Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	27 March 2019
Officer of Strategic Commissioning Board	Kathy Roe – Director Of Finance – Tameside & Glossop CCG and Tameside MBC
Subject:	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 JANUARY 2019 AND FORECAST TO 31 MARCH 2019** **Addendum recommendation re Winter Pressures**
Report Summary:	The addendum reports sets out a request to allocate funding from the Winter Pressures Budget to the ICFT in 2018/19 to support the additional unplanned expenditure incurred.
Recommendations:	Strategic Commissioning Board Members are recommended to consider a third recommendation: (3) Approve an allocation of £0.200 million to the ICFT in 2018/19 via the remaining balance of the Winter Pressures funding to support the additional unplanned expenditure incurred.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The allocation of £0.200 million to the ICFT in 2018/19 per recommendation 3 will be financed via the remaining balance of the £ 1.154 million Winter Pressures funding. It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.
Legal Implications: **(Authorised by the Borough Solicitor)**	In light of the shared officer roles in particular accountable officer ad s151 officer it is important that there is absolute transparency in respect of any vires of budget or allocation of additional funding to the hospital to provide assurance to both the CCG and Council external auditors. This report is intended to serve that purpose. The reasoning for it not been available at the date that the original agenda and report was published was because final figures were still being clarified with the ICFT, however, there is a need to resolve by financial year end and hence could not go to next meeting.
Risk Management:	The ICFT have already incurred costs in 2018/19 in relation to the winter pressures and are due this funding to enable them to balance their in year position. Failure to meet the ICFT funding control total would mean that the Provider Sustainability Funding to the Department of Health, which would destabilise the local sustainability plan and local health care system.
Access to Information :	Background papers relating to this report can be inspected by contacting : • Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council - tom.wilkinson@tameside.gov.uk Tel::0161 342 5609 • Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group

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1. WINTER PRESSURES FUNDING

1.1 Towards the end of the 2018 calendar year, the government announced a national allocation of £240 million for Adult Social Care to support winter pressures for the 2018/19 financial year. The allocation for the Strategic Commission is £1.154 million of this national total.

1.2 On 23 January 2019, members of the Strategic Commissioning Board approved a range of initiatives in line with the related grant conditions of this allocation. There was a remaining residual balance of £ 0.315 million to support any further initiatives prior to 31 March 2019.

1.3 Members should note that the Tameside and Glossop Integrated Care Foundation Trust (ICFT) have incurred additional expenditure during the 2018/19 winter period compared to their financial plan that is in line with the related grant conditions.

1.4 The ICFT has invested in the expansion of the Integrated Assessment Unit (IAU) and increased the opening hours in Ambulatory Emergency Care. This was to support admission avoidance and alleviate patient flow pressures together with the achievement of the 4-hour performance target.

1.5 Ambulatory Emergency Care is a service that provides same day emergency care to patients in hospital. Patients in the unit are assessed, diagnosed, treated and are able to go home the same day, without being admitted overnight. In Ambulatory Emergency Care the Trust treats many common conditions including headaches, deep vein thrombosis, cellulitis and diabetes.

1.6 If at all possible, the Trust aims to arrange any tests or treatments required within the duration of the patients visit. This enables the patient to go home the same day and avoids admissions into wards, but continue their treatment on an ambulatory basis.

1.7 The ICFT relocated Ambulatory Emergency Care to the lower ground floor critical care unit, to facilitate an increase to capacity in IAU. This change enabled increased throughput in Ambulatory Emergency Care and provide further support to Emergency Departments. This relocation has been facilitated by an investment in the nursing and medical workforce to support the increase in the opening hours on Ambulatory Emergency Care and also the increase in beds within IAU from 16 to 24 beds.

1.8 The Ambulatory Emergency Care now operates 8am to 8pm 7 days a week, due to the investment and changes made and there is now a notable increase in referrals coming into the department, including referrals from Emergency Departments.

1.9 As well as the challenges around early review, significant numbers of patients attend Emergency Departments with respiratory conditions. Respiratory conditions account for around 8% of all hospital admissions in England and stood at 694,000 in 2011 (British Lung Foundation, 2018). During the same time period, respiratory conditions accounted for 6,120,400 bed days in England, which accounts for around 10% of all bed days. As such, early intervention for patients presenting with respiratory complaints and early follow-up, where appropriate, is critical to optimising their treatment earlier and reducing overall length of stay and the risk of readmissions.

1.10 The ICFT has invested in capacity to in-reach from the respiratory medical team, as well other interventions such as advice, guidance, and virtual Multi Disciplinary Team (MDT)

clinics. This has supported the avoidance of admissions and the management of patients in the community and primary care.