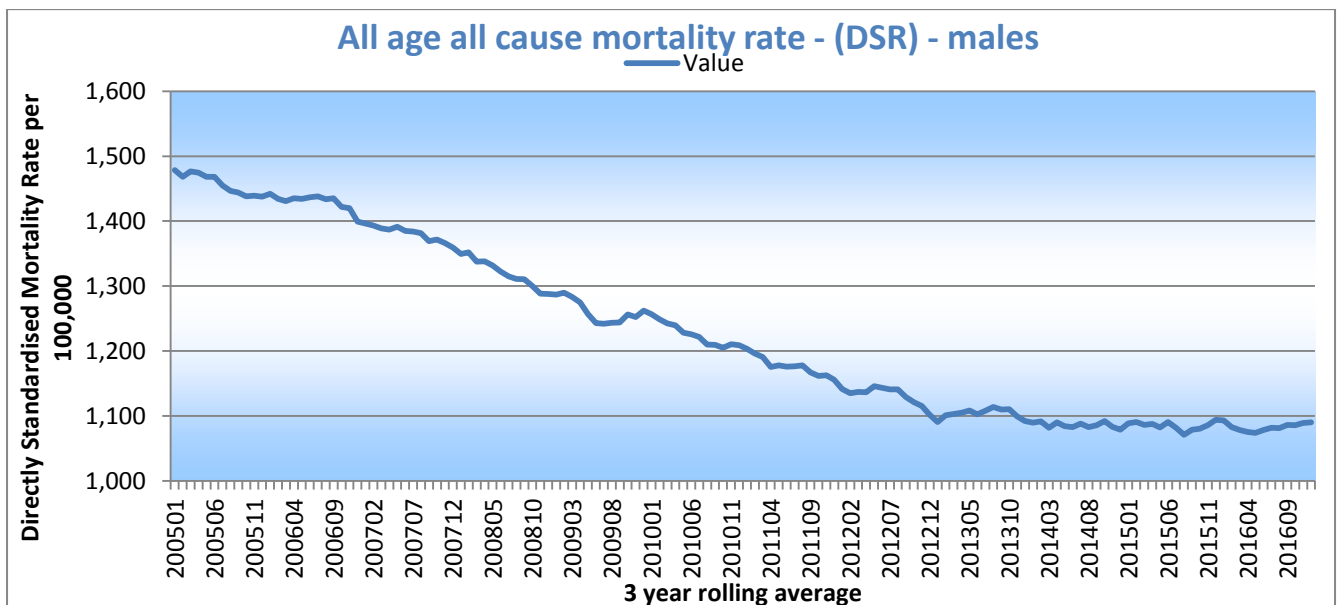
The charts below show the trends in key outcomes/indicators over the last few years. In summary they reflect the outcomes data above, i.e. an economy with good mortality rates for the non-deprived areas, good patient experience but no discernible improvement in reducing our dependency on hospital based care. This represents the opportunity for Stockport Together and this data packs aims to support HCICB to monitor improvement in outcomes quarterly and annually as we invest in integrated health, mental health and social care. We should be observing positive trends in the charts particularly those relating to mortality in deprived areas and in mental health and in reduced hospital admissions. Existing data sets have been used and can be updated quarterly. In time this data set will be replaced with the Stockport Outcomes Framework.

## Better Health?

Is the health of the population of Stockport improving?

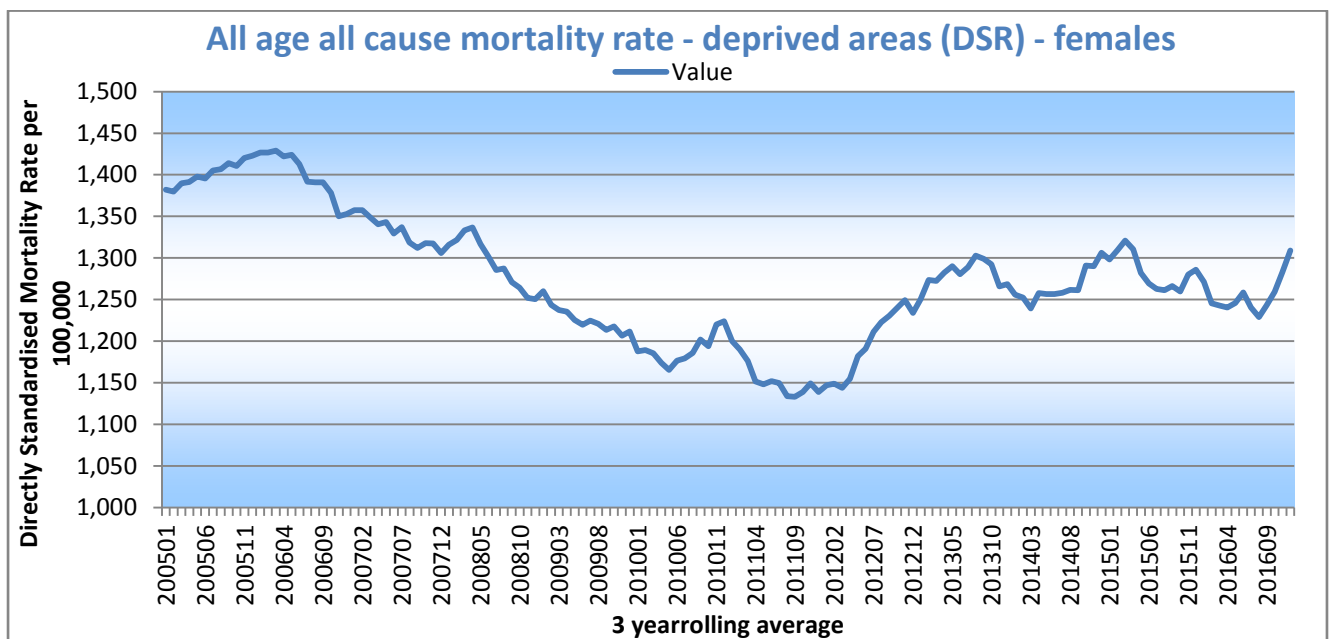
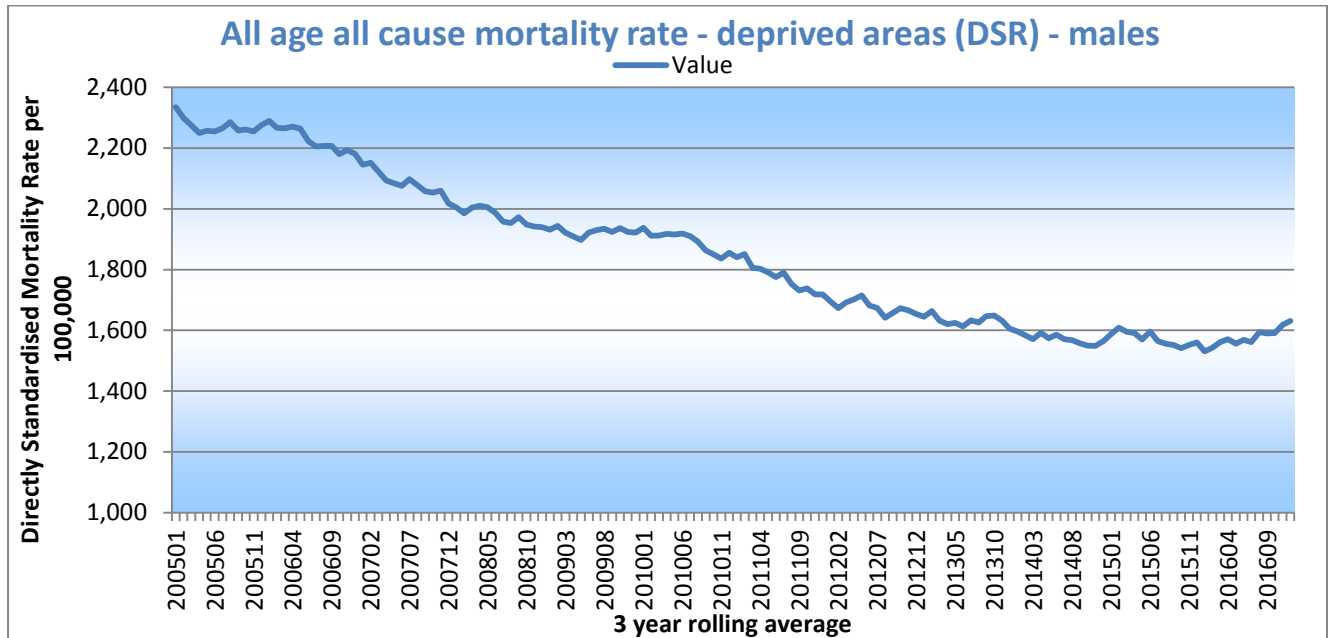
### 1. Are Mortality rates improving?

The graphs below show the trend in mortality rates for men and women has improved consistently since 2005 and has stabilised since 2014. We should expect to see the downward trend continuing, so therefore need to be concerned about the stagnation of this trend for males. Stockport benchmarks as average nationally.



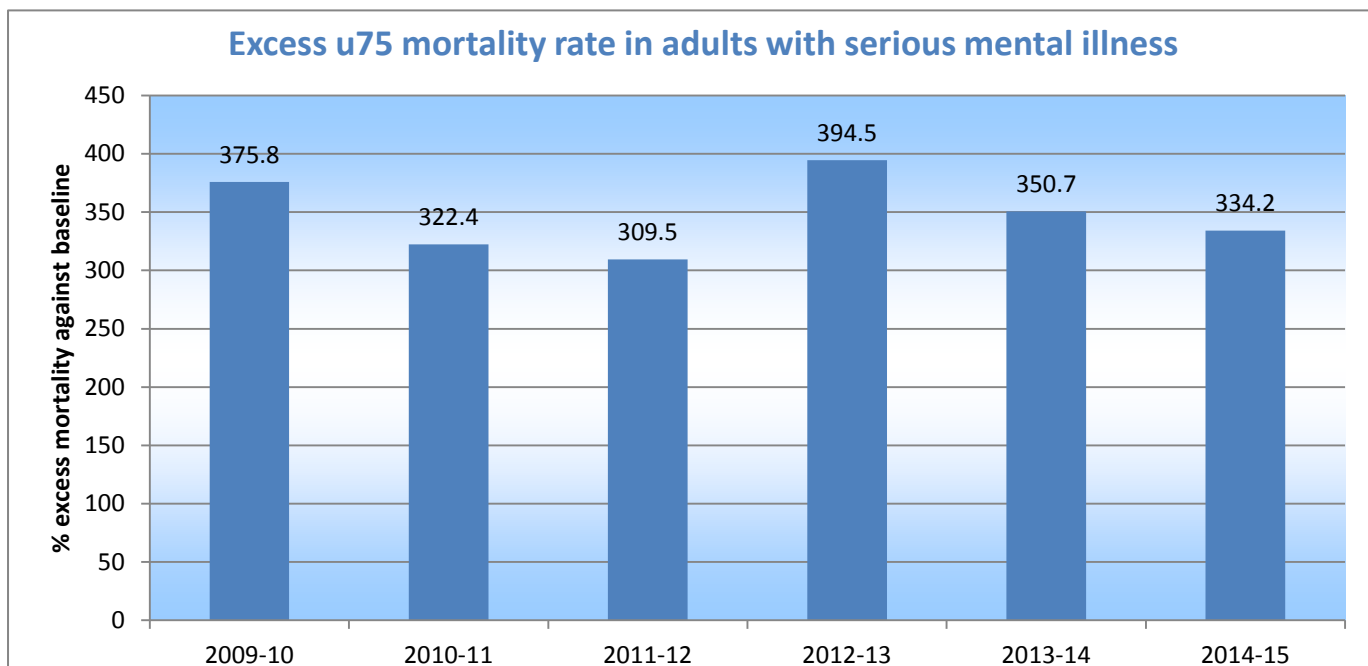
## 2. Is the mortality rate in deprived areas improving more than for Stockport overall?

The graphs below show that the trend in mortality rates in deprived areas has also improved in the long term. However mortality rates are still significantly higher in deprived areas, and the pace of change has meant gaps have not narrowed. There was a concerning upward trend for women’s mortality in deprived areas in 2012 that still does not appear to be improving. We should expect to see a step change in mortality rates in deprived areas, most especially for the female population. Comparisons for benchmarking are not readily available.



### 3. Is mortality for people with mental illness improving?

The graph below shows that there has not been a significant improvement in reducing premature mortality in adults with serious mental health, and that the mortality rate for this group is more than three times higher than average. Stockport benchmarks as average nationally.

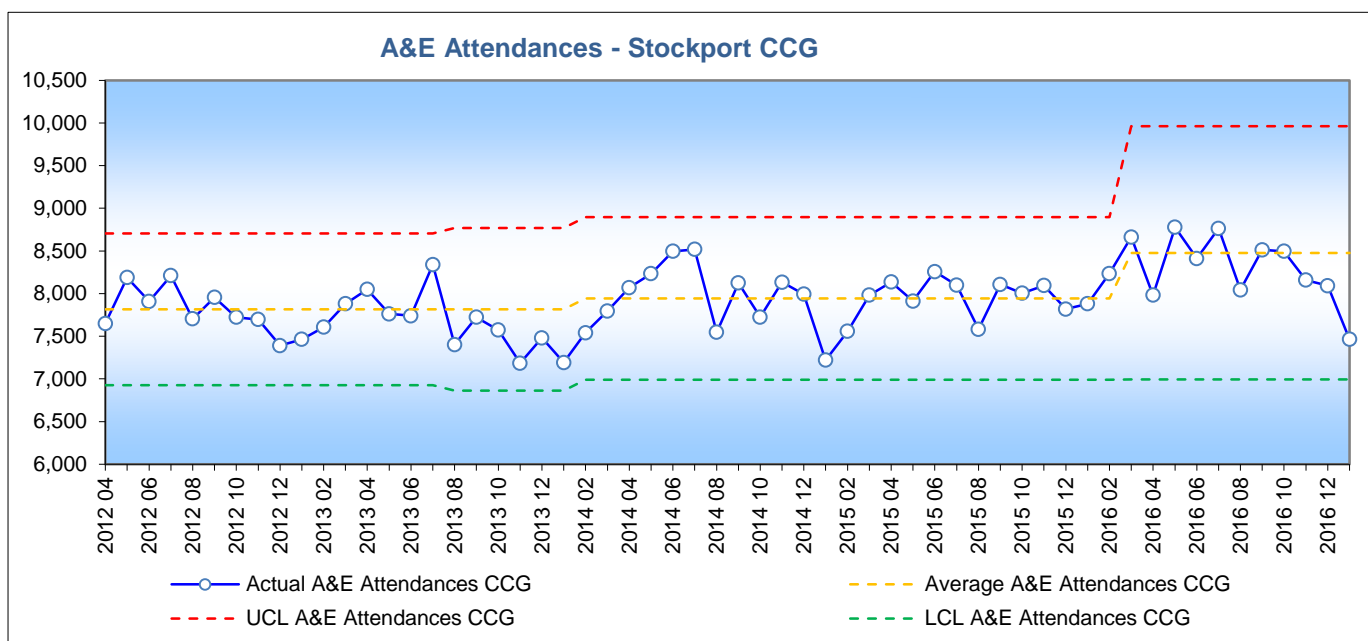


### Better Care?

Are more people being treated closer to home?

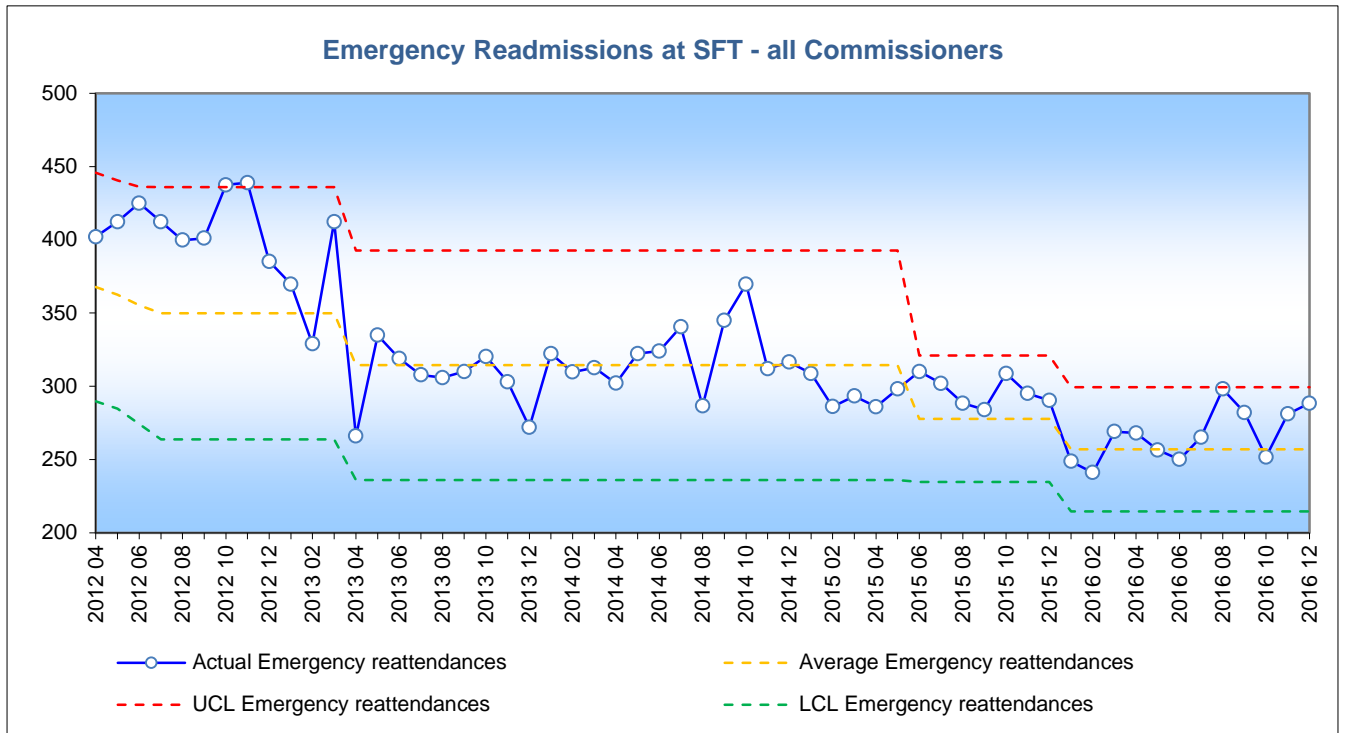
### 4. Are fewer people attending A&E?

The chart below shows that the number of A&E attendances for the Stockport CCG population has increased slightly since March 16. We would expect to see these numbers reduce as we invest in primary care access.



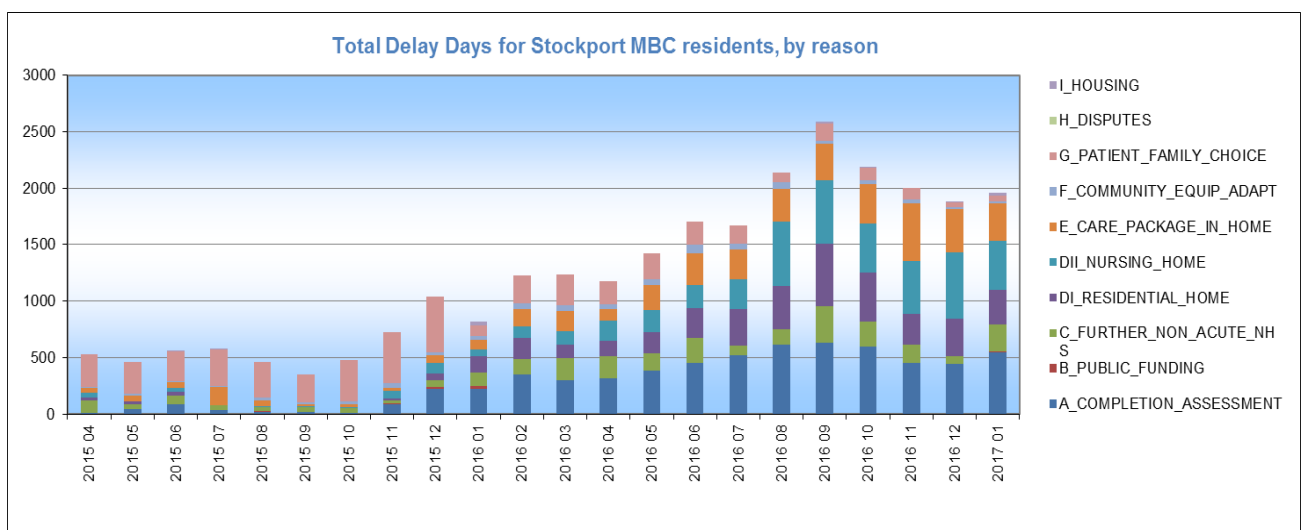
## 5. Are fewer people being readmitted to hospital as an emergency?

The chart below shows that there has been a reduction in emergency readmissions at Stockport FT for the Stockport CCG population, since late 2014. This trend is expected to continue.

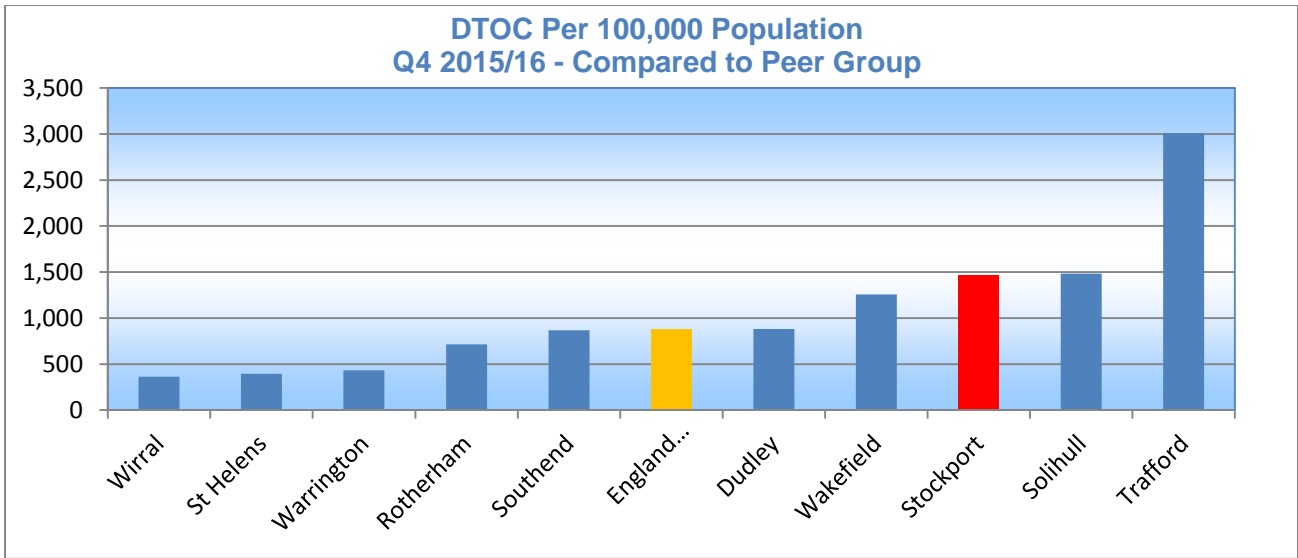


## 6. Are people being discharged from hospital when they should be?

The chart below shows that there has been an increase in the number of days that patients are delayed in the transfer of care from hospital, reflecting a number of inter-related causes.

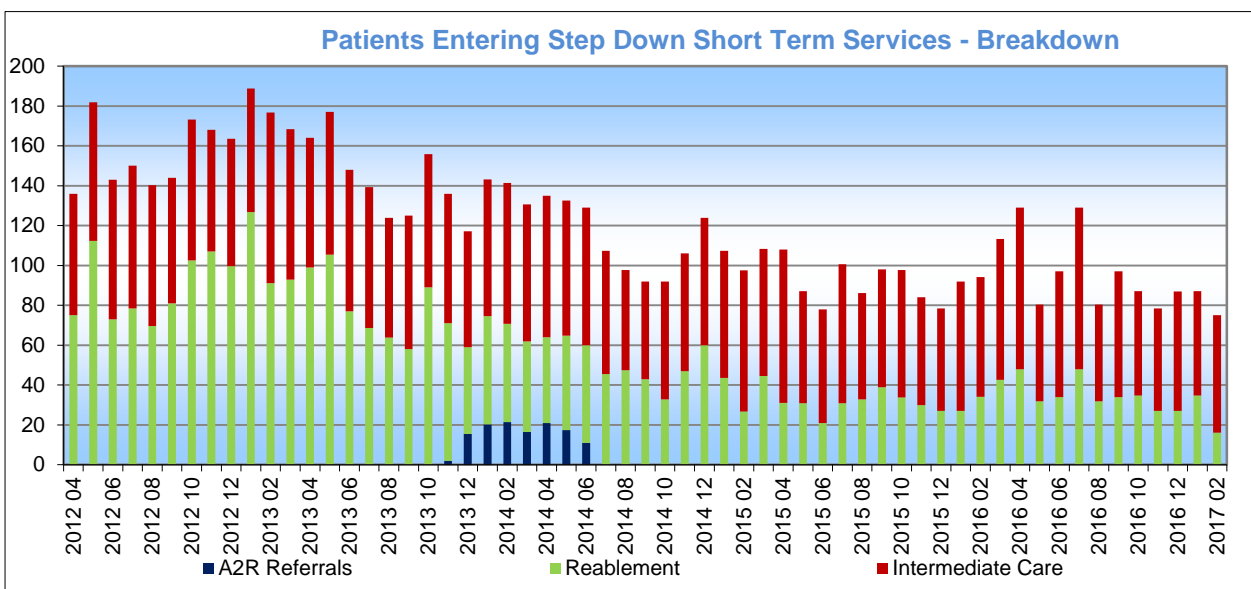
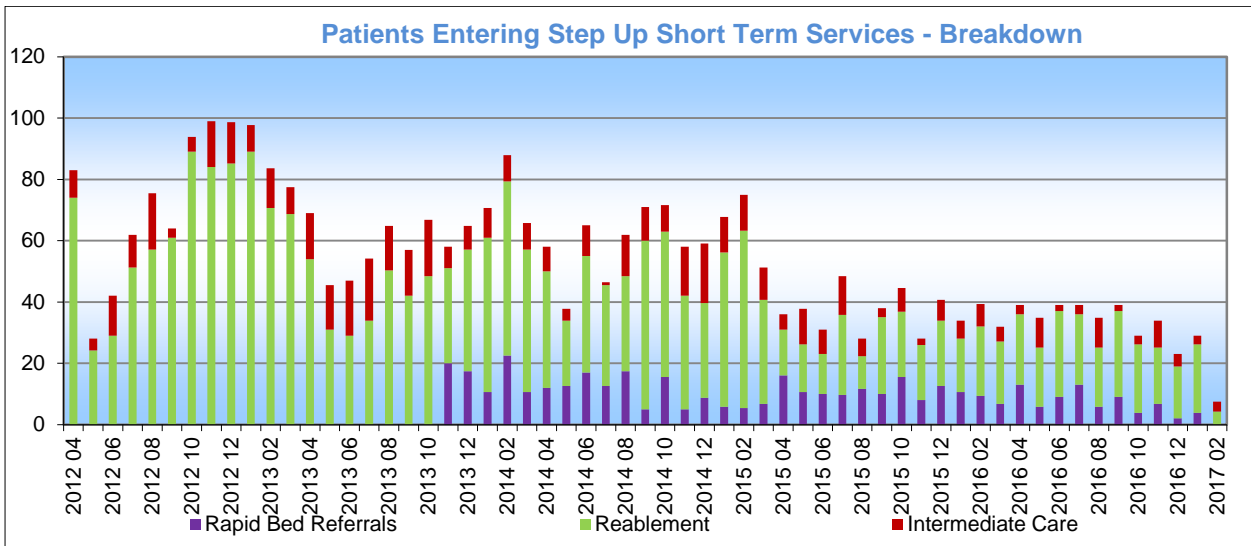


Stockport benchmarks above the national average for delayed transfers of care and is also high in relation to its peer group, as shown in the chart below.



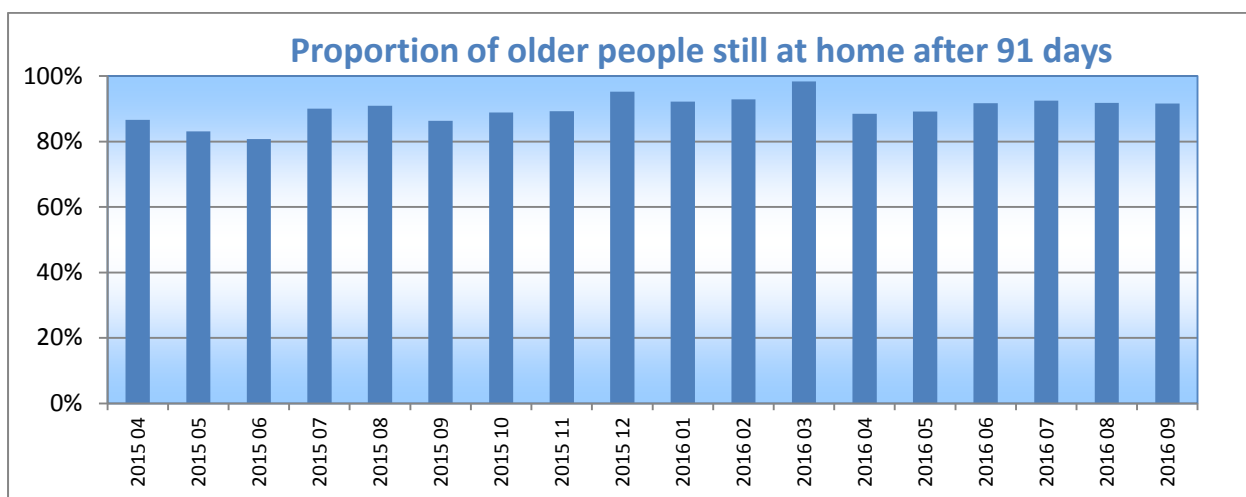
## 7. Are more people accessing Intermediate Care services (instead of being in hospital)?

The charts below shows that there is a declining trend in the number of people using 'step-up' and 'step-down' services. We would expect the 'step-up' trend to increase and the 'step-down' trend to decrease as more people are supported outside of hospital.



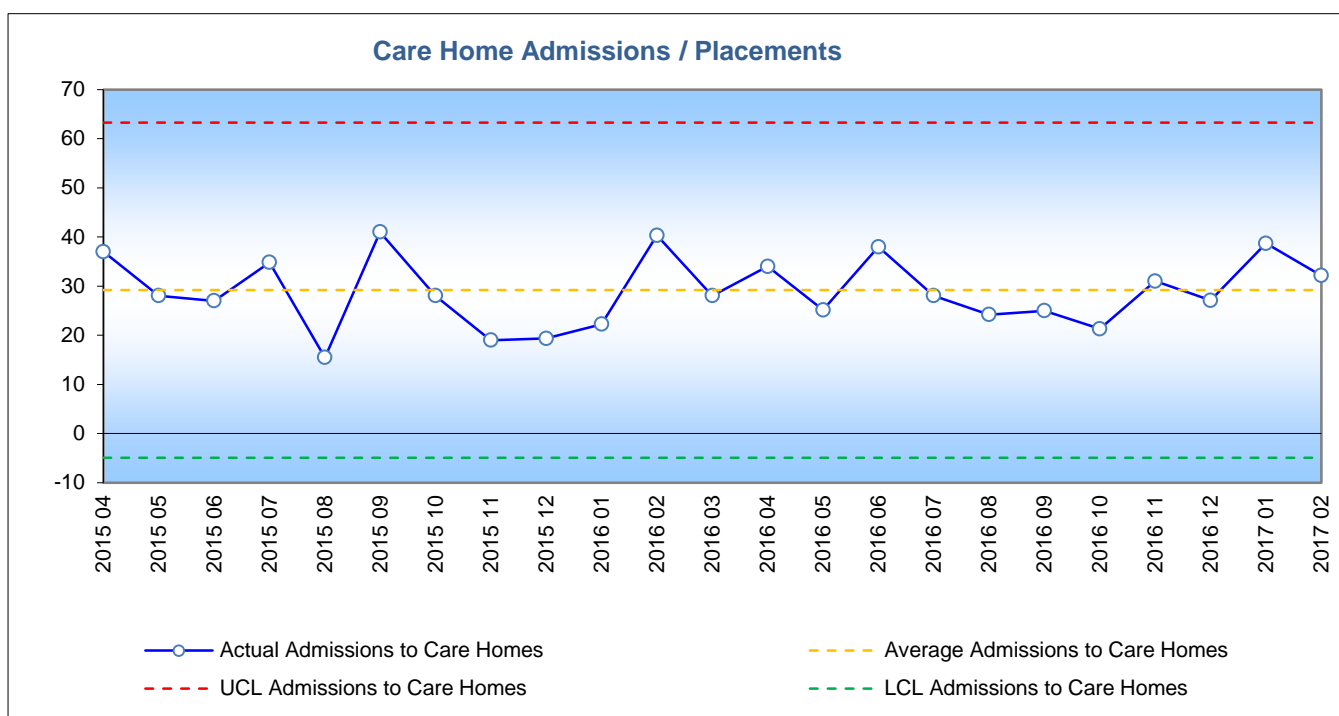
## 8. Are people still at home after reablement/rehabilitation services?

The chart below shows a high proportion and a slight upward trend in the proportion of people still at home 91 days of receiving reablement services.



## 9. What proportion of the Stockport population is admitted to residential and nursing care?

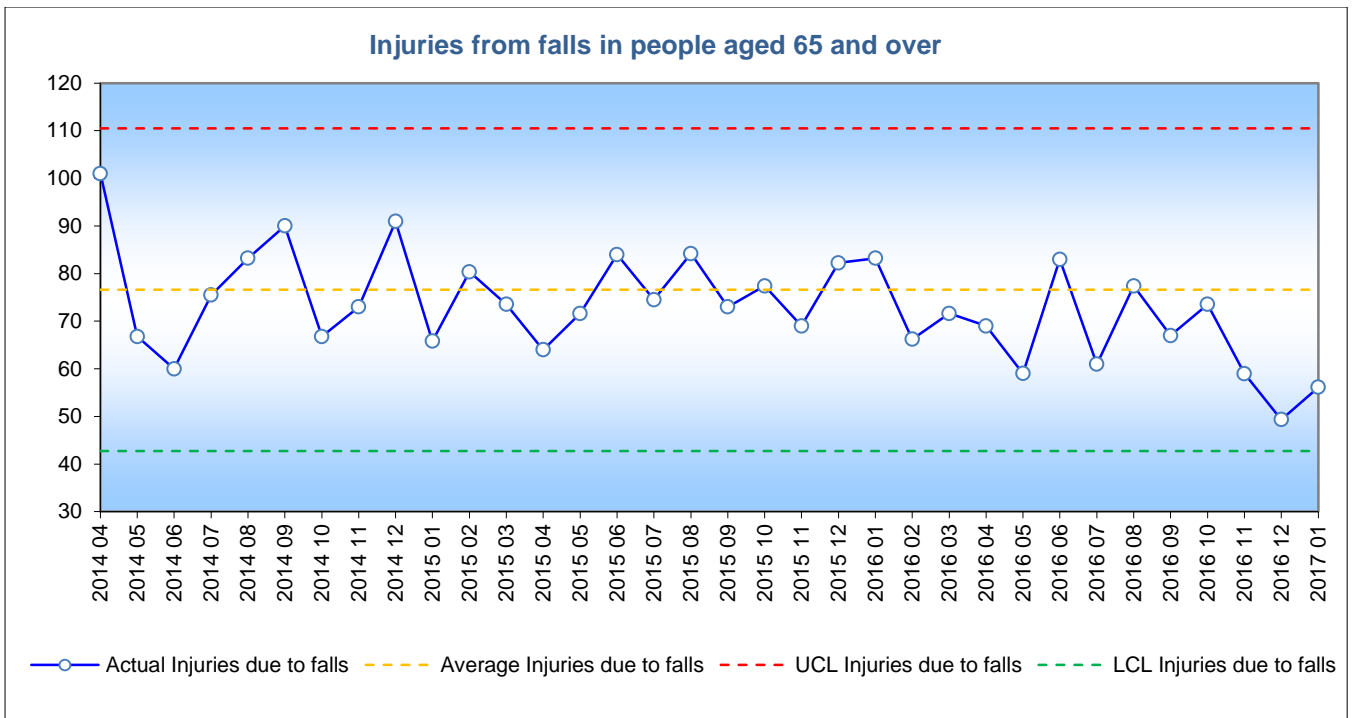
The chart below shows the number of admissions to residential and nursing care has not shown a statistical change since April 2015.



## 10. Are falls resulting in harm reducing?

The graph below shows no statistical change in the number of admissions for the Stockport CCG population for injuries and harm resulting from a fall in the last two years. However, the last five months have been below average.



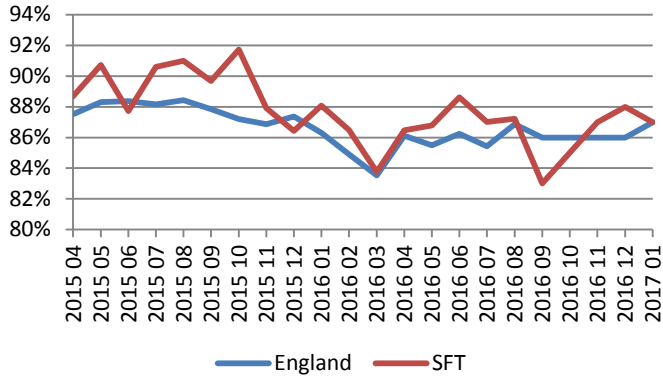


## 11. Are people reporting an improved experience of services?

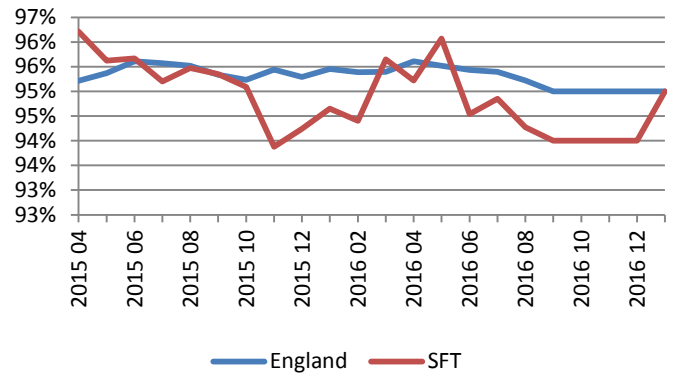
Patient experience is Provider reported and not possible to aggregate into a summary chart. The charts below show Friends and Family results for Stockport Foundation Trust, Pennine Care Foundation Trust and Stockport GPs. Each line represents the proportion of people/carers who are 'extremely likely' or 'likely' to recommend the service.

SFT show an above national average patient experience for A&E services and loosely follow the national average for inpatient and outpatient services. SFT community services remain below the national average. Pennine Care has seen some dips below the national average but recent months have stabilised at the national average. GP services have consistently remained at or above the national average.

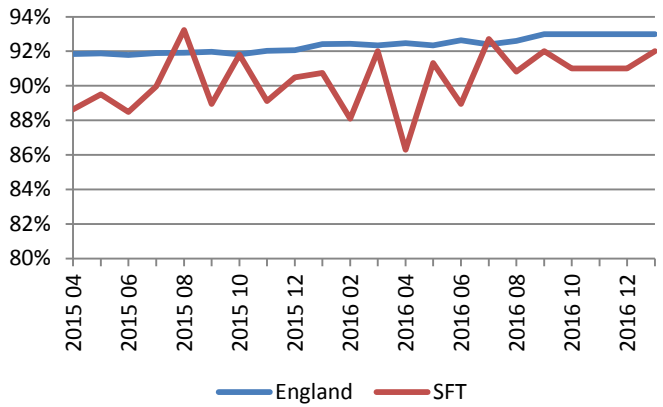
### A&E Services



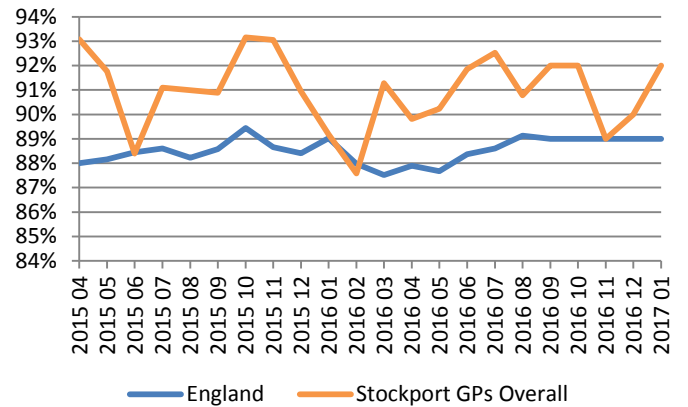
### Inpatient Services



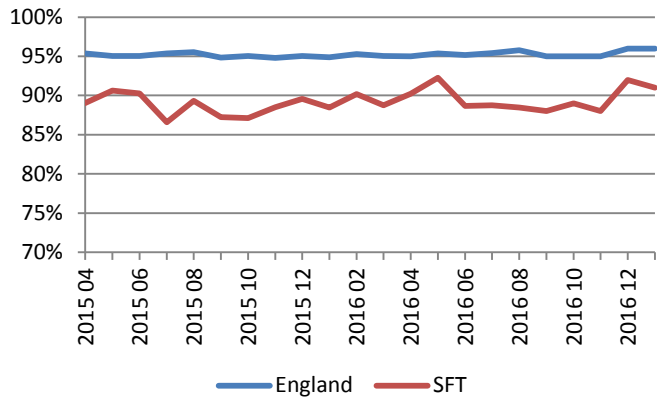
### Outpatient Services



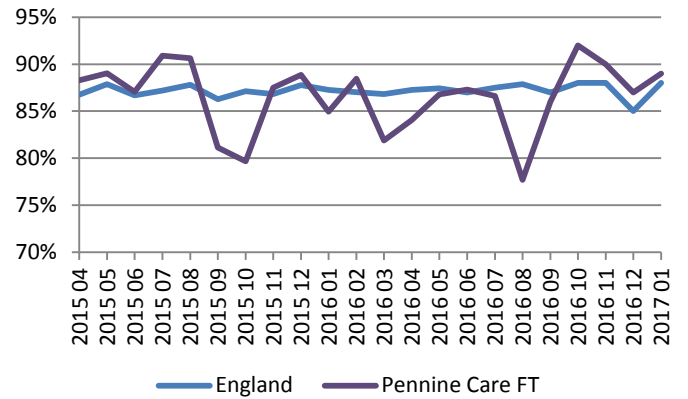
### GP Services



### Community Services



### Mental Health Services



<b>To:</b>	Health & Care Integrated Commissioning Board (HCICB)
<b>From:</b>	Stockport Council Financial Services, Stockport CCG Finance
<b>Subject:</b>	2016/17 Budget Monitoring – Quarter Three
<b>Date:</b>	6 April 2017

## 1. Introduction

This report focuses on the financial performance as at Quarter Three of the 2016/17 Section 75 pooled budget between Stockport Council and Stockport CCG. This follows the Quarter Two report which was considered by the HCICB on the 29<sup>th</sup> November 2016.

## 2. Budget Position at Quarter Three

The table below provides a summary by commissioning organisation of the total budget resources available as at Quarter Three within the s.75 pooled budget. There are no movements in budget aligned to the pool between quarters from either the CCG or the Councils perspective.

Table One – Budget Position at Quarter Three

<b>Commissioner</b>	<b>2016/17 Q2 Budget £000</b>	<b>Movement(s) £000</b>	<b>Proposed 2016/17 Q3 Budget £000</b>
Stockport Council	84,535	0	84,535
Stockport CCG	114,323	0	114,323
<b>Total</b>	<b>198,858</b>	<b>0</b>	<b>198,858</b>

## 3. Quarter Three Outturn Forecast by Service 2016/17

The table below provides a summary by Commissioner of the forecast outturn position as at Quarter Three. In summary, the anticipated outturn at Quarter Three is a £4.183m deficit. (+2.1% variance).

Table Two: Quarter Three Outturn Forecast by Service 2016/17

<b>Commissioner</b>	<b>Service / Portfolio</b>	<b>2016/17 Q3 Budget £000</b>	<b>Forecast Outturn Q3 £000</b>	<b>Forecast Variance Q3 £000</b>	<b>Forecast Variance Q2 £000</b>
Stockport Council	Adult Social Care	67,645	68,618	973	1,190
Stockport Council	Health	16,890	16,859	(31)	(84)
Stockport CCG	Acute - NHS Providers	64,170	66,517	2,347	1,809
Stockport CCG	Acute –	3,308	3,485	177	128

	Independent sector				
Stockport CCG	Non Acute and Other Health	46,845	47,562	717	1,100
<b>Total</b>		<b>198,858</b>	<b>203,041</b>	<b>4,183</b>	<b>4,143</b>

#### 4. Budget Position at Quarter Three by POD 2016/17

The table below illustrates the pooled budget resource based on Points of Delivery (PODs) and includes any budget realignments between Quarter 2 and Quarter 3.

Table Three: Resource changes by Point of Delivery

Points of Delivery	Commissioner	Budget Plan Q2 £000	Movements £000	Proposed Budget Q3 £000
Prevention	SMBC	21,902	0	21,902
	SCCG	368	0	368
Boroughwide Services	SMBC	7,277	0	7,277
	SCCG	4,660	0	4,660
Community / Out of Hospital	SMBC	69,556	0	69,556
	SCCG	41,817	0	41,817
Acute	SMBC	0	0	0
	SCCG	67,478	0	67,478
Better Care Fund	SMBC	(14,200)	0	(14,200)
<b>Total</b>		<b>198,858</b>	<b>0</b>	<b>198,858</b>

There are no budget movements in budget provision between PODs for either the Council or CCG.

#### 5. Quarter Three Outturn Forecast by POD 2016/17

The outturn forecast as at Quarter Three is reflected in the table below. Further analysis is illustrated in Appendix 1 of this report.

Table Four: Outturn forecast by Point of Delivery

Points of Delivery	Commissioner	2016/17 Q3 Budget £000	Forecast Outturn Q3 £000	Forecast Variance Q3 £000	Forecast Variance Q2 £000
Prevention	SMBC	21,902	21,503	-399	-414

	SCCG	368	368	0	0
Boroughwide Services	SMBC	7,277	6,854	-423	-432
	SCCG	4,660	4,660	0	0
Community / Out of Hospital	SMBC	69,556	71,317	1,761	1,949
	SCCG	41,817	42,534	717	1,100
Acute	SMBC	0	0	0	0
	SCCG	67,478	70,002	2,524	1,937
Better Care Fund	SMBC	(14,200)	(14,197)	3	3
<b>Total</b>		<b>198,858</b>	<b>203,041</b>	<b>4,183</b>	<b>4,143</b>

### **Prevention (SMBC) surplus: £0.399m**

A £0.031m surplus exists within the Health and Wellbeing service which is a combination of a staffing surplus and under commitments against Health Policy Schemes. The balance of £0.368m continues to reflect the position reported in Quarter Two with surpluses predominantly across all of the preventative services. The most significant surpluses are within the Stockport Local Assistance Scheme (SLAS), the Safeguarding service and from the remaining renegotiated contracts outside of the Prevention framework.

#### **Variance from Quarter 2**

The surplus has decreased by £0.015m. This is due to additional commitments within Health Policy to provide transition funding and additional dementia support. This is in part offset by additional surpluses from a reduced non pay outturn forecast for SLAS.

### **Boroughwide (SMBC) surplus: £0.423m**

The service is forecasting a surplus of £0.084m and the Non Acute Intermediate Care service of £0.130m. These are both due to vacancies and part year recruitment, with the latter also including Health related posts.

The equipment services continues to reflect a surplus at Q3 this is £0.145m, due to a combination of vacancies and underspends against equipment purchases.

The balance of £0.064m predominantly relates to a surplus in the Older Peoples Community Mental Health team.

#### **Variance from Quarter 2**

The surplus has decreased by £0.009m. Additional costs from staffing posts which have now been recruited to are part offset by additional surpluses identified within equipment services.

### **Community / Out of Hospital (SMBC) deficit £1.761m**

Underpinning this deficit forecast are the following unachieved savings targets which total £1.050m;

- £0.750m of the £1.500m Intermediate Care saving. The balance of £0.750m is being funded non-recurrently from Council reserves. It is anticipated going forward that this saving will be funded recurrently from the benefits realisation of the new models of care.
- £0.300m of the £1.100m Learning Disability tenancy outsourcing project.

There continues to also be a significant pressure within care management services with Residential and Nursing care forecasting a £0.491m deficit. More acutely is the deficit forecast in non-residential services of £1.039m. This reflects an overall deficit increase from the Q2 position for care management of £0.439m and a transfer of the significant pressure onto non-residential provision.

Cessation of contracts within Rapid Response bed based provision is transferring demand to other elements of care management services. In addition to this Adult Social Care is providing additional support in responding to the challenges faced by Delayed Transfers of Care (DTC) from Stepping Hill Hospital. Managing this increase in demand and complexity of client's conditions has resulted in increased bed rates to secure short term residential and nursing care provision. In addition to this are increased recurrent costs predominantly within homecare service provision to prevent readmission to hospital.

Also Younger Adult services have seen an increase in demand for its non-residential provision. This is due to additional costs than previously anticipated for transitions of young adults entering the service and from new clients requiring support.

Further pressure exists within the Learning Disability internal tenancy service of £0.230m. This excludes the £0.300m unachieved saving for the Learning Disability outsourcing project discussed above and in Section 7. However this is a £0.116m improvement from the Q2 position. As was the case in Q2 the remaining financial pressures continues to be experienced within Heys Court and Stockport Road apartments as it enhances its staffing establishments to respond to the increasing demand for services. These pressures are part offset by staffing surpluses in other tenancies.

The overall financial pressure is in part offset by a surplus forecasted within the Reablement and Rapid Response service of £0.183m predominantly due to reduced bed based provision as mentioned above.

A surplus of £0.540m is also forecasted within operational staffing support due to a combination of vacancies, staff turnover and all posts being funded at top of scale.

The remaining surplus of £0.326m within Other Adult Social care services excluding the £0.750m Intermediate Care saving pressure is due to vacancies and improved contract commissioning.

#### Variance from Quarter 2

The deficit has decreased by £0.188m. This is due to the improved position within the Reablement and Rapid Response service of £0.126m. Also included is a reduced

outturn forecast in the Learning Disability internal tenancy service of £0.116m and the operational staffing and support service provision of £0.385m in total. This is part offset by the net increase in care management provision of £0.439m

It is expected that this deficit will be funded from other Council resources.

### **Community / Out of Hospital (SCCG) deficit £0.7m**

There remains a £1.1m deficit on funded nursing care. This is an estimate of the cost of the increase in the NHS Funded Nursing Care rate by 40% to £156.25 per week, backdated to the 1st April 2016.

The significant change to Q3 is that the above variance is being offset by slippage on GP care plans of £0.4m.

### **Acute (SCCG) deficit: £2.5m**

The acute sector forecast deficit of £2.5m with NHS Trusts, an increase of £0.2m when compared to Q2 can be attributable to Stockport FT £1.1m, other NHS providers £1.2m and £0.2m to the Independent sector.

The top three areas that make up the majority of the deficit within NHS Trusts is due to elective over performance of £0.9m, an increase in outpatients of £0.3m and additional pressures within critical care of £0.5m.

The rise in elective performance reflects additional activity which is specifically targeted at reducing both the total number of patients on waiting lists and the length of time that patients wait from Referral to Treatment (RTT).

### **Variance from Quarter 2**

The Stockport FT contract forecast remains in line with that reported at Q2. The significant changes are that other NHS Trust deficits have increased by £0.4m, for the reasons noted above.

A further change to the forecast is an £0.1m forecast overspend on Non Contracted Activity (NCA), which was forecast to break-even against plan at Q2.

There has also been a slight increase in cost of Independent sector activity of £0.05m.

## **6. Reserves**

The Outturn forecast where the Council (SMBC) is the lead commissioner is supported by non recurrent funding held within the Councils Adults reserves totalling £0.642m.

- £0.258m funding from reserves to offset 2016/17 savings target for reduction in Social Work capacity at hospital, which is unlikely to be achieved in year.
- £0.300m contribution to offset residential and nursing care expenditure.

- £0.084m funding to support 3.00 fte Social Work support to Learning Disability Tenancy Outsourcing project.

This is in addition to the £4.212m discussed in Section 7 below;

The forecasted over spends where the CCG is the lead commissioner will be funded by CCG contingencies.

## 7. Savings

Below is a summary of savings / Continuous Improvement Plan (CIP) affecting the pooled budget in 2016/17 and their status:

Table Five: 2016/17 Saving Proposals

<b>Proposal</b>	<b>Risk Rating</b>	<b>Value £000</b>	<b>Value Achieved £000</b>	<b>Additional Information</b>
Preventative Commissioning – ASC	Green	500	500	Achieved in full as part of new Prevention framework
Preventative Commissioning - Public Health	Green	500	500	Achieved in full as part of Health Promise
Outsourcing of tenancies	Amber	1,100	800	£0.5m achieved from transport service ending. Also included in Q2 position £0.3m achieved through restructure, £0.3m remaining gap under review.
Mental Health re-structure	Green	140	140	Achieved, internal restructure completed.
Reach Service vacancies	Green	470	470	Achieved, internal restructure completed.
Cessation of transport service	Green	530	530	Achieved, service now ended.
Current assessment of management structure	Green	290	290	Achieved, internal restructure completed.
Reduction of the hospital social work team	Red	258	0	Being funded from ASC reserves non recurrently in 2016/17
<b>Total</b>		<b>3,788</b>	<b>3,230</b>	
Acute Health	Green	2,606	2,606	Achieved, partial block contract agreed with Stockport FT. Non elective admission savings have been offset by an increase in Non-elective excess bed days.



<b>Grand Total</b>		<b>6,394</b>	<b>5,836</b>	
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In addition to the savings highlighted above for Adult Social Care is £4.212m of non recurrent funding from corporate reserves intended to part support the £8.000m total saving requirement for the service for 2016/17.

Also to note for Adult Social Care there is an Intermediate Care saving requirement of £1.500m which was funded from non-recurrent reserves in 2015/16.

#### 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 financial position at Q3 deficit of £4.183m



<b>Appendix 1: HCICB Pooled Budget report Q3 2016/17</b>		<b>Budget</b>	<b>Forecast Q3</b>	<b>Forecast Q2</b>	<b>Variance Q3</b>	<b>Variance Q2</b>	<b>Variance Q3-Q2</b>
<b>Provider</b>	<b>Service</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
<b>Prevention</b>							
Pennine Care	Dementia / Memory Services	£56	£56	£56	£0	£0	£0
GP	Flu Services	£91	£91	£91	£0	£0	£0
SMBC	Dementia Services	£8	£8	£8	£0	£0	£0
SMBC	People Powered Health	£213	£213	£213	£0	£0	£0
Various	Public Health	£16,487	£16,487	£16,487	£0	£0	£0
Various	Health and Wellbeing	£403	£372	£319	£-31	£-84	£53
Various	ASC Preventitive Services	£5,012	£4,644	£4,682	£-368	£-330	£-38
<b>Total</b>		<b>£22,270</b>	<b>£21,871</b>	<b>£21,856</b>	<b>£-399</b>	<b>£-414</b>	<b>£15</b>
<b>Community / Out of Hospital</b>							
Stockport FT Community	District Nursing, Palliative Care and Teir Two Services	£10,718	£10,718	£10,718	£0	£0	£0
Pennine Care	Crisis Resolution, Mental Health Teams, Liason	£657	£657	£657	£0	£0	£0
GP	Care Homes Development and Care Home Planning	£2,086	£1,701	£2,086	£-385	£0	£-385
SMBC	FNC, Neighbourhood Services, ESS, Reablement, R Response	£9,555	£10,655	£10,655	£1,100	£1,100	£0
Various Care Homes	Continuing Care / Domiciliary	£7,398	£7,398	£7,398	£0	£0	£0
Mastercall	IV Therapy and Pathfinder	£1,313	£1,313	£1,313	£0	£0	£0
Beechwood and St Ann's	Hospices	£826	£826	£826	£0	£0	£0
Various 3rd Sector	Carers / Alzheimer's	£631	£631	£631	£0	£0	£0
Various	Programme Management Services	£262	£262	£262	£0	£0	£0
SMBC	Learning Disabilities	£1,617	£1,617	£1,617	£0	£0	£0
SMBC	Mental Health	£293	£293	£293	£0	£0	£0
SMBC	S256 - FACs & Demograpics	£3,746	£3,746	£3,746	£0	£0	£0
SMBC	S256 - Care Integration	£255	£255	£255	£0	£0	£0
SMBC	S256 - Social Care Protection	£124	£124	£124	£0	£0	£0
SMBC	S256 - ASC Demograpics / FACS	£1,537	£1,537	£1,537	£0	£0	£0
SMBC	Care Act	£730	£730	£730	£0	£0	£0
SMBC	Programme Management Services	£71	£71	£71	£0	£0	£0
Care Home Providers	Integrated Locality Services - Residential & Nursing care	£16,137	£16,313	£16,694	£176	£557	£-381
Homecare / Community Providers	Integrated Locality Services - Non Residential Services	£11,412	£12,013	£11,522	£601	£110	£491
Integrated Neighbourhood Services	Reablement and Rapid response	£2,164	£1,981	£2,107	£-183	£-57	£-126
Care Home Providers	Learning Disability - Residential & Nursing care	£3,629	£3,812	£3,840	£183	£211	£-28
Homecare / Community Providers	Learning Disability - Non Residential Services	£13,981	£14,530	£13,555	£549	£133	£416
Learning Disability	Internal Tenancy provision	£9,239	£9,769	£10,377	£530	£646	£-116
Care Home Providers	Mental Health - Residential & Nursing care	£1,972	£2,103	£2,059	£131	£87	£44
Homecare / Community Providers	Mental Health - Non Residential Services	£1,187	£1,077	£1,180	£-110	£-7	£-103
Various	Operational staffing support	£7,595	£7,055	£6,660	£-540	£-412	£-128
Various	Other services incl ASC support services	£2,240	£2,664	£3,511	£424	£681	£-257
Better Care Fund Contribution	BCF	£-14,200	£-14,197	£-14,197	£3	£3	£0
<b>Total</b>		<b>£97,173</b>	<b>£99,654</b>	<b>£100,225</b>	<b>£2,479</b>	<b>£3,052</b>	<b>£-573</b>
<b>Acute</b>							
Stockport FT Acute	A&E, Medicine, Ophthalmology, ENT, T&O and Other	£40,604	£41,714	£41,675	£1,110	£1,071	£39
Pennine Care	General Psychiatry	£6,764	£6,764	£6,764	£0	£0	£0
Various Independent Sector	A&E, Medicine, Ophthalmology, ENT, T&O and Other	£3,308	£3,485	£3,436	£177	£128	£49
NHS Trusts	A&E, Medicine, Ophthalmology, ENT, T&O and Other	£16,802	£18,039	£17,540	£1,237	£738	£499
<b>Total</b>		<b>£67,478</b>	<b>£70,002</b>	<b>£69,415</b>	<b>£2,524</b>	<b>£1,937</b>	<b>£587</b>
<b>Stability / Recovery / Boroughwide</b>							
Pennine Care	Rehabilitation and Recovery Services	£67	£67	£67	£0	£0	£0
SMBC	Non Acute Services for Older People and Equipment	£4,593	£4,593	£4,593	£0	£0	£0
Various	Boroughwide Services	£7,277	£6,854	£6,845	£-423	£-432	£9
<b>Total</b>		<b>£11,937</b>	<b>£11,514</b>	<b>£11,505</b>	<b>£-423</b>	<b>£-432</b>	<b>£9</b>
<b>Grand Total</b>		<b>£198,858</b>	<b>£203,041</b>	<b>£203,001</b>	<b>£4,181</b>	<b>£4,143</b>	<b>£38</b>