

Public Document Pack



Meeting of: Integrated Commissioning Board
Date: Tuesday, 21st September, 2021
Time: 3.30 pm.
Venue: Hollingworth (Room 108ABC), First Floor,
Number One Riverside, Smith Street,
Rochdale, OL16 1XU

This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Item No.	AGENDA	Page No
1	Apologies To receive any apologies for absence.	
2	Minutes To consider the minutes of the meeting of the Integrated Commissioning Board held on 29 June 2021.	4 - 8
3	Declarations of Interest Members are required to declare any disclosable pecuniary, personal or personal and prejudicial interests they may have and the nature of those interests relating to items on this agenda and/or indicate if S106 of the Local Government Finance Act 1992 applies to them.	
4	Items for Exclusion of Public and Press To determine any items on the agenda, if any, where the public are to be excluded from the meeting.	
5	Urgent Items of Business To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.	
6	Exclusion of Press and Public	

To consider that the press and public be excluded from the remaining part of the meeting pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that discussions may involve the likely disclosure of exempt information as defined in the provisions of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

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|-----------|--|---------|
| 7 | Health & Social Care Pooled Budget Monitoring Report Q1 | 9 - 16 |
| | To consider the report of the Cabinet Member for Finance and Corporate / Chief Finance Officer | |
| 8 | Better Care Fund Budget Monitoring 2021/22 Q1 | 17 - 23 |
| | To consider the report of the Cabinet Member for Finance and Corporate / Chief Finance Officer | |
| 9 | Exclusion of Press and Public | |
| | To consider that the press and public be excluded from the remaining part of the meeting pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that discussions may involve the likely disclosure of exempt information as defined in the provisions of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information. | |
| 10 | Additional section 31 drug and alcohol treatment funding | 24 - 29 |
| | To consider the report of the Cabinet Member for Adults and Social Care / Director of Commissioning | |
| 11 | Integrated Community Equipment Service (ICES) – Contracting Options from July 2022 | 30 - 43 |
| | To consider a report from the Cabinet Member for Adult and Social Care / Director of Commissioning | |
| 12 | Adult Social Care Fee Rates 2022/23: Pre-consultation Report | 44 - 49 |
| | To consider the report of the Cabinet Member for Adults and Social | |

Care / Director of Commissioning

13 Health contracts 22/23

To receive a presentation from the Assistant Director of Commissioning (CCG)

Integrated Commissioning Board Members

Councillor Iftikhar Ahmed

Dr Bodrul Alam

Councillor Daalat Ali

Graham Burgess

Denise Dawson

Dr Chris Duffy

Councillor Rachel Massey

Joanne Newton

Councillor Carol Wardle

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Agenda Item 2

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING

Tuesday, 29 June 2021

PRESENT: Dr Duffy (in the Chair); Councillor Iftikhar Ahmed, Councillor Daalat Ali, Councillor Rachel Massey and Councillor Wardle; D. Dawson, J. Newton, Dr Alum.

OFFICERS: S. Rumbelow (Chief Executive and Accountable Officer), C. Richardson (Director of Commissioning), J. Murphy (Chief Finance Officer), A. Ibrahim (Monitoring Officer), T. Harrison (Assistant Director of Commissioning) and m. Garraway (Committees and Constitutional Services Manager)

APOLOGIES FOR ABSENCE: G. Burgess (Independent Chair)

1 **MINUTES RESOLVED**

That the minutes of the meeting of the Integrated Commissioning Board held on 30 March 2021 be approved as a correct record.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **HEALTH & SOCIAL CARE BETTER CARE FUND OUTTURN REPORT 2020/2021**

Consideration was given to a report of the Cabinet Member for Adult Care and Wellbeing / Chief Finance Officer (Health and Social Care Integration) updating Members on the agreed the revised 2020/21 budgets for the Better Care Fund with the financial outturn position for the financial year 2020/21.

Alternatives considered

It is a requirement of the National Health Service England guidance to produce a budget for 2020/2. Monitoring against the 2020/21 budget which is a requirement of the Section 75 agreement therefore there are no alternatives to consider.

RESOLVED

1. That it be noted that the revenue spend for 20/21 was £221k below budget, and that this amount has been transferred to an earmarked reserve to support the additional cost of implementing Real Living Wage based fees to local care providers in 2021/22.
2. That the forecast underspend against capital budgets of £1.575m in relation to the Disabled Facilities Grant (£1.196m), the Autism Project adaptations (£150k) and the Integrated Neighbourhood Team (INT) hubs (£230k), and the carry forward of these budgets to be spent in 2021/22.

Reason for resolution

To update Members in relation to the Better Care Fund.

4 HEALTH AND SOCIAL CARE POOLED FUND OPENING BUDGETS 2021/22

Consideration was given to a report of the Cabinet Member for Adult Care and Wellbeing / Chief Finance Officer (Health and Social Care Integration) seeking approval of the opening budgets and the revised risk share arrangements for the Pooled Fund.

Alternatives considered

The operation of a formal pool in 2021/22 is in line with the requirements of the GM Health and Social Care Partnership and therefore no alternatives considered.

RESOLVED

1. That the opening budgets and the revised risk share arrangements be approved for the Pooled Fund be approved for 2021/22.
2. That this is a time limited proposal as a result of Covid 19 and a risk sharing approach will be implemented for 2022/23.

Reason for resolution

Approval of the Pooled Fund is a statutory requirement.

5 HEALTH AND SOCIAL CARE POOLED BUDGET OUTTURN REPORT 2020/2021

Consideration was given to a report of the Cabinet Member for Adult Care and Wellbeing / Chief Finance Officer (Health and Social Care Integration) on the financial position of the pooled budget outturn position for the financial year 2020/21.

Alternatives considered

No alternatives were considered.

RESOLVED

1. That the break-even position being reported against the H&SC pooled budget for 2020/21 be noted.
2. That in 2020/21 £8.5m of Covid costs were incurred against the Health & Social Care Pool Budget. £5.2m of these costs had been reclaimed from the NHS Covid fund, and £3.3m forms part of the Local Authority overall Covid-19 pressure. The pool Covid pressure of £3.3m has been wholly funded from Local Authority Government emergency funding leaving no in year pool pressure.

Reason for resolution

The Health and Social Care pooled budgets for 2020/21 are reported to the Board in line with National Health Service England guidelines and the Greater Manchester Health and Social Care Partnership requirements.

6 UPDATE ON THE INTEGRATED HEALTH & SOCIAL CARE POOLED FUND SECTION 75 AGREEMENT

Consideration was given to a report of the Cabinet Member for Adults and Social Care / Chief Finance Officer (Health & Social Care Integration) on the Integrated Health & Social Care Pooled Fund Section 75 Agreement for 2021/22.

Alternatives considered

RESOLVED

1. That the Integrated Health & Social Care Pooled Fund Section 75 Agreement covers the period 2020/21-2021/22 be noted.
2. That the Integrated Health & Social Care Pooled Fund Section 75 Agreement had been updated to reflect the 2021/22 budgets, be noted.
3. That it be noted the pausing of the risk share agreement for the Health & Social Care Pooled budget in 2020/21 as a result of the pandemic, will continue for 2021/22.

Reason for resolution

Monitoring of the opening budgets agreed for 2021/22 within the Section 75 agreement is essential for financial management of the fund.

7 EXCLUSION OF PRESS AND PUBLIC

RESOLVED

That the Press and Public be excluded from the meeting during consideration of the following five items of business, in accordance with the provisions of Section 100A (4) of the Local Government Act 1972, as amended.

Reason for the resolution

Should the press and public remain during debate on these three items there may be a disclosure of information that is deemed to be exempt under Parts 1 and 4 of Schedule 12A of the Local Government Act 1972.

8 PUBLIC HEALTH COMMISSIONING INTENTIONS 2021/22

Consideration was given to a report of the Cabinet Member for Health / Director of Public Health which sought approval of contracts in relation to Specialist Health Improvement Provision; Women's Domestic Abuse Refuge Service; Victim Support Domestic Abuse Service; Adult Substance Misuse Service; and Young People's Substance Misuse Service.

Alternatives considered

The procurement of each service was considered to be essential to provide support for service users within each subject.

RESOLVED

1. That approval be granted to tender for the Specialist Health Improvement Provision in 2021/22 in line with contractual requirements.

2. That approval be given to the extension of the Women's Domestic Abuse Refuge Service and Victim Support services by a period of one year (2022/23).
3. That approval be given to the extension of the Adult Substance Misuse Service by a period of one year (2022/23).
4. That approval be given to the extension of the Young People's Substance Misuse Service by a period of one year (2022/23).
5. That delegated authority be given to the Director of Public Health in consultation with the lead Cabinet Member for Healthy Lives, to sign any contract extension and contract award documents that are required relating to the contracts detailed above.

Reason for resolution

To ensure that the council remains contractually compliant in relation to the services in scope.

9 UROLOGY

Consideration was given to a report of the Cabinet Member for Healthy Lives / Assistant Director of Commissioning (CCG) updating Members on the proposals for Urology services across the Northern Care Alliance footprint.

Alternatives considered

There were no alternatives considered

RESOLVED

That the report be noted.

Reason for resolution

The proposals for Urology Services are designed to improve the availability of services to the local population through the development of Investigation units and inpatient services on the Salford and Oldham sites.

10 CONTRACT AWARD COMPLEX NEEDS

Consideration was given to a report of the Cabinet Member for Adult Care and Wellbeing / Assistant Director of Commissioning seeking approval to rescind the award of a contract to the Hesley Group and to instead approve the direct award of a complex needs placement to an alternative provider following a rapid selection process conducted between 19 April and 28 May 2021.

Alternatives considered

Six potential options for placement had been identified, but three of those were discounted by a panel of officers from both the Integrated Commissioning directorate and Adults Social Care Operations at a selection meeting. The remaining three had been assessed based on a number of key selection criteria based around timescales / urgency of placement, ability to meet extremely complex needs and provide the right environment, location and cost.

RESOLVED

1. That the approval given to directly award this contract to the Hesley Group at the meeting of the Integrated Commissioning Board held on 23 February 2021 be withdrawn.
2. That the award of the contract be approved to the Priory Group at their Mount View complex for learning disabilities and autism in Syke, Rochdale.

Reason for resolution

To provide the best possible care for the individual.

Agenda Item 7

Report to Integrated Commissioning Board



Date of Meeting	21 st September 2021
Portfolio	Cabinet Member for Health & Wellbeing
Report Author	Gareth Davies (for Adult Care Directorate & Public Health & Integrated Directorate)
Lead Officer	Jonathan Evans (Chief Finance Officer – Health & Social Care Integration)
Public/Private Document	Public

Health & Social Care Pooled Budget Monitoring Report Q1 June 2021

Executive Summary

- 1.1 To update the Integrated Commissioning Board (ICB) on the financial position of the pooled budget for the financial year 2021/22 as at the end of June 2021. The pooled budget excludes the Better Care Fund (BCF) which is being reported separately to the ICB in 2021/22. The pooled budget has been amended to take into account the savings previously reported to ICB.
- 1.2 The Covid pandemic has caused a change in funding arrangements for the CCG, and there is uncertainty around the impact Covid will have on both partners this year. As a result of this uncertainty it was agreed at ICB and Cabinet on the 26th of May that the Health & Social Care (H&SC) Pool budget risk share agreement was changed for 2020/21 so that both partners are responsible for their own pooled fund gap and in year underspend or overspend. This agreement has been extended for 2021/22 given the ongoing uncertainty regarding health funding.
- 1.3 The opening position reported on the Health & Social Care Pool budget for 2021/22 was a break even position, however this is based on several assumptions, as health funding arrangements have only been confirmed up to the end of September. The LA had set a balanced position for the LA Pooled Budgets.
- 1.4 As at the end of June there is a forecast over performance of £0.4m against the H&SC Pool Budget. The over performance is against health budgets and relates to Non-NHS Providers (£0.2m) and Adult database beds activity

(£0.2m). It is anticipated that the over performance will be funded from national funding, but this will not be reflected in the Pool until the allocation is received. Once this allocation is received the Pool will show a breakeven position.

- 1.5 As at the end of June Forecast Covid pressures of £5.4m have been identified across the H&SC Pool in relation to Children's (£3.9m) and Adults Social Care (£1.5m). £0.3m of this will be funded via the Hospital Discharge Programme, and the remaining £5.1m will be wholly funded from Government emergency funding received by the LA leaving no in year pool Covid pressure.

Recommendations

- 2.1 ICB notes the £0.4m over performance position being forecast in relation to non-Covid pool budgets as at the end of June.
- 2.2 ICB note that as at the end of June, £5.4m of Covid costs are forecast against the Health & Social Care Pool Budget. £0.3m of this will be funded via the Hospital Discharge Programme, and the remaining £5.1m will be wholly funded from Government emergency funding received by the LA leaving no in year pool Covid pressure.

Reason for Recommendation

- 3.1 This report updates the ICB on the Health and Social Care pooled budgets for 2021/22 in line with National Health Service England (NHSE) guidelines and the Greater Manchester (GM) Health and Social Care Partnership requirements. As part of operating a pooled budget regular monitoring reports are required.
- 3.2 The BCF has been excluded from the pooled reporting and will be reported separately to ICB in line with NHSE requirements for reporting each quarter.

Key Points for Consideration

- 4.1 The pooling of budgets between the two organisations, LA and CCG, is in line with NHSE guidelines to progress integration of Adult Social Care and Health and is in accordance with the decision made by Cabinet and the CCG Governing Body.
- 4.2 The operation of a formal pooled budget has been in place from April 2018.

4.3 Alternatives Considered

The operation of a formal pool in 2021/22 builds on the shadow pool that was operated by the ICB in 2017/18 and is in line with previous years reporting; therefore there are no alternatives to consider.

Costs and Budget Summary

5.1 Table 1 below shows the opening Health & Social Care Pool Budget for 2021/22.

Table 1 - Health and Social Care Pooled Budget 2021/22	
2021/22 Expenditure Budgets	Opening 2021/22 Budget £m's
<u>Adult's Services</u>	
Management, Support and Commissioning	3.1
Adults, Older People and Physical Disability	48.3
Learning Disability / Mental Health	60.2
Acute Health Care	116.5
Primary Care - Prescribing	32.2
Other Services	9.9
Adult Public Health	7.7
Total Adult Pooled Services	277.9
<u>Children's Services</u>	
Management, Support and Commissioning	2.8
Children's Early Intervention	7.2
Health Community Services	13.8
Learning Disability / Mental Health	8.0
Special Educational Needs	4.2
Acute Health Care	22.9
Children 0-19 Public Health	5.5
Cared for Children and Safeguarding	28.6
Primary Care - Prescribing	8.6
Other Services	1.8
Total Children's Pooled Services	103.4
Total Health and Social Care Pooled Budgets	381.3
<u>Contribution from Partners</u>	
CCG	-275.3
LA	-106.0
Total Contributions	-381.3
Opening Position	0.0

5.2 NHSE Current Arrangements

The CCG received allocations in months 1-6 which enabled a breakeven position to be reported. Funding has yet to be confirmed for months 7-12, but for the purposes of reporting is forecast to be in line with funding received for months 1-6.

5.3 Table 2 shows the outturn position against the Health & Social Care Pooled Budget for 2021/2022.

Table 2 - Health and Social Care Pooled Budget 2021/22				
June Forecast position	2021/22 Budget	2021/22 Forecast	Variance	Narrative
	£m's	£m's	£m's	
<u>Expenditure Budgets</u>				
<u>Adult's Services</u>				
Management, Support and Commissioning	3.0	3.0	0.0	
Adults, Older People and Physical Disability	46.5	48.0	1.5	£1.5m of LA Covid pressures are forecast incurred against these budgets including £0.3m relating to the Hospital Discharge Programme.
Learning Disability / Mental Health	61.2	61.4	0.2	Over performance against Adult database beds activity.
Acute Health Care	116.2	116.4	0.2	Non NHS Providers over performance Including SpaMedica Ophthalmology and Durnford Dermatology.
Primary Care - Prescribing	32.3	32.3	0.0	
Other Services	9.4	9.4	0.0	
Adult Public Health	6.4	6.4	0.0	
Total Adult Pooled Services	275.0	276.9	1.9	
<u>Children's Services</u>				

Management, Support and Commissioning	2.4	2.4	0.0	
Children's Early Intervention	7.4	7.4	0.0	
Health Community Services	13.4	13.4	0.0	
Learning Disability / Mental Health	7.7	7.7	0.0	
Special Educational Needs	4.3	4.3	0.0	
Acute Health Care	22.8	22.8	0.0	
Children 0-19 Public Health	5.5	5.5	0.0	
Cared for Children and Safeguarding	29.1	33.0	3.9	£3.9m of LA Covid pressures are forecast against Children's Services.
Primary Care – Prescribing	8.6	8.6	0.0	
Other Services	1.9	1.9	0.0	
Total Children's Pooled Services	103.1	107.0	3.9	
Total Health and Social Care Pooled Budgets	378.1	383.9	5.8	The forecast variance of £5.8m represents:- - £5.4m of LA Covid pressures before adjusting for Covid funding. - A £0.4m over performance against health budgets
<u>Contribution from Partners</u>				
CCG	-272.8	-273.1	-0.3	-The CCG are contributing an additional £0.3m above budget in relation to HDP claims from the LA for April to June.
LA	-105.3	-110.4	-5.1	- The LA are contributing an additional £5.1m from Government Emergency Covid funding to fund the Covid pressures identified.
Total Contributions	-378.1	-383.5	-5.4	

Forecast Position	0.0	0.4	0.4	
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- 5.4 As at the end of June the LA is reporting a nil variance against non-Covid budgets and a £5.4m Covid pressure (£3.9m against Children’s Social Care and £1.5m against Adult Social Care). The Covid pressure is forecast to be funded from a combination of Covid related health funding (£0.3m) and Government emergency funding received by the LA (£5.1m) leaving no in year pool Covid pressure.
- 5.5 There is a forecast over performance against pooled CCG budget of £0.4m which relates to Non-NHS Providers (£0.2m) and Adult database beds activity (£0.2m). It is anticipated that the over performance will be funded from national funding, but this will not be reflected in the Pool until the allocation is received. Once this allocation is received the Pool will show a breakeven position.

5.6 **Aligned Services**

There are a number of aligned services which sit outside of the pooled budget which are listed in table 3. These are not under the control of the ICB but are included here for information, decision making around these budgets remains with the LA or CCG.

Table 3 - Aligned Services		
Service	Host	Budget £000's
Health Protection	PH	160
Physical Activity	PH	544
Other Public Health	PH	1,192
Link4Life	PH	2,403

Management and Strategy	CSC	243
Shared Services with Bury	CSC	658
Sufficiency and Access	CSC	53
School Improvement, Organisation and Personnel	CSC	897
Educational Psychology/coordinator	CSC	460
Regional Adoption Agency	CSC	1,219
Primary Care	CCG	6,724
Acute Services	CCG	59,860
Core Running Costs	CCG	4,122
Primary Care & Co Commissioning	CCG	40,170
Other CCG	CCG	1,680
Total Aligned Services		120,385

Risk and Policy Implications

- 6.1 The pooled budget has been agreed to be operated in 2021/22. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed LA functions and prescribed NHS functions.
- 6.2 Under the Section 75 Risk Share agreement, If a revenue overspend or underspend remains at the end of a financial year, the Partners agree that such underspends and overspends will be managed by the respective organisation in 2021/22 in line with the 2020/21 agreement. This is as a consequence of the different financial regimes and funding for COVID and will be revisited for 2022/23.
- 6.3 The long term impact of Covid on the delivery of services is not fully understood and it is expected that the financial impact will continue into future years.

Consultation

7. There is no requirement for consultation on the contents of this report other than with the partners i.e. the CCG and the LA. Relevant officers from both organisations have been consulted on the content of this report.

Background Papers

Place of Inspection

8.	LA Monitoring Working papers CCG Monitoring Working Papers	Number 1 Riverside Number 1 Riverside
	For further information about this report or access to any background papers contact Gareth Davies	Gareth Davies (for Adult Care Directorate & Public Health & Integrated Directorate) Tel: 01706924888 gareth.davies@rochdale.gov.uk

Agenda Item 8

Report to Integrated Commissioning Board



Date of Meeting	21 st September 2021
Portfolio	Cabinet Member for Health & Wellbeing
Report Author	Gareth Davies (for Adult Care Directorate & Public Health & Integrated Directorate)
Lead Officer	Jonathan Evans (Chief Finance Officer – Health & Social Care Integration)
Public/Private Document	Public

Health & Social Care Better Care Fund Budget Monitoring Report Quarter 1 2021/22

Executive Summary

1. At its March 2021 meeting the Integrated Commissioning Board (ICB) agreed the revised 2021/22 budgets for the Better Care Fund (BCF). This report updates the ICB and the Strategic Place Board (SPB) with the Quarter 1 (April to June 2021) budget monitoring for the BCF for the financial year 2021/22.

Recommendations

- 2.1 ICB notes the Quarter 1 monitoring information as at June 2021 period end.
- 2.2 ICB notes that there are contingencies being held for budgets not yet allocated in 2021/22 of £403k offset by a forecast overspend against the equipment store budget of £75k giving a total forecast revenue underspend of £328k.
- 2.3 ICB notes the forecast underspend against capital budgets of £1,238k in relation to the Disabled Facilities Grant (DFG) and approves the carry forward of any unspent capital budgets to 2022/23.

Reason for Recommendation

3. The Strategic Place Board (SPB) have ultimate sign off of the BCF budget as mandated in the BCF Policy Framework and Planning Guidance. The SPB have delegated responsibility for the BCF to the ICB. The revised 2021/22 budget for the BCF was agreed by the ICB in March 2021, this report provides an update on the forecast position against those budgets.

Key Points for Consideration

- 4.1 The BCF revised budget was set at the ICB meeting in March 2021 in line with the BCF Policy Framework and Planning Guidance for 2017-19.
- 4.2 The partners must have a Section 75 agreement to support the BCF budget and this was approved by the ICB at its September 2017 meeting. This has been updated and forms part of the overall pooled Health and Social Care Section 75 agreement for 2021/22 reported to June 2021 ICB.

Alternatives Considered

- 4.3 It is a requirement of the NHSE guidance to produce a budget for 2021/22 which the ICB approved at its March 2021 meeting. This report updates the monitoring against the 2021/22 budget which is a requirement of the Section 75 agreement. Therefore there are no alternatives to consider.

Costs and Budget Summary

- 5.1 Table 1 shows the updated 2021/22 revenue budget and the forecast financial position as at the end of June 2021.

Table 1 Revenue Budget and Forecast at June period end (Quarter 1)

Line No	Scheme	2021/22 Budget	2021/22 Forecast	Variance
	<u>Revenue Expenditure</u>	£'s	£'s	£'s
1	Funding of Social Care Services	19,740,347	19,740,347	-
2	Additional Funding in Adult Social Care notified in Spring Budget 2017	1,568,389	1,568,389	-
3	Care Act Implementation	205,498	205,498	-
	<u>Carers Services</u>			
4	Carers -universal services	397,750	397,750	-
5	Carers night sitting service - dementia	81,600	81,600	-
	Carers sub total	479,350	479,350	-
	<u>Reablement Services</u>			
6	Reablement - dementia support workers	86,817	86,817	-
7	Reablement - Intermediate Care dementia flexible workers	64,309	64,309	-
8	Reablement - mental health outreach workers	111,234	111,234	-
9	Reablement - memory clinic dementia workers	52,972	52,972	-
10	Reablement - carers life after stroke	137,474	137,474	-
11	Reablement - equipment loan store	979,820	1,054,609	74,789
	Reablement sub total	1,432,626	1,507,415	74,789
	<u>Intermediate tier service</u>			
12	Reablement (STAR's) plus to support the new service	187,117	187,117	-

13	Pennine Acute ITS contract	5,963,310	5,963,310	-
14	Pennine Acute CQUIN - new funding from CCG	74,541	74,541	-
15	Winter Pressure Funding Expenditure	1,108,358	1,108,358	-
16	Contingency for revenue schemes	403,254	-	(403,254)
	Intermediate Care sub total	7,736,580	7,333,326	(403,254)
	Total Revenue Expenditure	31,163,180	30,834,715	(328,465)
	Income			
17	Contribution from CCG	(18,869,698)	(18,869,698)	-
18	Contribution from LA	(9,616,735)	(9,616,735)	-
19	Contribution from LA additional Grant notified in 2017 Spring Budget	(1,568,389)	(1,568,389)	-
20	Contribution from LA - Winter Pressure Funding	(1,108,358)	(1,108,358)	-
	Total Income	(31,163,180)	(31,163,180)	-
	(Surplus) income over expenditure	0	(328,465)	(328,465)

5.2 There is a forecast overspend against the reablement equipment loan store of £75k, due to high demand in quarter 1 for emergency same day/ next day deliveries linked to supporting hospital discharge. This will continue to be monitored throughout the year and practitioners have been asked to ensure emergency deliveries are only used where necessary.

5.3 There is a BCF Contingency balance of £403k this year, due to the relatively small inflationary increase on health contracts and LA pay freeze. Part of this balance is expected to be required to offset the increased costs against the reablement store, and options are being considered for how the remainder will be utilised.

5.4 The net revenue forecast position as at the end of June is an under spend of £328k.

5.5 The capital DFG budget is included in tables 2a/2b below. The figures include the 2021/22 capital allocation and the balance carried over from 2020/21 of £1.576m.

5.6 The majority of the budget carry forward (£1.196m) relates to DFG budgets as Covid restrictions led to significant delays and backlogs in 2020/21. Although there is significant demand for DFG spend due to the backlog, difficulties in recruitment means that the full budget is unlikely to be spent, and it is forecast that £1.239m will be carried forward to 2022/23.

5.7 The remainder of the carry forwards includes £150k set aside for Adaptations to the planned Autism Project, and £230k earmarked to fund the capital costs in relation to Adult Social Care and Health integration hubs across the 6 localities.

5.8 Table 2a 2021/22 BCF Capital Forecast

Line No	Capital Schemes	2021/22 Budget	2021/22 Forecast	Variance
		£'s	£'s	£'s
1a	Disabled Facilities Grant (DFG)- 2021/22	2,987,389	1,749,117	(1,238,272)
1b	Disabled Facilities Grant Brought Forward from 2020/21	1,195,883	1,195,883	0
	Total DFG in allocation below	4,183,272	2,945,000	(1,238,272)
2	Capital Grant carried over from 2020/21			
2a	DFG- Adaptations to Autism Project	150,000	150,000	0
2b	Adult Social Care and Health Integration Hubs	229,921	229,921	0
	Total Capital Schemes	4,563,193	3,324,921	(1,238,272)
3	Contribution from LA	(4,563,193)	(3,324,921)	1,238,272
	Total Capital Contributions	(4,563,193)	(3,324,921)	1,238,272
	(Surplus) Contribution over expenditure	0	0	0

5.9 Table 2b Detail of DFG Budget and Forecast included in table 2a above

Line No	Allocation of DFG	2021/22 Budget	2021/22 Forecast	Variance
		£'s	£'s	£'s
4	Main DFG Budget	2,325,000	2,325,000	0
5	DFG Top Up Grants	60,000	60,000	0
6	Minor Adaptations	25,000	25,000	0
7	Assistive Technology	30,000	30,000	0
8	Dementia, Falls and Excess Cold Payments	180,000	180,000	0
9	Repairs to Adaptations	150,000	150,000	0
10	Housing Options for Older People (HOOP) service	40,000	40,000	0
11	Care Homes Offer	35,000	35,000	0
12	Contribution to RBH new build properties for service users who we are unable to adapt for	100,000	100,000	0
13	Contingency	1,238,272	0	(1,238,272)
	Total	4,183,272	2,945,000	(1,238,272)

Risk and Policy Implications

- 6.1 Any risk of operating the BCF in 2021/22 is covered in the Section 75 agreement which was agreed by the ICB in September 2017. This has been updated and forms part of the overall pooled Health and Social Care Section 75 agreement for 2021/22 reported to June ICB.
- 6.2 The majority of budgets in the BCF are fixed price contracts but there are demand led budgets which could pose a financial risk mainly around the provision of equipment. Regular monitoring will allow commissioners to mitigate any risks and contingencies are included in both the capital and revenue budgets which could be used to mitigate risks.

Consultation

7. There is no requirement for consultation on the contents of this report other than with the partners i.e. the CCG and the LA. Relevant officers from both organisations have been consulted on the content of this report.

Background Papers

Place of Inspection

8.	LA Monitoring Working papers	Number 1 Riverside
	For further information about this report or access to any background papers contact Gareth Davies	Gareth Davies (for Adult Care Directorate & Public Health & Integrated Directorate) Tel: 01706924888 gareth.davies@rochdale.gov.uk

Agenda Item 10

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Agenda Item 11

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Agenda Item 12

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of the Local Government Act 1972.

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