Report to:	**SINGLE COMMISSIONING BOARD**
Date:	11 April 2017
Officer of Single Commissioning Board	Kathy Roe – Director Of Finance – Single Commissioning Team Ian Duncan - Assistant Executive Director – Tameside Metropolitan Borough Council Finance
Subject:	**TAMESIDE COUNCIL AND TAMESIDE & GLOSSOP CLINICAL COMMISSIONING GROUP – INTEGRATED COMMISSIONING FUND – SINGLE FINANCE AGREEMENT FROM 1 APRIL 2017**
Report Summary:	This report has been prepared jointly by officers of Tameside Council and Tameside and Glossop Clinical Commissioning Group as part of the Care Together Programme in Tameside. It sets out the key principles of the single fund (Integrated Commissioning Fund) between the Council and the CCG managed by the Single Commissioning Board. The report provides an update on progress made during 2016/2017 together with the 2017/2018 value of the Integrated Commissioning Fund. The same report was approved by the Tameside Council Executive Cabinet on 22 March 2017 and the Tameside and Glossop Clinical Commissioning Group Governing Body on 29 March 2017.
Recommendations:	Single Commissioning Board Members are recommended : 1. To note that this report has been previously approved by the Tameside Council Executive Cabinet on 22 March 2017 and the Tameside and Glossop Clinical Commissioning Group Governing Body on 29 March 2017. 2. To note that at the meetings stated in recommendation 1, the Tameside Council Executive Cabinet and the Tameside and Glossop Clinical Commissioning Group Governing Body delegated authorisation to the Executive Director for Governance, Resources and Pensions of Tameside Council to ensure that the terms of the financial framework which governs the Integrated Commissioning Fund are updated for the 2017/2018 financial year as necessary. 3. To note the Integrated Commissioning Fund 2017/2018 budget allocations as stated in **Appendix 1.** 4. To note the management of the associated share of financial risk during 2017/2018 as stated within section 13 of the report. 5. To note that Tameside Council will continue to be the host organisation for the Section 75 pooled fund agreement.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	This report explains the Integrated Commissioning Fund (ICF) arrangements from 1 April 2017. It should be noted that the ICF will be bound by the terms within the existing Section 75 agreement and associated Financial Framework agreement which will be duly updated as necessary.

	It should also be noted that the Council agrees to increase the value of Council resources within the ICF by a maximum sum of £5.0 million in both 2017/2018 and 2018/2019, should this be necessary, on the condition that T&G CCG agrees a reciprocal arrangement in 2019/20 and 2020/21. A key section of the Financial Framework agreement is the revised risk sharing arrangements. The associated variance to the total net budget allocation at the end of each financial year will be financed in proportion to the percentage of the net budget contribution of each organisation to the ICF. However, the variance will be initially adjusted to exclude any CCG net expenditure associated with residents of Glossop as the Council has no legal powers to contribute to such expenditure. Details of the risk sharing arrangements are provided within section 13 of the report and the values are additional to the £5.0 million contributions explained in the previous paragraph. Single Commissioning Board Members should also note that the Council Service budgets within the ICF exclude related overheads and the additional funding for Adult Social Care announced by the Government on 8 March 2017.
Legal Implications: **(Authorised by the Borough Solicitor)**	Section 75 partnership agreements provided by the National Health Service Act 2006 allow budgets to be pooled between local health and social care organisations and authorities. Resources and management structures can be integrated and functions can be reallocated between partners. The legal mechanisms allowing budgets to be pooled under the section 75 partnership agreement enable greater integration between health and social care and more locally tailored services. This facilitates a strategic and more efficient approach to commissioning local services across organisations and a basis to form new organisational structures that integrate health and social care. The associated Financial Framework Agreement makes provision for governance and accountability of the ICF, the authorities and responsibilities delegated from the partners, financial planning and management responsibilities, budgeting and budgetary control, including forecasting and identifies the responsibilities of each partner organisation.
How do proposals align with Health & Wellbeing Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy
How do proposals align with Locality Plan?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan
How do proposals align with the Commissioning Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Single Commissioning Strategy
Recommendations / views of the Professional Reference Group:	A summary of this report is presented to the Professional Reference Group for reference.
Public and Patient Implications:	Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our

	public and patients are incorporated into all services provided.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	The reconfiguration and reform of services within Health and Social Care of the Tameside and Glossop economy will be delivered within the available resource allocations. Improved outcomes for the public and patients should reduce health inequalities across the economy.
What are the Equality and Diversity implications?	Equality and Diversity considerations are included in the re-design and transformation of all services
What are the safeguarding implications?	Safeguarding considerations are included in the re-design and transformation of all services
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report and therefore a privacy impact assessment has not been carried out.
Risk Management:	Associated details are provided within section 13 of the report.
Access to Information :	Background papers relating to this report can be inspected by contacting : Stephen Wilde, Head Of Resource Management, Tameside Metropolitan Borough Council Telephone:0161 342 3726 e-mail: stephen.wilde@tameside.gov.uk Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group Telephone:0161 304 5449 e-mail: tracey.simpson@nhs.net

1. INTRODUCTION

1.1. This report has been prepared jointly by officers of the Council and Tameside and Glossop CCG as part of the Care Together Programme in the Tameside area. The same report was approved by the Tameside Council Executive Cabinet on 22 March 2017 and the Tameside and Glossop Clinical Commissioning Group Governing Body on 29 March 2017.

1.2. This report seeks to continue the existing Integrated Commissioning Fund in place which was previously approved by the Executive Cabinet (24 March 2016) and the CCG Governing Body (23 March 2016).

1.3. Members should note that the associated Integrated Commissioning Fund reporting arrangements have evolved during the current financial year with a single Health and Social Care economy wide monthly monitoring report presented to the Single Commissioning Board. The monthly report includes the financial details of respective Council services, the Tameside and Glossop CCG (detailed in **Appendix 1**), together with the Tameside and Glossop Integrated Care NHS Foundation Trust.

1.4. Non-recurrent funds were identified by both organisations in 2015/2016 financial plans to serve as an investment/contingency fund to facilitate the delivery of Care Together. Details of the non recurrent fund is provided within section 12 of this report.

1.5. Single Commissioning Board members should note that the Tameside Council Executive Cabinet and the Tameside and Glossop Clinical Commissioning Group Governing Body have delegated authorisation to the Executive Director for Governance, Resources and Pensions of Tameside Council to ensure that the terms of the financial framework which governs the Integrated Commissioning Fund are updated for the 2017/2018 financial year as necessary. Delegated authorisation was approved within the report referred to in section 1.1.

2. BACKGROUND

2.1 Single Commissioning Board Members are reminded that the Care Together Programme over recent years has focused on designing and testing models for improving health and social care services across Tameside and Glossop. This work culminated in the hospital regulator, Monitor, approving a plan for an Integrated Care Organisation (ICO) in September 2015 to bring together health and social care services to improve how these work collectively for the benefit of our population.

2.2 At a joint Board meeting between Tameside Hospital Foundation Trust, NHS Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Metropolitan Borough Council on 23 September 2015, all parties unanimously agreed to work together within the Care Together programme structure to implement the plan and agreed the principles set out below:

i. We agree that an integrated system of health and social care is the best way to ensure optimum health and care outcomes for our population and to ensure collective financial sustainability.

ii. We welcome the Contingency Planning Team's ('CPT') final report of 28 July 2015 and the assurances it provides as to the new model of care that the Tameside and Glossop Clinical Commissioning Group ('the CCG'), Tameside Metropolitan Borough Council ('TMBC') and Tameside Hospital Foundation Trust ('THFT') have jointly agreed to develop and operate to create a new integrated system of health and social care in Tameside and Glossop.

iii. *We acknowledge that creating an ICO will not resolve the significant budget challenges facing all organisations but it goes someway to reducing it and it will be necessary to continue to work closely together with all stakeholders to manage the deficit set out in the CPT report.*

iv. *We agree that a Tameside & Glossop Locality Plan setting out our vision to work together to reform health and social care services to improve the health outcomes of our residents and reduce health inequalities as quickly as possible, be considered and approved in due course at the statutory Health and Wellbeing Board, and that the model of care, which is as outlined in the CPT creating a new integrated system of health and social care in Tameside and Glossop report is a key component of that Plan.*

v. *We agree that THFT represents the best legal delivery vehicle for the integrated care system subject to an amended foundation trust licence and constitution to enable a new legal entity of an Integrated Care Foundation Trust to be constituted by the 1 April 2017. Such an organisation will need to be appropriately representative of all three bodies and other stakeholders including primary care and the voluntary sector, which will be reflected in its constitution. We agree to work together to support the THFT in this transformation with a view to be in the ICFT shadow form from the 1 April 2016.*

vi. *We agree that in working together to reform health and social care services to improve health outcomes for residents as quickly as possible and enable system wide change to take place transparently and clearly, robust and inclusive governance structures need to be developed and agreed. The key principles of any governance arrangements include:*

vii. *The objective of providing governance arrangements which aim to provide streamlined decision making; excellent co-ordination of services for the residents of Tameside & Glossop; mutual co-operation; partnering arrangements, and added value in the provision of shared services.*
- *an acknowledgement that the arrangement does not affect the sovereignty of any party and the exercise and accountability for their statutory functions.*
- *A commitment to open and transparent working and proper scrutiny and challenge of the work of the Programme Board and any party to the joint working arrangements.*
- *A commitment to ensure that any decisions, proposals, actions whether agreed or considered at the Programme Board carry with them an obligation for the representative at the Programme Board to report these to their own constituent bodies.*

viii. *We agree to delegating our decision making power, regarding the implementation of the recommendations of the CPT report, to the Programme Board.*

ix. *We agree to develop a Memorandum of Understanding, the Programme Board Terms of Reference, and a detailed Scheme of Delegation for consideration and ratification at a future meeting.*

x. *To provide mutual assurance to the constituent bodies, we agree that there will be regular reports from the Programme Board to the Boards of the constituent bodies.*

xi. *We agree to the formation of a Programme Management Office to manage the implementation of the new Model of Care and will jointly look to resource this as appropriate.*

xii. *The Commissioners agree to deliver a joint commissioning function, to be in place by 1 January 2016.*

xiii. We agree that the governance arrangements will be kept under regular review and be revised from time to time to reflect the changing status of the integrated care delivery vehicle.

2.3 An important initial step in the development of an Integrated Care Organisation was the transfer of the Tameside and Glossop community staff previously employed by Stockport Foundation Trust into Tameside and Glossop Integrated Care NHS Foundation Trust. This process was completed on 1 April 2016.

2.4 During 2016 Greater Manchester (GM) Devolution submitted a five year comprehensive Strategic Sustainability Plan for health and social care in partnership with NHS England and other national partners. Each of the GM areas was required to submit a Locality Plan to provide a "bottom up" approach to the development of the GM Plan. The GM Strategic Sustainability Plan included objectives to:

a. improve health and wellbeing of all residents of Greater Manchester, with a focus on prevention and public health, and providing care closer to home;
b. make fast progress on addressing health inequalities;
c. promote integration of health and social care as a key component of public sector reform;
d. contribute to growth, in particular through support employment and early years services;
e. build partnerships between health, social care, universities, science and knowledge sectors for the benefit of the population.

2.5 As such, the Tameside and Glossop Locality Plan addressed how the locality will meet these objectives and on the 12 November 2015, the Health and Wellbeing Board endorsed the Tameside and Glossop Locality Plan**.**

2.6 The Tameside and Glossop Locality Plan is based on the following objectives to:

- ✓ improve health and wellbeing of residents with a focus on prevention and public health, and providing care closer to home;
- ✓ make fast progress on addressing health inequalities;
- ✓ promote integration of health and social care as a key component of public sector reform;
- ✓ contribute to growth, in particular through support employment and early years services;
- ✓ build partnerships between health, social care, and knowledge sectors for the benefit of the population.

2.7 On 18 December 2015, updated governance proposals were considered and approved by the Joint Meeting of The Greater Manchester Combined Authority and AGMA Executive Board**.**

2.8 At the local level, full Council approved arrangements on the 21 January 2016 for local governance arrangements to ensure that we have the right leadership for the pace of change required to deliver health and social care integration including the joint committee known as the Tameside & Glossop Care Together Single Commissioning Board.

2.9 The purpose of the governance was to:

- ✓ Ensure a strong clinical voice is secured in the governance arrangements
- ✓ Ensure commissioner/provider engagement
- ✓ Alignment to the pooled budget arrangements

- ✓ Securing appropriate primary care engagement within the governance structure, acknowledging the breadth and range of primary care including pharmacies, general practice, dental and optometry practices. Locally good engagement is developing across the wider primary care partners who are keen to play a full role in this transforming agenda.

3. FINANCIAL CONTEXT FOR THE COUNCIL

Background

3.1 The overall Council budget is set in the context of reductions in Government funding to all councils. This will be the eighth year of reductions in funding with at least another two years to follow.

3.2 The Council budget brings together the Council's many service plans and delivery strategies and sets out an overall plan in financial terms. The budget also ensures that the Council uses resources to deliver services to local people in line with the agreed priorities of the Council and its partners. Some of the key messages are:

- By the end of 2016/17 the Council will have had to make efficiency savings of £144.5 million, due to a combination of reductions in funding and an increase in the cost of providing services.

- The Council has managed this difficult challenge by taking tough decisions, early, and will continue to do this.

- The Council is committed to growing Tameside as outlined in the Corporate Plan – to building houses, attracting businesses, creating jobs and promoting better health, skills and education for our communities. By doing so the Council will seek to tackle the causes of service demand, and so continue to reduce the overall cost of Council services.

- The Council budget for 2017/18 has been prepared following an intense review of the resources required to support and deliver the services of the Council. It takes account of the pressures that services are facing as well as increasing demographic demands to enable the Council to achieve its desired outcomes.

- The Council continues to find new ways to deliver services that are sustainable and even more efficient.

- There will be step up in the partnership working with the NHS which will require a change in risk sharing in order to see transformational changes in service delivery in Health and Social Care. Funding of £23.2 million has been approved from the GM Health and Social Care Partnership to assist with implementing some of these changes. The associated investment agreement was signed on 16 December 2016.

3.3 It is essential to note that the Integrated Commissioning Fund **(Appendix 1)** does not include all Council service budget allocations. The services included are Adult Social Care, Childrens Services and Public Health. These service budget allocations currently exclude related overhead budgets and the additional funding for Adult Social Care announced by the Government on 8 March 2017.

3.4 Single Commissioning Board Members should also note that that the Council has agreed to increase the value of Council resources within the ICF by a maximum sum of £ 5.0 million in both 2017/2018 and 2018/2019 on the condition that the T&G CCG agrees a reciprocal arrangement in 2019/20 and 2020/21 should this be necessary

Forward planning and key challenges facing the Council

3.5 There are a number of key challenges facing the Council in 2017/18 and future years, these include:

a) Continuing to review the delivery of sustainable services to local people from a much reduced level of resources; delivering the necessary further reduction in the overall size of the Council in the subsequent years and securing ongoing cost reductions in a timely manner.

b) The increasing number of people that need to access adult social care services. The Council welcomes the fact that people are living longer, and indeed, it is the Council's ambition for this improvement in health to continue. However, an increasing number of people living longer will mean the Council is exposed to additional financial demands on its constrained resources. Furthermore, the cost of care is increasing, in part as a result of the introduction of the New Living Wage, which adds to the pressure on the budget.

c) There is increasing recognition nationally that the solution to many of the difficulties confronted by the NHS is to invest more in social care. So far this has not resulted in any significant additional resources from the Government, although it is permitting some costs to be passed on to local council tax payers. The response in Tameside has been to create a partnership approach operating under the banner of Care Together.

d) Under Care Together, the three organisations will, for the first time, be taking shared financial risks which are seen as essential for the initiative to succeed. This will mean the Single Commission being exposed to a greater degree of risk than it is currently.

e) Demands on services are not restricted to Adults' Services. The Council is experiencing a surge in the number of children being referred to Children's services. The Council is responding to this demand by increasing significantly the budget for Children's care services so that vulnerable children are not put at risk.

f) Business Rates are set nationally by the Government but collected locally by the Council. It is only since April 2013 that councils have been able to share in any growth in business rates and whilst the Council supports this move, it has meant at the same time that councils have had to share responsibility for losses in business rates. Tameside Council, like many others, has experienced losses arising from successful appeals against rateable values placed on properties. From April 2017 a completely new valuation list comes into force and the reaction of businesses is likely to be the start of a fresh round of appeals. This brings uncertainty into the Council's financial planning and is likely to exist for a number of years.

g) The Council has a significant capital investment programme over the medium term which can have a direct impact on residents, businesses and visitors to the borough. In recent years spending performance has been disappointing and therefore improvements are needed in effective delivery of capital and infrastructure investment e.g. Vision Tameside.

The Grant Settlement

3.6 Whilst the current Government has eased back on the pace by which public expenditure has to come into balance with available resources it is still adopting a policy of spending constraints, no more so than in the support given to local government.

3.7 Last year the Government gave an offer of a fixed four year settlement on condition each Council published an efficiency plan for the period 2016-20. The Council's efficiency plan was published in October 2016. The Council is now guaranteed the main financial

settlement through to, and including, 2019-20. Altogether 97% of local councils took up the offer of a fixed settlement and whilst it gives some certainty to assist financial planning, it is still nevertheless a reduction in central government support.

3.8 Greater Manchester is to participate in a pilot scheme to retain 100% of business rates, ahead of a national rollout of the scheme in 2020. Under the arrangement the 10 district councils in GM will no longer receive any revenue support grant or public health grant. This will be adjusted through the amount received in respect of business rates grants and therefore the financial settlement for the Council has been restated in **table 1** as follows:

Table 1

Restated Settlement	**2016/17 £000**	**2017/18 £000**	**2018/19 £000**	**2019/20 £000**
Revenue Support Grant	34,493	0	0	0
Business Rates Baseline	27,481	47,701	49,285	51,094
Business Rates Top-up Grant	24,043	43,635	37,267	30,865
Total Settlement Funding Assessment	**86,016**	**91,336**	**86,552**	**81,959**
Section 31 Grant	1,960	3,960	3,960	3,960
Public Health Grant	15,699	0	0	0
Total SFA and Public Health	**103,675**	**95,296**	**90,512**	**85,919**
Reduction in Year		**(8,379) 8.1%**	**(4,784) 5.0%**	**(4,593) 5.1%**
Cumulative Reduction				**(17,756) 17.1%**

3.9 Another aspect of the grant settlement was the introduction of a new grant for adult social care worth £241 million across England. The grant will last for one year only and the Council share of this grant is £1.159 million. However, to pay for this the Government has reduced the amount paid to local authorities in New Homes Bonus (NHB). Tameside will lose £1.165 million in NHB and as a result is marginally worse off and therefore does not receive any benefit from this change.

3.10 There were other changes relating to New Homes Bonus. The grant was introduced in 20211 and a bonus (grant) is paid for six years for every newly built home, conversion and long term empty property brought back into use. Following a consultation, this mechanism will be amended as follows:

- A move to 5 year payments for both existing and future Bonus allocations in 2017/18 and then to 4 years from 2018/19; and

- The introduction of a national baseline of 0.4% for 2017/18, below which allocations will not be made.

3.11 The Government will continue to pay the funding as an un-ringfenced grant and also retains the option of making adjustments to the baseline in future years to reflect significant and

unexpected housing growth. It will also revisit the case for withholding New Homes Bonus from 2018-19 from local authorities that are not planning effectively, making positive decisions on planning applications and delivering housing growth. To encourage more effective local planning the Government will also consider withholding payments for homes that are built following an appeal.

Council Tax

3.12 As part of the finance settlement an announcement was also made about council tax, including options concerning the adult social care precept.

3.13 When the grant settlement was announced in December 2016 the Secretary of State set out his guidelines on Council Tax. He announced it would be permissible for the adult social care precept to be increased above the 2016/17 level of 2% (of the Council's tax level) as follows:

2017/18: maximum increase of 3%;

2018/19: maximum increase of 3%;

2019/20: maximum increase of 2%;

Over the three year period the maximum combined increase is 6%.

For general increases in Council Tax, the trigger point for a referendum to be called is 2% or more.

3.14 On 28 February 2017 the Council agreed to increase council tax by 4.99%. **Table 2** below illustrates the effect of increases in Council Tax on the affordability of the Council's medium term plan. The budget for 2017/18 has been balanced but there remains a shortfall in future years even after a tax increase.

Table 2

	2017/18 £000	2018/19 £000	2019/20 £000
Resources			
Revenue Support Grant	0	0	0
Business Rates Baseline	(47,701)	(49,285)	(51,094)
Business Rates Top-up Grant	(43,635)	(37,267)	(30,865)
Collection Fund Surplus	(1,000)	(1,000)	(1,000)
Amount to be funded from Council Tax	(74,333)	(74,333)	(74,333)
Use of Reserves and Balances	(2,600)	(1,600)	(300)
Total Resources	**(169,269)**	**(163,485)**	**(157,592)**
Spending Plans			
Director of People	83,117	80,998	79,343
Public Health	16,707	16,740	16,548
Director of Places	58,595	59,783	60,079
Director of Governance and Resources	9,652	9,725	9,824
Corporate Costs	9,325	15,472	19,249
Total Spending	**177,396**	**182,718**	**185,043**
Council Tax Increases			
Council Tax Increase - 4.99% (1.99% in 2019/20)	**(3,824)**	**(7,871)**	**(9,597)**
Revised Tax Base & Collection Rate	**(2,303)**	**(2,612)**	**(2,922)**
Additional Collection Fund Surplus	**(2,000)**	**(500)**	**(500)**
Remaining Gap to be addressed	**0**	**8,250**	**14,432**

Key assumptions

3.15 In line with these key principles, the following specific assumptions have been made in the development of the 2017/18 MTFS:

- Government support in accordance with the four year fixed funding agreement
- Pay awards - 1%;
- Employer's pension contribution rate increase of 1.3% in 2017/18 and maintained thereafter;
- Inflation on running expenses - 2% per annum. Increased allowance for adult services contract costs due to New Living Wage;
- Fees and charges - average increase of 2.5% unless costs are not being recovered or market conditions require a higher or lower level;

- Allowance for demographic change in children and adults' service;
- Average investment return on cash deposits of 0.5%;
- The Council will remain in an under-borrowed position. A limited amount of new borrowing to take place at an average interest rate of 2.70%;
- Increase in levies per guidance issue by GM Combined Authority and GM Waste Disposal Authority;
- Provision of loss on business rates of £0.5 million per annum.

Increased Demand for Council Services

3.16 Each year the Council anticipates increased demand for services, particularly for Children and Adults' care services. In 2016/17 the Council has seen an unprecedented increase in the number of children coming into care services. This is clearly illustrated in **Table 3**

Table 3

Caseloads	Apr 2014	Apr 2015	Apr 2016	Jul 2016	Sep 2016	Dec 2016
Children In Need	888	840	732	681	971	1,224
Children Looked After	423	417	435	437	446	479
Child Protection Plans	167	212	223	261	259	344
Total	**1,478**	**1,469**	**1,390**	**1,379**	**1,676**	**2,047**

3.17 Such demand results in costs in two main ways. One is for the additional staffing costs, mainly social workers, to deal with increased caseload whilst also keeping children safe. The second is the cost in providing care that each child has been assessed as needing. This can vary widely depending whether at one end of the range the child can be cared for safely in a home environment which may involve only modest or no cost or needs, to the extreme of a child needing a secure permanently staffed external placement external placement.

3.18 The Council is already addressing the situation and is facing increased costs in 2016/17 which will be managed within the overall budget envelope. For 2017/18 a recurrent budget provision of £ 6 million is being made to cope with this demand. In addition a non-recurrent sum is included in the children's services budget as outlined in paragraph 3.19. Spending at this level is not sustainable in the context of declining resources and therefore managers will need to identify over the medium term how expenditure can be brought within available resources. The impact of this increased demand in terms of outcomes for children and also financial sustainability will be monitored by an independently chaired Improvement Board and also by a panel of elected Members.

3.19 For Adults' services, the number of people coming into the service should be easier to predict and consequently have less volatility in this budget. Having said that the Council is having to care for an increased number of people with a learning disability and there can be a wide range of costs depending on what their assessed needs are; for elderly people there are more with dementia who need more support. Caseload details are provided in tables 4 and 5:

Table 4

					Projected		
Caseloads	**Apr 16**	**Jul 16**	**Sep 16**	**Dec 16**	**2017-18**	**2018-19**	**2019-20**
People in Care Home placements	793	789	800	800	807	820	832
Homecare hours provided p/w	9,543	9,283	8,982	9,467	9,459	9,600	9,744
Homecare - number of clients	948	945	916	960	956	971	985
Extract of Number of people helped to live at home;							
Day Care	439	446	462	462	459	466	473
Supported Accommodation (incl Extra Care Housing)	400	399	411	411	411	417	424
Shared Lives	150	141	140	141	145	147	150

N.B.

Please note that the above growth projections are based on POPPI & PANSI demographic growth assumptions the numbers do not include the impacts of activity deflections from Acute services into community based settings arising from implementation of new models of care through Care Together. The prevalence rates for Dementia are also increasing, the extract below demonstrates the projected local trend

Table 5

Dementia - all people	**2016**	**2017**	**2018**	**2019**	**2020**
People aged 65-69 predicted to have dementia	161	153	147	141	136
People aged 70-74 predicted to have dementia	266	293	310	328	347
People aged 75-79 predicted to have dementia	428	433	445	457	470
People aged 80-84 predicted to have dementia	597	610	657	708	762
People aged 85-89 predicted to have dementia	583	622	622	622	622
People aged 90 and over predicted to have dementia	508	508	536	566	597
Total Tameside population aged 65 and over predicted to have dementia	**2,543**	**2,619**	**2,717**	**2,822**	**2,934**

3.20 Alongside the increased service demand within Childrens Services, there will also be additional investment required within the service for 2017/18 of £ 2.6 million funded from reserves. This is for the current demand faced by children's services which is anticipated to decline over the medium term plus a non-recurrent sum to facilitate service improvement initiatives following the recent Ofsted inspection. These improvements include a review of service provision pathways and the associated business processes and system infrastructure together with additional capacity to improve the development of the service workforce.

Savings and Efficiencies

3.21 Over the past seven years of austerity the Council has removed substantial sums from both back office and service costs. Costs are kept under review and new initiatives for savings are constantly sought. For 2017/18 services have again identified measures to make further savings:

People Directorate (£ 0.336 million)

3.22 There have been a number of services reviews within Adult Social Care which will achieve a £0.336m recurrent saving from 2017-18 onwards. Areas reviewed include Sensory Services, Learning Disabilities Day Services and Respite Provision. Further work is ongoing to ascertain the suitability of the Reablement service and invest to save proposals are currently being evaluated to expand the community based model for people with sub-threshold needs to enable them to live independently.

Public Health (£ 0.436 million)

3.23 The Directorate has reviewed and recommissioned a number of contracts to deliver recurrent savings of £0.436 million from 1 April 2017. Contracts where savings will be delivered include the provision of support for residents with issues associated with drugs and alcohol and sexual health needs. Savings will also be realised within the contract for the provision of 0-19 public health services.

3.24 It should be noted that there are also further savings initiatives within the Governance and Resources and Place directorates of the Council which total £ 1.581 million.

4. COUNCIL RISKS

4.1 A critical element of the Medium Term Financial Strategy and budget is to ensure that the financial consequences of risk are adequately reflected in the Council's finances.

4.2 A risk-based assessment of issues which could have a major impact on the Council's finances provides a flexible and responsive approach that reflects the continuously changing environment within which local government has to work. A risk assessment of the overall 2017/18 budget has been undertaken covering the following areas:

- Performance against the current year's budget.
- Realistic income targets.
- 'At risk' external funding.
- Reasonable estimates of cost pressures.
- One-off cost pressures identified.
- Robust arrangements for monitoring and reporting performance.
- Reasonable provision to cover the financial risks faced by the Council.

The risk-based approach takes into account relevant external factors such as changes in Government policy, the state of the local economy and the impact of this on the demand for Council services, and any potential changes to the underlying financial assumptions within the period.

5. CCG FINANCIAL PLANS

5.1 The NHS Operational and Contracting Planning Guidance 2017-2019 was published on the 27 September 2016 by NHS England (NHSE) and NHS Improvement (NHSI) for use by NHS commissioners and NHS providers. The guidance explains how the NHS operational planning and contracting processes will now change to support Sustainability and Transformation Plans (STPs) and the 'financial reset'. It reaffirms national priorities and sets out the financial and business rules for both 2017/18 and 2018/19.

5.2 The key objectives underpinning all 2017-2019 healthcare planning are to implement the Five Year Forward View to drive improvements in health and care, restore and maintain financial balance and deliver core access and quality standards.

5.3 The 2017-2019 operational planning and contracting round is built out from STPs. Two-year contracts will reflect two-year activity, workforce and performance assumptions that are agreed and affordable within each local STP. NHSE and NHSI issued a two-year tariff for consultation and two-year CQUIN and CCG quality premium schemes. A joint NHSE and NHSI oversight process will provide a unified interface with local organisations to ensure alignment of CCG and provider plans. The timetable was brought forward by three months for agreeing contracts and all 2017-19 contracts were required to be signed by 23 December 2016. NHS Tameside and Glossop CCG achieved this timeline. Furthermore, the Single Commission agreed a block contract with Tameside and Glossop Integrated Care NHS Foundation Trust as a means of mitigating risk across the economy.

6. CCG ALLOCATION

6.1 In October 2016, the CCG received confirmation of its allocation adjustments for 2017-2019 and these show a net reduction to T&G's allocation of £1.340 million and £1.361million respectively for 2017/2018 and 2018/2019. This net reduction is a result of adjustments for information rules on specialist commissioning and tariff. These values had been derived from national modelling undertaken by NHSE and NHSI.

6.2 The reduced allocation was challenged as this implied the CCG would incur reduced costs for secondary care and specialist commissioned services and local modelling demonstrated a £ 2.1 million pressure to the CCG. As a result of the challenge, the CCG was granted an additional allocation of £1.192 million which has been shared between the CCG and ICFT to off-set some of the risk associated with the tariff changes in secondary care.

Financial Plans submitted to GM Health and Social Care Partnership and NHS England

6.3 A high level summary of the CCG financial plans submitted to NHSE on 24 February 2017 is shown in Table 6 below. This demonstrates how the CCG total allocation of £381.491 million for 2017/2018 and £389.212 million for 2018/2019 is planned to be spent over the next two years. The 2016/2017 values are shown for comparative and illustrative purposes:

Table 6

Revenue Resource Limit

	2016/17 £'000	2017/18 £'000	2018/19 £'000
Recurrent	373,734	381,628	389,414
Non-Recurrent	11,615	(137)	(202)
Total In-Year allocation	**385,349**	**381,491**	**389,212**
Income and Expenditure			
Acute	197,418	196,448	196,448
Mental Health	28,991	29,645	30,234
Community	27,544	27,724	27,724
Continuing Care	12,647	13,247	13,611
Primary Care	50,572	49,409	50,796
Other Programme	32,705	27,104	31,488
Primary Care Co-Commissioning	30,926	31,988	32,954
Total Programme Costs	**380,803**	**375,565**	**383,255**
Running Costs	4,545	4,018	4,010
Contingency	0	1,908	1,947
Total Costs	**385,348**	**381,491**	**389,212**

6.4 **Assumptions underpinning the Financial Plan**

The CCG has statutory responsibilities referred to as the business rules with which it must comply. These comprise:

- Maintain expenditure within the revenue resource limit and make an underlying recurrent surplus of 1%
- Maintain expenditure within the allocated cash limit;
- Maintain capital expenditure within delegated limits;
- Ensure that 1% of recurrent funds are spent non-recurrently in line with the 2016-17 uncommitted 1% fund. However, for 2017-18 0.5% is available to spend immediately on transformational schemes and 0.5% to be held uncommitted in a risk reserve;
- Ensure a minimum 0.5% contingency is held;
- Ensure running costs do not exceed the allocation of £5.155 million;
- Ensure compliance with the Better Payment Practice Code whereby the CCG ensures it pays all NHS creditors within 30 days of receipt of a valid invoice.

These are incorporated in the plans above together with the following assumptions outlined in table 7 below taken from the planning guidance:

Table 7

2017/18	Gross Provider Efficiency %	Inflation %	Net tariff inflation %	Activity Growth (Demog) %	Activity Growth (Non-Demog) %	Total %
Mental Health	-2.00	2.10	0.10	1.00	0.90	2.00
Acute	-2.00	2.10	0.10	1.00	0.70	1.80
Primary Care - CCG	-2.00	2.10	0.10	1.00	1.65	2.75
Primary Care - Delegated	0.00	0.00	0.00	0.00	3.73	3.73
Continuing Care	-2.00	2.10	0.10	1.00	1.65	2.75
Community Health Services	-2.00	2.10	0.10	1.00	0.70	1.80
Other	-2.00	2.10	0.10	1.00	0.90	2.00
Corporate	0.00	0.00	0.00	0.00	-0.14	-0.14
2018/19	**Gross Provider Efficiency %**	**Inflation %**	**Net tariff inflation %**	**Activity Growth (Demog) %**	**Activity Growth (Non-Demog) %**	**Total %**
Mental Health	-2.00	2.10	0.10	1.00	0.89	1.99
Acute	-2.00	2.10	0.10	1.00	0.70	1.80
Primary Care - CCG	-2.00	2.10	0.10	1.00	1.65	2.75
Primary Care - Delegated	0.00	0.00	0.00	0.00	3.01	3.01
Continuing Care	-2.00	2.10	0.10	1.00	1.65	2.75
Community Health Services	-2.00	2.10	0.10	1.00	0.70	1.80
Other	-2.00	2.10	0.10	1.00	0.89	1.99
Corporate	0.00	0.00	0.00	0.00	-0.16	-0.16

6.5 Incorporated within the above plans is the intention that the CCG will meet the Mental Health Investment Standard, formerly known as the Parity of Esteem. This comprises investment growth of 2.5% in 2017-18 giving a total investment in mental health of £37.611 million and 2.0% growth in 2018-19 giving a total mental health investment of £38.359 million. This includes all mental health services including those aligned to learning disabilities and dementia.

7. CCG RECOVERY PLAN

7.1 The CCG has made good progress on realising savings as part of its Financial Recovery Plan in 2016/2017. The CCG has met the 2016/2017 Quality Innovation Productivity and Prevention (QIPP) target of £13.5 million in full and although a significant proportion was a result of non-recurrent means, many of the schemes started in 2016-17 will continue to be developed delivering increasingly more savings recurrently in 2017-18 and beyond. The CCG has a QIPP target of £ 23.9 million in 2017/2018 but planned recurrent savings from work started in 2016/2017 and negotiated within 2017/2018 contracts are shown in Table 8.

Table 8

CCG Recovery Plan Schemes:	2017-18 £		2018-19 £
Tameside ICFT	4,438,659	Consistent with agreed contract.	4,438,659
Other Associate Providers	2,752,729	Savings built into signed associate contracts. Increased risk of overperformance, but if we are able to prevent referrals and admissions, it is not unreasonable to realise the savings.	2,755,456
Other Acute	2,321,286	Within the gift of the CCG to reduce Independent Sector referrals which would deliver this saving.	1,323,164
GP Prescribing	2,516,350	Targeted schemes directed at reducing demand and stopping growth. T&G are an outlier at 4.28% prescribing volume growth against a national average of 2.08%.	2,514,846
CCG Commissioned Primary Care	2,787,825	Plans at an advanced stage of implementation on these areas including over 75s and Primary Care Quality Schemes.	797,599
Delegated Primary Care	587,500	Part year effect of Equitable Access Services.	587,500
Community Health Services	1,583,217	Re-procurement of certain community services including the Wheelchair contract.	756,681
Continuing Care	934,552	High risk area but work on-going to better understand care home spend across the economy.	331,843
Mental Health	1,285,062	Some savings incorporated into the Pennine Care contract but we must ensure the Mental Health Investment Target is met.	1,283,191
Corporate	1,137,000	Includes various efficiencies as a result of forming a Single Commissioning function.	1,137,000
Other	2,405,711	This primarily includes the Estates and IM&T strategies and considered high risks at this stage.	2,517,863
Reserves	4,970,860	Technical accounting savings in accordance with statutory guidance.	4,970,000
Grand Total	**27,720,751**		**23,413,802**

7.2 Planned QIPP savings have been categorised across 2 broad categories: Phase 1 and Phase 2 QIPP. Phase 1 QIPP comprise schemes where decisions have been made, but where there may be some implementation risk. Phase 2 QIPP is where potentially decisions are still required, for example, to de-commission/stop services but where savings can be realised in 2017/2018 once a decision is made. Phase 2 QIPP can be highly emotive and contentious requiring some very difficult and unpalatable decisions.

7.3 The QIPP plans detailed in table 9 comprise both Phase 1 and Phase 2 QIPP schemes. The CCG has applied a RAG rated weighting to each of the schemes to reflect optimism bias and provide a clearer understanding of the level of risk of delivery. The outcome of this further analysis for 2017/2018 QIPP reduces the planned savings outlined in table 8 by £10.421 million to £17.300 million. The composition of this analysis is shown in table 9 below:

Table 9

Total QIPP savings	Phase 1 £'000	Phase 2 £'000	Total £'000	Expected Saving £'000
RED	1,123	6,016	7,139	714
AMBER	7,991	0	7,991	3,995
GREEN	11,867	724	12,591	12,591
Total	**20,981**	**6,740**	**27,721**	**17,300**

7.4 As table 9 clearly demonstrates, it is crucial that momentum continues and the pace and scale of CCG schemes and economy wide transformation is accelerated to ensure the

planned savings are delivered and reduce financial risk across the wider health and social care economy.

8. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP

8.1 Single Commissioning Board Members are reminded there was a direct allocation of £ 450 million revenue resources to Greater Manchester from NHS England representing its 'fair share' of available transformation budgets over a five year period. The GM Strategic Partnership Board will oversee the deployment of funding to deliver the major change programme set out in the GM Strategic Plan.

8.2 The transformation funds will enable the delivery of the Tameside and Glossop Locality Plan. This will ensure more effective and efficient service provision and in the longer term, will significantly improve the health and wellbeing of the Tameside and Glossop community.

8.3 On 30 September 2016, the Partnership Strategic Partnership Board ratified the full transformational funding award of £23.226 million to Tameside and Glossop economy over a four financial year period.

8.4 Work commenced with the Greater Manchester Health and Social Care Partnership (GMHCP) thereafter to develop our investment agreement. Inclusion in this was implementation and delivery milestones to measure progress against the national "must do's" and our transformation priorities as outlined in the Cost Benefit Analysis submission.

8.5 The full suite of documentation for the Investment Agreement was submitted, reviewed and refined over three weeks, with final submission taking place on 2 December 2016.

8.6 The Investment Agreement was formally signed on 16 December 2016 by:

- Councillor Kieran Quinn - Executive Leader – TMBC
- Karen James - Chief Executive – Tameside and Glossop Integrated Care Foundation
- Trust)
- Lord Peter Smith - Chair – Greater Manchester Health and Social Care Strategic
- Partnership Board)
- Dr Alan Dow - Chair – Tameside and Glossop Single Commissioning Board
- Steven Pleasant - Chief Executive – Tameside MBC and Accountable Officer of
- Tameside and Glossop CCG.

8.7 Monitoring of the Investment Agreement within the locality will take place on a monthly basis, with progress updates provided to Greater Manchester on a quarterly basis.

8.8 The transformational funding award unfortunately does not include any capital for IM&T and Estates. Liaison continues with Greater Manchester Health and Social Care Partnership and NHS Improvement to understand the potential for funding bids and progress will be continually provided to the Members.

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9 CARE TOGETHER OPERATIONAL PROGRESS

Programme Management

9.1 The new Care Together (CT) programme structure was implemented from January 2017 and will see the CT Programme Board move to quarterly meetings instead of monthly.

9.2 Priority programmes of work, such as the potential transfer of Adult Social Care services into the Integrated Care Organisation Foundation Trust (ICFT) require dedicated resources,

and as such, resources from the Care Together Programme have been deployed to work on this.

9.3 In addition, as the programme moves towards implementation phase, the Care Together Programme Support Office will need to be enhanced to provide the necessary system assurance. External management consultancy support has been procured to set up the necessary systems to inspire confidence and provide the appropriate reassurance across the system.

Adult Social Care Transaction

9.4 The Adult Social Care Transaction Board continues to meet monthly, a full business case and due diligence process is being developed to ensure organisational and regulatory approval for the transfer of the service to the Integrated Care NHS Foundation Trust.

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9.5 Associated workstreams were agreed and established during January 2017.

Healthy Neighbourhoods

9.6 Three Neighbourhood managers have now been appointed. This is a significant milestone towards achieving our vision for the neighbourhoods, overseeing multidisciplinary teams working jointly across health and social care to ensure the best possible outcomes for our local people.

Savings Assurance

9.7 In November 2016, the Locality Executive Group (LEG) discussed the importance of aligning the financial work across the locality to provide a holistic view of progress against the projected financial gap.

9.8 To facilitate the in-depth support and challenge required, it was agreed to set up half day sessions in January to test the robustness of action plans in each scheme.

These sessions:

- Confirmed the Senior Responsible Officer and accountability for each scheme, key team leads and savings target for 2017/2018 to 2020/2021;
- Reviewed the action plans of each scheme;
- Agreed the level of savings achievable in 2017/2018;
- Confirmed if any additional support is required to ensure delivery of targets.

10. CARE TOGETHER ORGANISATIONAL UPDATE

Single Commissioning Function

10.1 As part of the drive to improve efficiency and reduce the costs of commissioning, New Century House was vacated during the spring of 2016/2017. Officers were relocated to existing Council locations.

Integrated Care Organisation

10.2 The governance of the models of care is currently being reviewed and revised within the Integrated Care NHS Foundation Trust to take into account a move towards implementation phase.

10.3 As such, a new Joint Management Team has been established in Tameside and Glossop Integrated Care NHS Foundation Trust to lead the implementation work, standing down the Models of Care Steering Group. It met for the first time on 21 December 2016. Chaired by the Trust's Chief Executive, Karen James, it will bring together the Trust's executive team and clinical directors with the clinical GP leads for the five neighbourhoods and the lead directors for public health and social services.

Next Stages

10.4 The notable next stages are as follows:

- Monitoring and reporting of the GM Transformation Fund Investment Agreement;
- Agree financial sustainability plan for the economy;
- Procurement of additional Programme Support
- Development and sign off of the business case for the transaction of adult social care into the Integrated Care Organisation;
- Continued discussions to determine options for aligning primary care outcomes alongside those of the Integrated Care Organisation and therefore for the whole population;
- Continue the review of the Mental Health Contract for the locality, to be completed by the end of 2016/2017;
- Developing and implementing a measurement framework which accurately ensures our planned transformational schemes are improving the healthy life expectancy of the Tameside and Glossop population.

11. CAPITAL INVESTMENT

11.1 In addition to the revenue funding detailed in **Appendix 1**, the Council is proposing capital investment within the Tameside Care Together economy. The associated details are included in table 10 below.

Table 10

COUNCIL CAPITAL PROGRAMME	16/17	17/18	18/19	TOTAL
	£'m	£'m	£'m	£'m
Children's Services - In Borough Residential Properties	0.812	0.100	0.000	0.912
Active Tameside - Leisure Estate Reconfiguration	3.814	9.930	6.524	20.268
Adult Services - Disabled Facilities Grant - Adaptations	1.300	0.678	0.000	1.978
Total	**5.926**	**10.708**	**6.524**	**23.158**

11.2 It is important to note that the estimated additional annual revenue expenditure associated with the repayment and interest for the prudential borrowing (unsupported) required to finance the Childrens Services and Active Tameside estate investment in table 10 will be an associated cost against the Integrated Commissioning Fund in the respective financial year.

12. NON RECURRENT INVESTMENT FUND

12.1 Members are reminded that the Council and the CCG approved a non-recurrent investment budget totalling £ 6.38 million. This sum is additional to the revenue budgets stated in **Appendix 1** and the capital investment in section 11.

The contributions from each organisation are stated in table 11 below:

Table 11

Organisation	£ m
CCG	3.00
Tameside MBC	3.38
Total	**6.38**

12.2 The 'investment fund' finances specific non-recurrent or capital investments required to support service reconfiguration and in particular for the pump priming of schemes and double running costs. This fund may also be called upon to support investment in infrastructure to secure greater overall efficiency (e.g. IT investment). All such bids supported with a robust business case are subject to approval by the Care Together Programme Board.

12.3 It should be noted that there will be an estimated residual balance of £ 2.58 million on 1 April 2017.

13. ICF RISK SHARE

13.1 The arrangement agreed for 2016/2017 was that, whilst working as a single commissioning function, the Council and CCG would retain full responsibility for their own financial risks. After a year of formally working together the current financial arrangements feel out of step with the concept of a single commissioner.

13.2 The proposal is that from 1 April 2017 each organisation will begin to share financial risk in proportion to the respective contributions they make into the Integrated Commissioning Fund. This would result in a sharing arrangement of 80 % for T&G CCG and 20 % for the Council as calculated in table 12.

Table 12 – Net Budgets Per Appendix 1

Commissioner	17/18 Total Net Budget	ICF Contributions
	£'000	%
T&G CCG	381,491	80
Tameside MBC	96,438	20
Total	**477,929**	**100**

13.3 This would be a significant step for both organisations given the current financial climate and the scale of the savings that must be delivered in the short term and the risks that the local health and social care economy face currently.

The variance to the total net budget allocation at the end of each financial year will be financed in proportion to the percentage of the net budget contribution of each organisation to the ICF (per table 12). However, the variance will be initially adjusted to exclude any CCG net expenditure associated with residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure. The associated adjusted total variance of both the CCG and the Council would then be financed in proportion to the % contributions as stated in table 12.

13.4 In addition it is also proposed that a stepped approach is taken to risk sharing and that a cap is placed on the shared financial exposure that each organisation would be expected to meet. For 2017/2018 it is proposed that :

- a cap of £ 2.0 million is placed on CCG related risks that the Council will contribute to;

- a cap of £ 0.5 million is placed on Council related risks that the CCG will contribute to.

13.5 The differential cap is recognises that it would be difficult for the CCG to assume responsibility for 80% of the Council's risks at a time when it is facing the highest QIPP target across Greater Manchester.

13.6 For clarity, the risk sharing arrangement applies to the Section 75 pooled fund, the aligned fund and the 'in collaboration' budget as set out in **Appendix 1**. It should be noted that the Council's cap of £ 2.0 million (per section 13.3) is over and above the non-recurrent contribution to the ICF of up to £ 5.0 million in both 2017/18 and 2018/19 (on the condition that the T&G CCG agrees a reciprocal arrangement in 2019/20 and 2020/21 should this be necessary – per section 3.4).

14 RECOMMENDATIONS

14.1 As detailed on the report cover.

APPENDIX 1

Service	2017/2018											
	Section 75			Aligned			In Collaboration			Total		
	Gross Expenditure	Gross Income	Net Expenditure	Gross Expenditure	Gross Income	Net Expenditure	Gross Expenditure	Gross Income	Net Expenditure	Gross Expenditure	Gross Income	Net Expenditure
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ICO CONTRACT	88,242	0	88,242	66,003	0	66,003	430	0	430	154,675	0	154,675
ACUTE	33,982	0	33,982	32,062	0	32,062	0	0	0	66,044	0	66,044
MENTAL HEALTH	29,596	0	29,596	0	0	0	0	0	0	29,596	0	29,596
PRIMARY CARE	9,722	0	9,722	41,148	0	41,148	31,988	0	31,988	82,857	0	82,857
CONTINUING CARE	13,247	0	13,247	0	0	0	0	0	0	13,247	0	13,247
COMMUNITY HEALTH SERVICES	3,639	0	3,639	0	0	0	0	0	0	3,639	0	3,639
CORPORATE	4,018	0	4,018	0	0	0	0	0	0	4,018	0	4,018
OTHER	18,810	0	18,810	7,870	0	7,870	734	0	734	27,414	0	27,414
ADULT SOCIAL CARE	73,506	(30,047)	43,459	1,161	(80)	1,081	0	0	0	74,667	(30,127)	44,540
CHILDRENS SERVICES	672	(487)	185	37,723	(2,717)	35,006	0	0	0	38,395	(3,204)	35,191
PUBLIC HEALTH	16,804	(97)	16,707	0	0	0	0	0	0	16,804	(97)	16,707
Grand Total	**292,239**	**(30,631)**	**261,608**	**185,966**	**(2,797)**	**183,169**	**33,151**	**0**	**33,151**	**511,357**	**(33,428)**	**477,929**

Savings which are incorporated into and assumed delivered in the above	
CCG	23,900
ADULT SOCIAL CARE	336
PUBLIC HEALTH	436
TOTAL	**24,672**

N.B.

Council Service budgets (Adult Social Care, Childrens Services and Public Health) exclude :

- Related Overheads
- The additional funding for Adult Social Care announced by the Government on 8 March 2017