

TAMESIDE AND GLOSSOP

Care together

Tameside and Glossop Integrated Financial Position: M10

2016/17 Revenue & Capital Monitoring Statements at 31
January 2017 and projected outturn to 31 March 2017

14 March 2017

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Tameside and Glossop
Integrated Care
NHS Foundation Trust

 **Tameside**
Metropolitan Borough

Section 1 - Care Together Economy Revenue Financial Position

Care Together Economy Revenue Financial Position

Organisation	Year to Date			Year End Forecast			Movement	
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	Previous Month £'000s	Movement in Month £'000s
Tameside & Glossop CCG	317,772	317,772	-	385,349	385,349	-	(1,336)	1,336
Tameside MBC	56,702	59,744	(2,732)	69,272	72,922	(3,650)	(3,509)	(141)
Total Single Commissioner	374,474	377,516	(2,732)	454,621	458,271	(3,650)	(4,845)	1,195
ICFT Deficit	(14,458)	(14,129)	329	(17,300)	(15,500)	1,800	-	1,800
Total Whole Economy			(2,403)			(1,850)	(4,845)	2,995

The overall financial position of the Care Together Economy has improved by c£3m month on month, reducing the whole economy projected year end deficit to £1.85m as at the 31st January. This remaining deficit comprises values at TMBC and the ICFT as the CCG has now fully met its QIPP target of £13.5m in 2016-17. It is this combined with an improvement in the ICFT position of £1.8m that has resulted in the £3m improvement in the financial position since last month.

Key Risks in Year End Forecast

- The outcome of difficult negotiations with local Care Home Providers relating to Funded Nursing Care tariff increases.
- That the current level of Delayed Transfers of Care adversely impacts on the delivery of the Winter Plan with associated financial consequences

Planned Mitigations to Identified Risks

- The Winter Plan reflects an integrated approach across the economy which is essential in managing delayed transfers of care (DTOCs) with implementation of the Home First transformation project critical to managing the level of DTOCs.

The CCG figure quoted in table 1 differs from that reported to NHS England in the Non ISFE return, due to the treatment of QIPP and timing of the recovery plan. This is to ensure consistency of reporting across the Integrated Commissioning Fund, for both CCG and Local Authority. This is presentational only and does not affect the underlying position. It has been agreed at Single Commissioning Board, that all financial gaps (including QIPP) should be treated as a deficit until the savings have been achieved (i.e., reported as green in QIPP/recovery plans). Please note that accruals are included within the year end projections for the Council and not within the year to date totals. The CCG projections include accruals with in both year to date and year end projection total.

The outstanding commissioner gap for 2016-17 is £3.650m which is in respect of TMBC services. It is important to note that although the CCG QIPP target has been met in 2016-17, only £1.7m was delivered recurrently and £11.6m was as a result of non recurrent funding which creates additional pressures for 2017-18 and a 2017-18 QIPP target of £23.9m.

Mitigations to adverse variances contained in Year to Date Position

- The diligent efforts commenced in 2016-17 as part of the CCG Recovery Plan will continue at pace and scale to transform services, manage demand and facilitate the delivery of financial efficiencies.
- Continued work to deliver and identify further savings as part of the TMBC QIPP.
- The final year settlement which is in the process of being agreed with the ICFT will mitigate any risk for the rest of the year including the risk regarding winter pressures.

Tameside & Glossop CCG

Description	Year to Date			Year End Forecast			Movement	
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	Previous Month £'000s	Movement in Month £'000s
Acute	164,712	164,857	(145)	197,293	197,418	(125)	(232)	107
Mental Health	24,107	24,069	38	28,993	28,991	2	(25)	27
Primary Care	68,335	68,787	(452)	81,655	82,554	(899)	(1,099)	200
Continuing Care	9,910	10,312	(402)	12,251	12,647	(396)	(400)	4
Community	22,881	22,879	2	27,493	27,544	(51)	(18)	(33)
Other	24,194	23,173	1,021	32,486	31,650	836	1,158	(322)
QJPP					0	0	(1,336)	1,336
CCG Running Costs	3,633	3,695	(62)	5,178	4,545	633	616	17
CCG Total	317,772	317,772	-	385,349	385,349	0	(1,336)	1,336

There has been an improvement to the CCG's projected year end financial position and the 2016-17 QIPP target of £13.5m has been met.

However, the majority of this improvement is a result of non-recurrent means and includes:

- Green rated QIPP schemes (including gain on market rates and profiling of internally funded transition fund) which have increased again by £1.336m to £13.5m therefore meeting the QIPP target for 2016-17.
- Changes in the outturn position by directorate:
 - **Acute:** Detail provided separately.
 - **Prescribing:** A detailed report on the current prescribing position is provided separately.
 - **Community:** There is a pressure of £25k on the forecast as a result of 2 patients placed in St Ann's Hospice due to a lack of capacity elsewhere to meet their clinical needs. This will be continually reviewed to ensure the financial values are accurately included in the CCG position as the duration of the placements is unknown at this stage. There is also a further increase in the overspend on Community IT by £9k.
 - **Other:** The £5.2m allocation in respect of the Transformation Funding for 2016-17 has been received to support the implementation of service transformation and facilitate the delivery of recurrent savings.

- The CCG has met the £13.5m QIPP target in 2016-17 but the majority from non recurrent means.
- Diligent efforts to continue at pace and scale to transform services and deliver recurrent financial benefits.
- A year settlement is in the process of being finalised with the ICFT to mitigate any risk for the remainder of the year including any caused by winter pressures.
- CCG planning to:
 - Deliver 1% surplus in 2016/17
 - Keep 1% of allocation uncommitted
 - Maintain Mental Health Investment Target (formerly parity of esteem)
 - Remain within running cost allocation

Recommendations

- Note the updated M10 YTD position and the diligent efforts undertaken to meet the 2016-17 QIPP target.
- Acknowledge the significant recurrent savings required to close the long term financial gap.

CCG Key Movements & Narrative

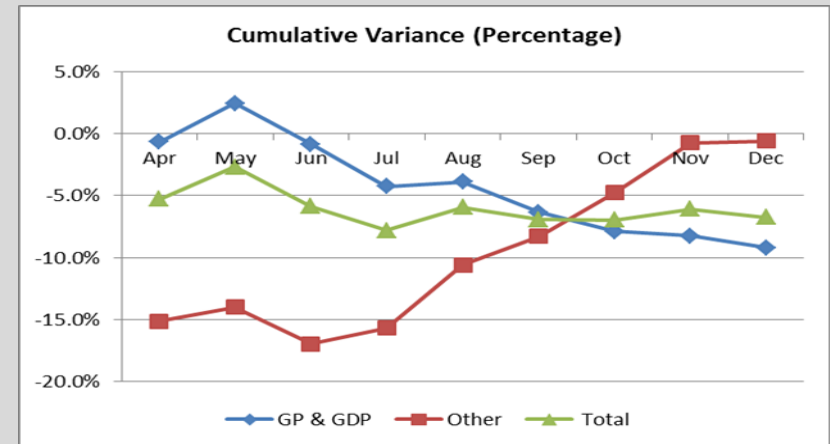
Acute Provider Drilldown – Notable movements:

- **ICFT:** A year end settlement is being finalised which will mitigate against any overspend on budget for the remainder of the financial year but activity trends continue to be monitored.
- **Central Manchester:** Adverse movement of the full year forecast (£42k) on Non Electives driven by Nephrology (£90k), Clinical Haematology (£42k) and Gynaecology (£41k).
- **Stockport:** Favourable movement of year to date forecast of £24k due to Stroke under spend. This is partially offset by an increase in Elective (£54k) for Trauma & Orthopaedics / Urology.
- **UHSM:** Adverse movement of year to date position due to Outpatients (£50k) and Electives (£45k).
- **SRFT:** Adverse movement of the year to date position (£13k) due to Elective Nephrology.
- **Pennine Acute:** Favourable movement of the full year position due to significant reduction in Pain management of £24k. This activity has been offset with increased activity at SRFT.

Description	Year to Date			Year End Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
ICFT	105,806	105,806	0	126,575	126,575	0
Central Manchester	18,657	19,443	(786)	22,280	23,192	(912)
Stockport	9,960	9,271	689	11,968	11,134	834
South Manchester	5,413	5,678	(265)	6,568	6,820	(252)
Pennine Acute	3,359	3,241	118	4,029	3,855	174
Salford	2,682	2,807	(125)	3,226	3,460	(234)
WWL	1,160	1,030	130	1,409	1,251	158
Bolton	67	67	0	80	80	0
CCG Total	147,104	147,343	(239)	176,135	176,367	(232)

Acute Referrals Analysis

- ICFT GP Referrals are down -9.2% compared to same period last year (April – Dec), whereas the reduction in 'Other' referrals is markedly less at only -0.6% and being investigated. Please see below graph.



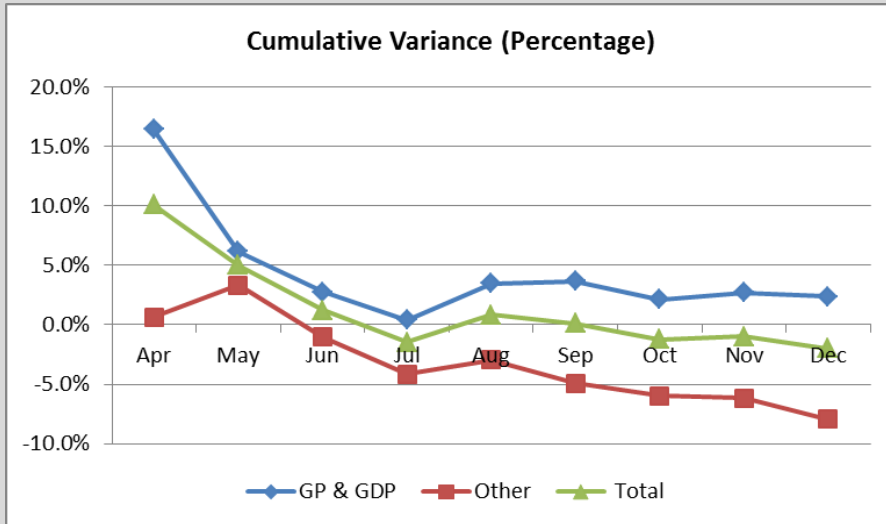
- The main areas of GP referral reduction are shown in the below table:

GP Referrals to Tameside & Glossop ICFT				
Specialty	2015/16	2016/17 FOT	% change	Reduction in number of referrals
VASCULAR SURGERY	1,043	709	-32%	334
RHEUMATOLOGY	1,145	939	-18%	206
TRAUMA & ORTHOPAEDICS	4,798	4,033	-16%	765
OPHTHALMOLOGY	2,807	2,393	-15%	414
BREAST SURGERY	2,687	2,492	-7%	195
DERMATOLOGY	3,959	3,871	-2%	88

CCG Key Movements & Narrative

Acute Referrals Analysis (continued)

- With regards to Non ICFT referrals, the opposite trend is apparent as GP referrals are up +2.4% compared to the same period last year, whereas there is a -7.9% reduction in 'Other' referrals. Please see below graph.
- Further analysis is required to understand how much of the reduction seen in the ICFT figures is due to efficient demand management and utilisation of non-acute solutions, compared to the element which is an impact of deflecting activity to other providers in order to improve capacity / waiting list challenges within the ICFT.



Prescribing

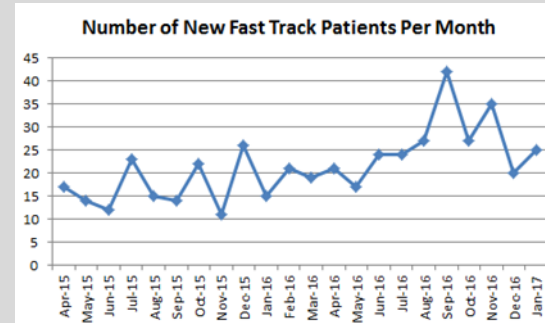
- A detailed review of prescribing costs identified an additional pressure on the budget of £757k, which along with a cross-year pressure identified earlier in the year, created a total pressure of £1m. This pressure has been slightly reduced this month and the current outturn position has been reduced by £50k. This is mainly due to savings achieved on the Scriptswitch licence and higher than expected rebates being received.
- The initiatives implemented by the Medicines Management Team, particularly those designed at reducing the numbers of repeat prescriptions and those that offer cheaper alternative items, appear to have been effective and the targets for October and November have been exceeded. It is unclear at this stage whether the improved performance will be sustained, which will be crucial as the target for Quarter 4 is £50k per month higher than anticipated in Quarter 3. It is important that this improved performance needs to be replicated every month in order to ensure no additional pressure is created in later months.
- Centrally controlled price changes in Category M items have seen 65% of items being subject to a price increase from January and 31% being subject to a price reduction. This is indicative of one of the variables that continue to make accurately forecasting the prescribing position difficult and results in a situation where this particular cost centre will be subject to a degree of volatility that others are not.
- Any future pressure on the position can be mitigated by sustained efforts to reduce volumes and control spend. Delivering savings in excess of current predictions could even lead to a reduction in the total spend on prescribing. It is an area that requires continued intense scrutiny.

CCG Key Movements & Narrative

Continuing Health Care

- An ongoing review of Continuing Health Care (CHC) costs has taken place during the financial year. Initial findings identified issues with both the current year forecast and the 2015/16 reported outturn where forecasts had relied on an internal CHC Database of placements. To improve confidence in the 2016/17 forecast, a review of the CHC Database was undertaken to reconcile with payments made to providers. This review identified some anomalies and as a consequence a new forecast methodology has been developed to improve the accuracy of the forecast for CHC to the year end.
- Earlier indications in September, showed that although the number of long term patients had only slightly increased, there was a higher increase in the number of Fast Track patients. This was confirmed by the CHC Team based on their current levels of demand on the team.
- In January, 9 months of actual invoicing data was extracted from the finance ledger and in year/forecast packages of care values were calculated. This exercise, along with detailed validations with TMBC for jointly funded packages, ensured a more robust forecast was calculated. The outcome of the review was that CHC is not expected to create an additional pressure to the 2016/17 Financial Position. This is in part as a result of the over accrual made in 2015/16 which is offsetting expenditure in 2016/17.
- However, the review has indicated a potential pressure for 2017/18 in respect of New Fast Track patients. Although these are short term packages, the volume of them could create a financial pressure on future budgets.

- The number of New Fast Track patients per month has increased 5% over the last 12 months. There was an average of 17 per month in 2015/16 and this increased to an average of 26 per month in 2016/17. Some Fast Track packages also exceed the expected short term timeframe.



- The number of long term packages are not increasing at the same rate, however, the value of individual packages are increasing. This is due to the presentation of more complex cases. There is also risk attached to the cost of care fees across the economy.
- It is essential that a robust forecasting methodology is in place to monitor the level of risk associated with this volatile area of spend.
- Work is underway with the TMBC Finance team to identify more long term solutions. There is a clear need for CCG files to link with Adult Social Care client records. In the long term, it is hoped there will be an opportunity to have a combined database and reporting solution.
- In the meantime a short-term solution has been developed to record and monitor all current payments to CHC providers with a clear unique link back to the CHC Database. This will ensure a clear correlation between forecast and actual expenditure and provide a more robust financial projection. CHC will continue to be a stringently monitored and reported.

Tameside MBC

Description	Year to Date			Year End Forecast			Movement	
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	Previous Month £'000s	Movement in Month £'000s
Adult Social Care & Early Intervention	35,915	36,946	(722)	41,995	43,232	(1,237)	(1,204)	(33)
Childrens Services, Strategy & Early Intervention	21,361	23,372	(2,011)	25,877	28,290	(2,413)	(2,232)	(181)
Public Health	(574)	(574)	0	1,400	1,400	0	(73)	73
TMBC Total	56,702	59,744	(2,732)	69,272	72,922	(3,650)	(3,509)	(141)

Overall the TMBC year end forecast position has deteriorated by £141k since period 9 increasing the projected year end variance to c.£3.65m, 5.3% on the current year's net budget. An explanation of the movements and other background is provided below:

Children's Social Care

- Increase in Legal fees associated with Children in the Youth Justice system (£40k estimated). There have also been further increases in the cost of Looked After Children Placements which has led to a deterioration in the financial position of £0.181m since the previous reporting period.

Public Health

- The above figures include provision for a borrowing repayment of £0.186m. This is offset by incidental savings across Public Health contracts and associated overheads.

Adult Social Care

- Per previous reports. It should be noted however that Council funding has been agreed in 17-18 and future years to fund the financial pressure associated with BCF national policy requirements.

Recommendations

- Note the updated M10 YTD position and projected outturn
- Acknowledge risk in relation to achieving balanced 2016/17 financial position

Tameside and Glossop ICFT

Description	Year to Date			Year End Forecast			Movement	
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	Previous Month £'000s	Movement in Month £'000s
Income	168,890	172,100	3,210	202,785	209,181	6,396	205,137	4,044
Expenditure	175,526	179,008	(3,482)	210,707	215,981	(5,274)	213,749	(2,232)
Earnings before interest, taxes, depreciation and amortisation	(6,636)	(6,908)	(272)	(7,922)	(6,800)	1,122	(8,612)	1,812
Net Deficit after Exceptional Costs	(14,458)	(14,129)	329	(17,300)	(15,500)	1,800	(17,300)	1,800

Financial Position

- For the 10 months to January 2017, the ICFT is delivering a deficit of £14.1m, broadly on line with plan.
- The year end forecast is for the planned £15.5m deficit, which is a £1.8m improvement on the plan;
 - Delivery of the £7.8m Efficiency savings target
 - Successful appeal for Q3 and Q4 STF associated with the A&E trajectory.
 - Matched STF for delivery of an improved deficit against plan.
 - Delivery of the Tameside and Glossop CCG block contract
 - Small over performance on all associate PbR contracts
 - c.£19.2m working capital/deficit loan support is received to fund the deficit position.
 - Agency expenditure does not increase significantly.

Key Risks to the Financial Position

- Increased expenditure on agency staffing.
- Additional unplanned expenditure due to winter pressures.
- Savings relating to transformation schemes delayed.
- Performance targets requiring unplanned expenditure to use the independent sector.

Key Information

- The Trust is appealing the reduction of STF funding relating to delivery of the A&E trajectory, and is forecasting this will be successful.

The Financial Gap

Establishing the Financial Gap

- The current financial gap across the health and social care economy in Tameside & Glossop is estimated to be £70.2m by 2020/21.
- In 2016/17 the opening gap was £45.7m which consists of £13.5m CCG, £8m council and £24.2m ICO. Successful progress towards closing these gaps has been made throughout the year.
- The provider gap represents the underlying recurrent financial position at THFT. However, the Trust is in receipt of £6.9m sustainability funding in 2016/17 resulting in a planned deficit of £17.3m.
- Work is underway to identify future opportunities for savings and an updated position for 2017/18 and subsequent years will be presented after budget setting is completed in January 2017.

T&G Projected Financial Gap	2016/17	2017/18	2018/19	2019/20	2020/21
	£'000s	£'000s	£'000s	£'000s	£'000s
Tameside MBC	3,371	22,114	22,601	21,752	25,837
Tameside & Glossop CCG	-	22,485	22,083	22,209	18,547
ICFT (after CIP)	15,500	24,380	24,686	25,049	25,786
Economy Wide Gap	18,871	68,979	69,370	69,010	70,170

Closing the Financial Gap - CCG

- The CCG recovery plan submitted to NHS England demonstrated initiatives which would allow the CCG to close the £13.5m 2016/17 gap and deliver the required surplus.

Summary of QIPP £'000s	2016/17				2017/18			
	R	A	G	Total	R	A	G	Total
PRIORITY 1 - Prescribing	0	0	0	0	1,123	1,393	0	2,516
PRIORITY 2 - Effective Use of Resources / Prior	0	0	0	0	0	745	755	1,500
PRIORITY 3 - Demand Management	0	0	500	500	828	1,634	3,684	6,146
PRIORITY 4 - Single Commissioning Function	0	0	553	553	0	542	467	1,009
PRIORITY 5 - Back Office Functions and Enabling	0	0	200	200	500	1,000	0	1,500
PRIORITY 6 - Governance	0	0	0	0	0	100	0	100
Other Schemes in progress/achieved:	R	A	G	Total	R	A	G	Total
Neighbourhoods	0	0	459	459	0	74	681	755
Primary Care	0	0	698	698	0	312	1,000	1,312
Mental Health	0	0	232	232	500	0	232	732
Acute Services - Elective	0	0	500	500	500	59	500	1,059
Enabling Schemes to facilitate QIPP	0	0	0	0	0	1,682	0	1,682
Technical Finance & Reserves	0	0	6,167	6,167	0	0	4,382	4,382
Other efficiencies	0	0	4,191	4,191	3,688	0	1,340	5,028
Grand Total:	0	0	13,500	13,500	7,139	7,540	13,041	27,720

Including adjustment for Optimism Bias:

-	-	13,500	13,500	714	3,770	13,041	17,525
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10% of red rated schemes will be realised

50% of amber rated schemes will be realised

100% of green rated schemes will be realised

QIPP Target 13,500 23,900

Savings still to find assuming application of optimism bias: 0 6,375

Outstanding QIPP at close of 2016-17: 0

- Since last month all schemes are now showing as green and the gap for 2016/17 is nil.
- A number of QIPP schemes for 2016/17 are non-recurrent so work continues to identify schemes for 2017/18.

Recurrent v Non Recurrent	2016/17 £'000s	2017/18 £'000s
Recurrent Savings	1,744	21,770
Red	-	6,311
Amber	-	7,300
Green	1,744	8,159
Non Recurrent Savings	11,756	5,950
Red	-	828
Amber	-	240
Green	11,756	4,882
Total	13,500	27,720

Closing the Financial Gap - TMBC

Service	Savings Area	Detail	2016/17			Total
			R	A	G	
Public Health	Savings found	Planned Reduction to annual management fee payable to Active Tameside and other incidental savings			659	659
		Reduction in Community Services contract value - agreed with ICO			169	169
	Additional resource (projected cost pressures)			49	49	
	Reduction in estimated capital financing repayments	Reduction in capital financing costs in 2016/17 due to rephasing of works to reconfigure Active Tameside estate			456	456
	Negotiated reduction in Public Health Network subscription				48	48
sub total Public Health			-	-	1,381	1,381
Adult Social Care	Additional resource (projected cost pressures)				3,908	3,908
	Savings found	Reduction in Dowrie costs			101	101
	Savings still to be found	The Council is currently in the process of identifying further options to address the projected financial gap that is expected to arise during 2016/17. Updates will be reported within future monitoring reports.	896			896
sub total Adult Social Care			896	-	4,009	4,905
Childrens Social Care	Savings found	Reduction to inflationary increases that were projected to materialise during 2016/17.			120	120
	Additional resource (projected cost pressures)				1,215	1,215
	Savings still to be found	The Council is currently in the process of identifying further options to address the projected financial gap that is expected to arise during 2016/17. Updates will be reported within future monitoring reports.	379			379
	sub total Childrens Social Care			379	-	1,335
TOTAL			1,275	-	6,725	8,000
Including adjustment for Optimism Bias			128	-	6,725	6,853
10% of red rated schemes will be realised						
50% of amber rated schemes will be realised						
100% of green rated schemes will be realised						
QIPP Target						8,000
Savings still to be found after accounting for optimism bias						1,148

Care Together Savings Plans

Scheme	Savings £ m
Contracts Review	0.50
Estates Workstream (Commissioner)	10.00
Estates Workstream (Provider)	1.20
Mental Health	3.00
Additional Day Case Activity	3.00
Healthier Together Plus	5.00
Referral Management - Interceptor Scheme	3.00
Effective Use of Resources	2.40
GP Prescribing	2.50
IM&T	1.00
Car Park Income	0.75
Urgent Care	10.00
Walk-in-Centre	
Digital Health	1.34
Flexible Community Beds	1.90
Home first	
Integrated Neighbourhoods	18.11
Joint Operational Efficiencies	3.00
Children's Services	4.00
Totals	70.70

GM Transformation Fund 2016/2017

2016/2017 Planned Expenditure	£
Integrated Neighbourhoods	624,340
Help to Stay at Home	20,700
System wide self care	244,180
Digital Health	158,240
Home First	146,400
Flexible Community Beds	1,192,890
Organisational Development	340,000
Performance Management	50,000
Estates Strategy	200,000
Programme Management	248,990
IMT implementation	1,624,760
Contingency	375,240
Total	5,225,740

Agreed Transformational Funds for Neighbourhoods

Agreed Investment from Transformaton or other Funding - Neighbourhoods	2016/17 £	2017/18 £	2018/19 £	2019/20 £	Core offer Mapping	Total Spend £	Comments and Assumptions
Extensivists	0	231,330	231330	231,330	Extensive Care Team	693,990.00	
Over 75 funding	506,184	245,977	-	-		752,161.00	Funded to end of Q1 only
IN Managers x 3	42,086.00	252,516	252,156	252,516	Programme Delivery	799,274.00	
Non Pay Set Up Costs	50,000	250,000	-	-	Programme Delivery	300,000.00	
Community IV Therapy	97,693	165,856	165,856	165,856	Community Nursing	595,261.00	
Programme Management Costs	-	181,104	181,104	181,104	Programme Delivery	543,312.00	
Paediatric Advice and Guidance		55,000	55,000	55,000	Childrens & Families	165,000.00	
Totals	695,963	1,381,783	885,446	885,806		3,848,998.00	

Investment from Transformaton or other Funding Self Care	2016/17 £	2017/18 £	2018/19 £	2019/20 £	Core offer Mapping	Total Spend £	
Self Care		1,675,410	1,815,410	1,368,749		4,859,569	

Neighbourhood funding still to be approved

to be agreed Investment from Transformaton or other Funding - Neighbourhoods	2016/17 £	2017/18 £	2018/19 £	2019/20 £	Core offer Mapping	Total Spend £	
Community Paramedics (expansion to all five neighbourhoods)	42,086	168,614	168,614	168,614		547,928.00	2 Neighbourhoods funded (Glossop and one other)
Psychological support for Primary Care		272,133	272,133	272,133	Mental Health	816,399.00	
Neighbourhood Pharmacists	-	286,200	286,200	286,200	Neighbourhood pharmacy	858,600.00	Assumption that the NHSE bid is successful (this assumes a net cost of £171,720 per Neighbourhood - confirmation needed of which neighbourhoods)
Neighbourhood leads (Clinical)		342,163	342,163	342,163	Extensive Care Team	1,026,489.00	based on 4 sessions per week for 5 leads plus education lead (part funded from CCG)
Transformational funding staff costs	26,073	400,000	430,000	350,010	Extensive Care Team	1,206,083.00	to be informed by the Workforce wrokstream
Totals	68,159	1,469,110	1,499,110	1,419,120	-	4,455,499.00	
TOTAL Neighbourhood spend (ex self care)						8,304,497.00	

Better Care Fund

Tameside Better Care Fund

- Tameside Better Care Fund plan for 2016/17 was approved by NHS England on 1 September 2016.
- The plan meets all requirements and funding has been released in accordance with the final approved plan.
- All expenditure is monitored through the ICF.
- 2017-18 guidance for BCF has not yet been received.

Scheme name	2016-17 budgets (£000's)		
	CCG	TMBC	Total
Urgent Integrated Care Service	578	2,374	2,952
IRIS	578	1,338	1,916
Early Supported Discharge Team		286	286
Community Occupational Therapists		750	1,974
Localities	412	3,265	3,677
Telecare/Telehealth	174	667	841
ICES (Joint Loan Store)	238	450	688
Reablement Services		2,148	2,148
Carers Support (in line with National Conditions of Care act related funding)	412	-	412
Carer Breaks (Adults)	412	-	412
Primary Care (£5 per head for over 75's)	1,070	-	1,070
Existing Grant - Disabled Facilities Grant	-	1,978	1,978
Impact of New Care Act Duties	-	529	529
Integration Pump Priming	982	-	982
Maintaining Services	-	4,801	4,801
Mental health Services		2,450	2,450
Adult Social Care - Community based Services (Inc care Homes)		2,351	2,351
Contingency	900	-	900
Total	4,354	12,947	17,301
	Funded by (£000's)		
NHS Tameside & Glossop CCG			15,323
Central Funded Grants			1,978
Total BCF Fund			17,301

Derbyshire Better Care Fund

- Derbyshire Better Care Fund for 16/17 has also been approved by NHS England.
- Plan meets all requirements and funding has been released subject to spend being consistent with final approved plan.

Scheme name	Hosted by		
	CCG	CCGs	Total
	£000's		
Community Home & Hospital Enhanced care team	-	23,138	23,138
Reablement Services / Community services		18,287	18,287
CDM & Discharge Ward		2,877	2,877
Mental Health		1,974	1,974
Primary Care	164	1,529	1,693
Intergration Pump priming		8,051	8,051
Maintaining Services	284	24,801	25,085
Maintaining Eligibility Criteria			-
LCCTS	284		284
Adult Social care		24,801	24,801
Demographic pressures			-
Total	448	57,519	57,967
	Funded by (£000's)		
NHS Tameside & Glossop CCG			2,212
Other CCGs and Central			55,755
Total BCF Fund			57,967

Risk and Other Issues

- The main 2016-17 financial risks within the Integrated Commissioning Fund are listed below.
- Detailed registers including further information on risk and mitigating actions are regularly reviewed by the Audit Committee. Copies are available on request.

Transformation Funding

- Transformation funding of £23.2m has been approved by Greater Manchester Health & Social Care Partnership. The Investment Agreement that will support the release of the funding been developed and was signed on 16th December 2016. The year 1 funding of £5.2m has now been made available to the economy and it is expected that this money will be fully accounted for in 2016-17.

Extracts From the Corporate Risk Registers	Probability	Impact	Risk	RAG
Not spending transformation money in a way which delivers required change	2	4	8	A
Over spend against GP prescribing budgets	4	4	16	R
Over spend against Continuing Health Care budgets	2	3	6	A
Operational risk between joint working.	1	5	5	A
CCG Fail to maintain expenditure within the revenue resource limit and achieve a 1% surplus.	1	4	4	G
In year cuts to Council Grant Funding	2	3	6	A
Care Home placement costs are dependent on the current cohort of people in the system and can fluctuate throughout the year	4	4	16	R
Looked After Children placement costs are volatile and can fluctuate throughout the year	3	4	12	A
Unaccompanied Asylum Seekers	4	3	12	A
Care Home Provider Market Failure	3	5	15	R
Funded Nursing Care – impact of national changes to contribution rates and potential legal challenge	4	3	12	A

Section 2 - Care Together Economy Capital Financial Position

Tameside MBC

Scheme	Approved Capital Programme Total	Approved 2016/2017 Allocation	Expenditure to Month 10	Projected Expenditure to 31 March 2017	2016/2017 Projected Outturn Variation	Scheme Comments
	£'000	£'000	£'000	£'000	£'000	
Childrens Services - In Borough Residential Properties	912	912	741	800	112	Purchase of 2 additional in-borough properties including associated property adaptations. An Edge of Care establishment is yet to be purchased
Public Health - Leisure Estate Reconfiguration	20,268	5,203	3,298	3,879	1,324	Active Dukinfield - The scheme is on budget and the new facility opened on 28th January 2017. Active Longendale (Total Adrenaline) - The scheme is on budget and opened on 19th November 2016. Active Hyde – Work due to start on site on February/March 2017 with completion scheduled for November/ December 2017. Denton Wellness Centre – Layout plans and development agreement being established. Facility to be completed late 2018. The programme total of all schemes includes the sum of £ 2.650 million which will be wholly financed by Active Tameside.
Adult Services - Disabled Facilities Grant - Adaptations	1,978	1,978	969	1,300	678	One of the three surveyors left the Council in Nov 2015, under voluntary severance thus in effect eliminating his post, prior to the unexpected national increase in DFG funds. This reduced capacity in the team by one-third. Capacity in the team is in the process of being increased.
Total	23,158	8,093	5,008	5,979	2,114	