Report to:	**HEALTH AND WELLBEING BOARD**
Date:	20 September 2018
Executive Member / Reporting Officer:	Councillor Brenda Warrington – Executive Leader and Adult Social Care & Wellbeing Councillor Bill Fairfoull – Deputy Executive Leader Councillor Gerald P. Cooney – Executive Member (Economic Growth and Housing) 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 JULY 2018 AND FORECAST TO 31 MARCH 2019** **TAMESIDE HEALTH AND WELLBEING BOARD 2018/19 BETTER CARE FUND MONITORING REPORT – PERIOD ENDING 30 JUNE 2018**
Report Summary:	This report has been prepared jointly by officers of Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT). The report provides a consolidated forecast for the Strategic Commission and ICFT for the current financial year. Supporting details for the whole economy are provided in **Appendix 1.** The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £4.061 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. The report also provides details of the Tameside Health and Wellbeing Board Better Care Fund 2018/19 monitoring report for the period ending 30 June 2018. It should be acknowledged that the associated Better Care Fund resources are included within the Integrated Commissioning Fund of the economy which is reported on a monthly basis to the Strategic Commissioning Board.
Recommendations:	Health and Wellbeing Board Members are recommended : 1. To note the report content. 2. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast. 3. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth. 4. Authorise use of headroom in the ICF risk share to increase the CCG surplus in 2018/19. This will enable drawdown of cumulative surplus in 2019/20 and improve the future financial position.

5. To note the 2018/19 Better Care Fund monitoring report for the period ending 31 March 2018. **(Appendix 2)**

Links to Community Strategy:	The Sustainable Community Strategy and Local Area Agreement are key documents outlining the aims of the Council and its partners to improve the borough of Tameside (agreed in consultation with local residents). Within health the CCG's Commissioning Strategy and Primary Care Strategy are similarly aligned to these principles and objectives.
Policy Implications:	The Care Together resource allocations detailed within this report supports the strategic plan to integrate health and social care services across the Tameside and Glossop economy.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	This report provides the 2018/19 consolidated financial position statement at 31 July 2018 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2019 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings. These pressures are being partially offset by additional income in corporate and contingency which may not be available in future years. The report emphasises that there is a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget. 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. Health and Wellbeing members should also note that the Better Care Fund allocations relating to **Appendix 2** are included within the Section 75 funding allocation of the Integrated Commissioning Fund.
Legal Implications: **(Authorised by the Borough Solicitor)**	There is a need to deliver a balanced budget. Consequently, there are significant changes required to achieve this and reduce the current levels of spend which previously have been bailed out. This requires new models of working and relentless focus on budgets without compromising patient care and safety. Many of the new models are intended to achieve this rather than simply look to cut out waste.
Risk Management:	Associated details are specified within **Appendix 1**
Access to Information :	Background papers relating to this report can be inspected by contacting : Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council Telephone:0161 342 5609 e-mail: tom.wilkinson@tameside.gov.uk

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1. INTRODUCTION

1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 31 July 2018 with a forecast projection to 31 March 2019. Supporting details for the whole economy are provided in **Appendix 1.**

1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the ICF for 2018/19 is currently £581.888 million.

1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.

1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:

- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
- NHS Tameside and Glossop CCG (CCG)
- Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

2.1 Table 1 provides details of the summary 2018/19 budgets and net expenditure for the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) projected to 31 March 2019. The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £4.061m by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. Supporting details of the projected variances are explained in **Appendix 1**.

Table 1: Summary of the ICF and ICFT – 2018/19

Organisation	Net Budget £000s	Forecast £000s	Variance £000s
Strategic Commission (ICF)	581,888	585,949	(4,061)
ICFT	(19,149)	(19,149)	0
Total	**562,739**	**566,800**	**(4,061)**

2.2 The Strategic Commission risk share arrangements remain in place for 2018/19. Under this arrangement the Council has agreed to increase its contribution to the ICF by up to £5.0m in 2018/19 in support of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) savings target. There is a reciprocal arrangement where the CCG will increase its contribution to the ICF in 2020/21.

2.3 Any variation beyond is shared in the ratio 68 : 32 for CCG : Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5.0m) in 2018/19 which is a maximum £0.5m contribution from the CCG towards the Council year end position and a maximum of £2.0m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure.

2.4 A summary of the financial position of the ICF analysed by service is provided in Table 2. The projected variances arise due to both savings that are projected not to be realised and emerging cost pressures in 2018/19. Further narrative on key variances is summarised in sections 3 and 4 below with further detail in **Appendix 1**.

Table 2: 2018/19 ICF Financial Position

Service	Net Budget £000s	Forecast £000s	Variance £000s
Acute	205,071	205,308	(238)
Mental Health	32,758	32,861	(103)
Primary Care	84,487	84,412	75
Continuing Care	14,504	17,441	(2,937)
Community	30,040	30,045	(4)
Other CCG	23,338	20,131	3,207
CCG TEP Shortfall (QIPP)	0	1,546	(1,546)
CCG Running Costs	5,175	5,175	(0)
Adults	40,492	40,507	(15)
Children's Services	49,100	52,174	(3,074)
Population Health	16,232	16,197	35
Operations and Neighbourhoods	50,379	50,924	(545)
Growth	7,858	10,106	(2,247)
Governance	9,049	9,049	0
Finance & IT	4,488	4,602	(113)
Quality and Safeguarding	67	73	(6)
Capital and Financing	9,638	8,236	1,402
Contingency	(2,660)	(3,388)	728
Corporate Costs	1,870	550	1,320
Integrated Commissioning Fund	**581,888**	**585,949**	**(4,061)**
CCG Expenditure	395,374	396,920	(1,546)
TMBC Expenditure	186,514	189,029	(2,515)
Integrated Commissioning Fund	**581,888**	**585,949**	**(4,061)**
A: Section 75 Services	266,713	269,235	(2,522)
B: Aligned Services	241,487	242,468	(981)
C: In Collaboration Services	73,687	74,246	(558)
Integrated Commissioning Fund	**581,888**	**585,949**	**(4,061)**

3. BUDGET VARIATIONS

3.1 The forecast variances set out in Table 2 includes a number of variances driven by cost pressures arising in the year and risks or non-delivery of savings. The key variances by service area are summarised below.

Continuing Care (£2.937m)

3.2 Growth in the cost and volume of individualised packages of care is the amongst the biggest financial risks facing the Strategic Commission. Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years. When benchmarked against other CCGs in GM on a per capita basis spend in Tameside & Glossop spends significantly more than average in this area. A continuation of historic growth rates is not financially sustainable and should not be inevitable that the CCG is an outlier against our peers across GM in the cost of individualised commissioning. Therefore budgets which are reflective of this and assume efficiency savings have been set for 2018/19.

3.3 A financial recovery plan is now in place and progress against this is reported to the Finance and QIPP Assurance Group on a regular basis. A summary of progress against this recovery plan is included in **Appendix 1.**

3.4 Further work is required to develop and realise the savings associated with these schemes. However there is clear evidence that progress is being made on fast track placements where marked reductions in both the number of active packages and the duration of each package can be seen.

CCG Other £3.207m

3.5 Services within this directorate such as Better Care Fund, estates, safeguarding and patient transport are spending broadly in line with budget and do not present a risk to the CCG position. We have received £1.6m of the approved £6.3m transformation funding so far this year. Allocations for the remainder will be transacted later in the year and we have plans in place to spend.

3.6 The significant favourable variance has been calculated in order to balance the CCG position and can only be delivered if the CCG is able to fully achieve the £19.8m Targeted Efficiency Plan (TEP) target. As reported in **Appendix 1**, there is a £1.5m risk attached to fully closing this gap.

CCG TEP Shortfall (£1.546m)

3.7 The CCG has a TEP target (also known as the QIPP), of £19.8m for 2018/19. Against this target, £8.682m (44%) of the required savings have been achieved in the first four months of the year. A further £6.853m is rated green and will be realised in future months. After the application of optimism bias, anticipated further savings of £2.719m from schemes currently rated as amber or red, reducing the net gap to £1.546m.

Children's Services (£3.074m)

3.8 Position has improved slightly due to staff vacancies but this remains a significant pressure. The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 636 at 31 July 2018. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget by £3m; due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585) ; the current level at 31 July 2018 is 636; a resulting increase of 51 (8.7%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,681 and foster care £761.

Operations and Neighbourhoods (£0.545m)

3.9 The service continues to face pressures due to non-delivery of savings and additional cost pressures. The new Car parking provision around the hospital on Darnton Road was expected to generate additional income of £500k per annum. Delays in the construction of the spaces has resulted in the non-delivery of the saving in 2018/19 of £275k. There have been additional pressures of £207k due to waste disposal levy and construction costs. There are also growing budget pressures in this area due to more proactive gully cleansing (to prevent flooding) and increased maintenance costs associated with Children's playgrounds as a result of capital investment being delayed.

Growth (£2.247m)

3.10 The service continues to face pressures due to non-delivery of savings and additional cost pressures.

3.11 Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. This transfer took place on 31 July 2017 but significant costs were incurred up to this date which were not included in the budget.

3.12 Significant pressures are also being experienced in relation to loss of income due to the sale of assets and utilisation of assets for Council purposes, income from advertising and income from Building Control and Development Control is currently forecast to be less than budget.

3.13 Non delivery of savings is also creating further pressures. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings anticipated will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.

3.14 The movement from the prior period is due to the forecast surplus on the Ecology Unit being included in the period 3 forecast. This is a hosted service and any surplus or deficit on the service is not held within the Council budget.

4. TARGETED EFFICIENT PLAN (TEP)

4.1 The economy wide savings target for 2018/19 is £35.720m. This consists of:

- CCG £19.800m
- TMBC £3.119m
- ICFT £12.801m

Table 3 : 2018/19 Targeted Efficiency Plan (TEP)

Savings	Opening Target £'000	RED £'000	AMBER £'000	GREEN £'000	Savings Posted £'000	Forecast £'000	Variance £'000
CCG	19,800	1,456	5,147	6,853	8,682	18,254	(1,546)
TMBC	3,119	313	552	990	456	1,753	(1,366)
Strategic Commission	**22,919**	**1,769**	**5,699**	**7,843**	**9,138**	**20,007**	**(2,912)**
ICFT	12,801	1,793	1,559	5,962	3,586	11,107	(1,695)
Total	**35,720**	**3,562**	**7,258**	**13,804**	**12,724**	**31,114**	**(4,606)**

4.2 Against this target, £12.724m of savings have been realised in the four months, 36% of the required savings. Expected savings by the end of the year are £31.114m, a shortfall of £4.606m against target. Slides 8 and 9 of **Appendix 1** provide a summary of the associated risks relating to the delivery of these savings for the Strategic Commission. It is worth noting that there is a risk of under achievement against this efficiency target across the economy at this reporting period.

4.3 More work is required to identify new schemes and turn red and amber schemes green. As things stand we would need to fully deliver all of the amber rated schemes and half of the red rated schemes to fully close the gap. It is therefore essential that additional proposals are considered and implemented urgently to address this gap on a recurrent basis thereafter.

4.4 There are high risk savings proposals of £ 3.562m which are currently at risk of non-delivery in 2018/19. **Appendix 1** summarises risks by service area, which for the Strategic Commission includes:

- £1.026m CCG Emerging Pipeline Schemes have not yet been sufficiently developed. More work is required to develop these schemes and assess viability.

- Growth Savings of £0.533m will not be delivered in 2018/19. These included forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) which has been extended as a result of the collapse of Carillion, and additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.

- Operations and Neighbourhoods £0.275m - Most of this savings target relates to the new Car parking provision at Darnton Road which was expected to generate additional income of £0.500m per annum. A delay in the construction of the spaces has resulted in the forecast additional income for this financial year being reduced to £0.225m.

5 CCG SURPLUS

5.1 In 2018/19 the CCG is planning to deliver a surplus of £9.347m. This overall surplus is broken down into two parts:

- **£3.668m** Mandated 1% surplus
- **£5.679m** Cumulative surplus brought forward from previous years

5.2 The 1% in year surplus is a requirement of the business rules. It is calculated on the basis of 1% of opening allocations, excluding the allocation for delegated co-commissioned primary care.

5.3 The cumulative surplus brought forward was built up in 2016/17 and 2017/18, when CCGs had to contribute into a national risk reserve offsetting overspend in the provider sector. While the cumulative surplus brought forward remains on the CCG balance sheet, there is currently no mechanism through which Tameside and Glossop are able to drawdown or use any of this resource.

5.4 There is no national risk reserve in 2018/19. However there is still a significant financial gap nationally, which needs to be addressed.

5.5 Greater Manchester Health and Social Care Partnership is involved in ongoing discussions with national bodies to address this gap. Nothing has been formally agreed at this stage. However there are emerging proposals which would potentially allow CCGs who are able to increase their 2018/19 surplus, to drawdown some of their cumulative surplus in 2019/20. The following draft proposal has been circulated to CCG's across Greater Manchester:

For CCGs with a cumulative surplus
Where the CCG agrees to underspend its allocation this year, the CCG will receive guaranteed surplus drawdown next year, on a 2 for 1 basis, subject to the cumulative surplus being available. For example a CCG that underspends by £5m this year will be allowed to drawdown £10m next year. The drawdown could be spread over the next two years if preferable

5.6 An additional benefit from this proposal would be an improvement in the aggregate GM financial position in 2018/19. Any underspend against the GM system control total would attract 48p of additional Provider Sustainability Funding for every £1 of underspend.

5.7 There was a detailed discussion about a potential Tameside and Glossop response to this proposal at Finance and QIPP Assurance Group in August.

5.8 In 2017/18 the CCG entered into a risk share with the local authority. Under the terms of our arrangement, the council were able to increase their contribution to the Section 75 pooled budget by up to £5m per year in both 2017/18 and 2018/19. In return the CCG will need to increase its contribution to the Section 75 pool in 2019/20 and 2020/21.

5.9 Approval is already in place for the council to increase 2018/19 contribution to the ICF by up to £5m, but the requirement to balance the CCG position will be less than this. Finance and QIPP Assurance Group discussed the potential of using headroom in the ICF risk share to increase the CCGs 2018/19 surplus by up to £3m.

5.10 Under the terms of the GM proposal, increasing the 18/19 surplus by £3m would enable drawdown of £6m in 2019/20, reducing the cumulative surplus to £6.3m. The money drawn down would be paid back into the ICF through increased CCG contributions to the pool.

5.11 5 year financial plans have been built on the assumption that there will be no mechanism to access the CCGs cumulative surplus. If we are able to drawdown some of our surplus in 2019/20 through the GM proposal, the financial position of the integrated commissioner will improve on a recurrent basis and the reported gap will reduce.

6 BETTER CARE FUND

6.1 Health and Wellbeing Board members are reminded that the better care fund was introduced during 2015/16 and has continued in the current financial year. The funding is awarded to the Economy to support the integration of health and social care to ensure resources are used more efficiently between Clinical Commissioning Groups and Local Authorities, in particular to support the reduction of avoidable hospital admissions and the facilitation of early discharge

6.2 **Appendix 2** provides supporting details of the 2018/19 quarter one (1 April 2018 to 31 March 2019) Better Care Fund monitoring statement recently submitted to NHS England. Guidance recommends that the quarterly monitoring returns are also presented to Health and Wellbeing Board members.

7 RECOMMENDATIONS

7.1 As stated on the report cover.