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Meeting of: Integrated Commissioning Board
Date: Tuesday, 30th July, 2019
Time: 3.30 pm.
Venue: Training and Conference Suite, 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 Members are requested to approve the Minutes of the Meeting held on the 25th June 2019.	4 - 10
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.	APPOINTMENT OF A VICE-CHAIR For the Board to appoint a Vice-Chair for the Municipal year 2019-20.	
7.	HEALTH AND SOCIAL CARE BETTER CARE FUND BUDGET MONITORING REPORT - QUARTER 1 2019/20 The Chief Finance Officer for Health & Social Care Integration will present to the Board a report on Health and Social Care Better Care Fund Budget Monitoring - Quarter 1 2019/20.	11 - 17

8. **TRANSFORMATION OUTLINING THE FINANCIAL POSITION AGAINST THE PLAN** 18 - 22
- The Chief Finance Officer for Health & Social Care Integration will provided the Board with a report on Transformation.
9. **FINANCE, PERFORMANCE & RISK SUB GROUP TERMS OF REFERENCE** 23 - 29
- The Board will receive for its consideration the Finance, Performance & Risk Sub Group Terms of Reference from the Chief Finance Officer for Health & Social Care Integration.
10. **QUORUM**
- For Members to receive a verbal update on options to consider changes to the Boards Quorum.
11. **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.
12. **HEALTH AND SOCIAL CARE DEVELOPMENT OF A NEW SERVICE FOR VULNERABLE ADULTS: THE WELL-BEING AND RECOVERY TEAM** 30 - 37
- The Assistant Director for Commissioning, Public Health and Adult Care will provide the Board with a report on a new Recovery & Reablement service
13. **TRANSFORMATION DEEP DIVES** 38 - 47
- The Committee will receive a report on Transformation deep dives by the Strategic Commissioning Programme Director.
14. **SAVINGS PROGRAMME UPDATE** 48 - 56
- The Chief Finance Officer for Health & Social Care Integration will provide Members with a savings programme update.
15. **2019/20 - FURTHER SAVINGS PROPOSALS** 57 - 75
- The Committee will receive a report on 2019/20 further savings proposals from the Chief Finance Officer for Health & Social Care Integration.

Integrated Commissioning Board Members

Councillor Iftikhar Ahmed

Councillor Allen Brett

Denise Dawson

Councillor Kieran Heakin

Councillor Sara Rowbotham

Dr Bodrul Alam

Graham Burgess

Dr Chris Duffy

Joanne Newton

For more information about this meeting, please contact
John Addison

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING

Tuesday, 25 June 2019

PRESENT: G. Burgess (Independent Chair); HMR CCG: Dr B. Alam, D. Dawson, Dr C. Duffy, J. Newton; RBC: Councillor I. Ahmed, Councillor Brett, Councillor Heakin and Councillor Wardle (Substitute for Cllr Rowbotham).

In attendance: K. Jones (Healthwatch Rochdale).

OFFICERS: HMR CCG: S. Evans (Chief Finance Officer), S. Croasdale (Strategic Commissioning Director).

HMR CCG/RBC: S. Rumbelow (Chief Executive/Accountable Officer), S. McIvor (Joint Director of Commissioning/DASS), K. Kenton (Associate Director – Children’s Services).

RBC: A. Fallon (Director for Public Health and Wellbeing), N. Thornton (Director of Resources), D. Wilcock (Assistant Director Legal Governance and Workforce), J. Murphy (Deputy Chief Finance Officer) and J. Addison (Resources Directorate).

1 APOLOGIES

Apologies were received from Councillor Rowbotham and K. Hurley (Director of Operations and Executive Nurse).

2 MINUTES

The Chair presented the Minutes of the previous meeting for approval, it was noted that at the meeting held on the 26th March 2019, Members had a detailed discussion around the pooled budget. It was requested that the Minute around the Pooled budget be changed to reflect Members discussion.

RESOLVED:

That the Minutes of the Meeting held on the 26th March 2019 be agreed subject to the above amendment.

3 DECLARATIONS OF INTEREST

It was noted that at the previous meeting of the Board Dr Duffy and Cllr Heakin had declared interests in an item around the LCO. It was requested that for future meetings the Board wished to receive a legal opinion on the nature of the interests and if they needed to be declared when decisions around the LCO were required to take place at future meetings.

RESOLVED:

- 1) There were no declaration of interests declared.
- 2) That Board receive a legal opinion on the nature of Dr Duffy and Cllr Heakin interests.

4 ITEMS FOR EXCLUSION OF PUBLIC AND PRESS

The Chair informed the Board that were a number of items on the Agenda that would require the press and public to leave the room during the discussion of those items.

The Minutes have therefore been written in the order in which the items were heard

5 ICB PERFORMANCE REPORT

The Board considered a report of the Transformation Programme Director that provided Members with on ICB Constitution Performance Scorecards, reporting progress against the NHS constitution and Adult Social Care indicators

It was noted that reporting in this period for NHS Constitution were; Accident and Emergency (A&E), Referral to Treatment (RTT), Early Intervention Psychosis (EIP), Cancer two week wait and Breast two week wait, Improving Access to Psychological Therapies (IAPT) Recovery.

In relation to Adult Social Care, reporting in this period was; Cash Budgets, Reabled or remain at home, Learning Disabilities, Delayed transfer of care, Long Term Support, Carers receiving a carer specific service.

REOLVED:

That the Report and feedback on the new report format and contents be noted.

6 TRANSFORMATION HIGHLIGHTS REPORT

The Strategic Commissioning Programme Director provided the Board with an update on Programme Delivery outlining transformation progress, financial updates not covered elsewhere on the agenda, an update on the operation of the Local Care Organisation, an update on progress against measuring the performance of transformation interventions and an overview of the progress made towards a collaborative Communication and Engagement Programme.

The Board was reminded that there was a programme-wide evaluation currently being undertaken which would complete a deep-dive exercise into each of the interventions to understand the impact and current status of schemes in place. It was noted that the deep-dives were subject to a rigorous

governance process which included groups and Committees across the CCG/LA and the LCO.

RESOLVED:

That the report be noted.

7 HEALTH AND SOCIAL CARE POOLED BUDGET MONITORING REPORT

The Chief Finance Officer for Health & Social Care Integration provided an update report to Members on the financial position of the pooled budget for the financial year 2019/20 as at the end of May 2019. The pooled budget excluded the Better Care Fund (BCF) and the Greater Manchester Transformation funding which were being reported separately to the ICB in 2019/20. It was noted that the pooled budget had been amended to take into account the savings reported in previous reports to ICB.

Members were informed that the gap on the pool fund for 2019/20 was £12.7m as at the end of May. It was further reported that as at the end of May there was a pooled budget pressure of £0.4m against acute services. The pressure related to non-electives activity.

It was noted that Adult Social Care was forecasting a pressure of £1.5m, primarily due to increased demand for Residential and Community services. Further work was being undertaken regarding the latest forecast for the Local Authority provider services, which would be reported to the Council's Cabinet in July, with an update being provided to future ICB meetings.

That Board noted that the LA was currently developing a 5 year strategy to mitigate the risks around Children's Service budget pressures. The early work indicated that all but £2.8m of the current pressures could be mitigated but that £2.8m would remain. It was reported that this currently sat within the pooled budget financial gap and the ICB would need to determine how best to address this.

Alternatives Considered:

It was noted that the operation of a formal pool in 2019/20 was in line with the requirements of the GM Health and Social Care Partnership and built on the shadow pool that was operated by the ICB in 2017/18 and was in line with 2018/19 reporting; therefore there are no alternatives for the Board to consider.

RESOLVED:

- 1) That the Board note the funding gap at the end of May on the pool budget of £12.7m and that further work was underway to address the gap in 2019/20.

- 2) That the Board noted the LA Children's Service variations outside of the pool were managed by the LA, and that Adult Social Care and Public Health variations were managed by the pool.
- 3) That pressures of £1.9m being reported against the pool budget for 2019/20 (£0.4m on Acute budgets and £1.5m on LA Adult Social Care) be noted and that further work was ongoing to understand the reasons for this activity in excess of plans and bring back into line.

8 TRANSFORMATION ANNUAL REPORT

The Strategic Commissioning Programme Director provided the Board with the Transformation Annual Report informing ICB of the progress made in the Rochdale Borough, highlighting the local successes and challenges in delivering transformation.

Members were reminded that throughout 2018/19 the Integrated Commissioning Directorate (ICD), working in partnership with Local Care Organisation providers, had been continuing to develop the three pillars of transformation as set out in the Rochdale Locality Plan; namely:

- Development of the Single Commissioning Function (SCF)
- Development of the Local Care Organisation (LCO)
- Delivery of Transformation

The Director provide an update on the progress against the three pillars and provided detailed delivery against the plan as set out in May 2018. It was reported that significant progress had been made throughout 2018/19 in relation to transformation scheme delivery.

It was suggested by the Board that some advertising be undertaken, with easy to read/see messages being produced to highlight the good work of the Board to enable residents to understand the role and impact the Board can have on their lives.

REOLVED:

- 1) That the report be noted.
- 2) That advertising be undertaken, with easy to read/see messages being produced to highlight the good work of the Board to enable residents to understand the role and impact the Board can have on their lives.

9 19/20 FINANCE UPDATE ON THE GM FUNDED TRANSFORMATION FUND PROGRAMME - TO THE END OF MAY 2019

The Board considered a report of the Chief Finance Officer that updated Members on expenditure incurred through to the end of May 2019 on the Greater Manchester funded Transformation Programme.

It was reported that the HMR CCG and the LA had applied for Transformation Funding from GM H&SCP in 17/18, ultimately being successful in a bid for £25.17m of funding. £16.59m of that funding had been used in 17/18 & 18/19 with a further £6.88m of it due to be used in 19/20, whilst decisions still to be made as to whether or not the final £1.7m which was made available as a loan would be used in 20/21.

Alternatives Considered:

It was noted that Transformation Fund funding from GM H&SCP had given the Rochdale locality the up front, “pump priming” funding that was required to fund the transformational activity which underpinned the transfer of activity from the acute to the community / self-help sector. Members agreed that without this funding the ability to provide “pump priming” funding would have not been possible.

REOLVED:

That the Board note;

- The year to date expenditure incurred on the GM funded Transformation Programme,
- The plans to undertake a deep dive review on all interventions,
- and the level of cashable benefits already achieved.

10 GOVERNANCE AND WORK PROGRAMME REPORT

Members received a report that provided an update on the Governance Arrangements for the ICB, based on feedback by Board Members. The report highlighted a rough work programme of what the Board could expect at each of its Business meetings during the 2019-2020 municipal year.

Members were reminded that the ICB holds meetings on a monthly basis through the municipal year (with the exception of September and November), with every other meeting being a development session instead of a Committee meeting.

It was reported that given the high volume of work undertaken by the Board and feedback from Board Members that the above arrangement should be changed to a quarterly development session (every 4th Meeting), with the Chair reserving the right to hold a short Committee meeting prior to a development session if it is required.

The Board was further reminded that at the July meeting the revised terms of reference for the ICB would be submitted to address changes to the Health and Wellbeing Board and the Membership of the ICB. It was felt that a possible change to the quorum of ICB could be considered from 3 out of 4 NHS and RBC Members to any 6 voting Members.

RESOLVED:

- 1) That the Board note the report and the date of the ICB in September as the 30th at 3:30pm.
- 2) That the ICB change its development sessions to every 4th meeting and the Chair reserving the right to hold a short Committee meeting prior to a development session if it is required.

11 EXCLUSION OF PRESS AND PUBLIC

That the Press and Public be excluded from the meeting during consideration of the following four items of business, in accordance with the provisions of Section 100A (3) of the Local Government Act 1972, as amended.

Reason for Decision:

Should the press and public remain during the debate on this item there may be a disclosure of information that is deemed to be exempt under Part 3 of Schedule 12A of the Local Government Act 1972.

12 UPDATE ON LCO SCOPING AND PHASING

The Board received a report on the current position relating to the phasing and scoping element of Local Care Organisation (LCO) development. The report provided the the original agreement in relation to phasing and scoping and revisits. The report additionally provided an update on timescales and approach, agreed following legal and financial advice.

RESOLVED:

- 1) That the Board note the progress to date in terms of phasing and scoping.
- 2) That the Board note the indicative timescales for potential LCO procurement.
- 3) That the Board support the visioning exercise to be undertaken between Commissioners and the LCO.

13 MEDIUM TERM FINANCIAL STRATEGY

The Board received a presentation from the Chief Finance Officer for Health & Social Care Integration on the HMR CCG medium term financial plan 2019/20 to 2022/23.

RESOLVED:

That the presentation be noted.

14 2019/20 - 2020/21 SAVINGS PROGRAMME FOR THE INTEGRATED HEALTH & SOCIAL CARE POOLED FUND

The Strategic Commissioning Director provided the Integrated Commissioning Board with a report updating Members with an update on the current Pooled Budget position, the contribution the Savings Programme was making to reduce the Pooled Budget Gap; and further options to close the remaining Pooled Budget Gap.

RESOLVED:

That the Board note the potential options to close the financial gap as outlined in the report.

15 TRANSFORMATION DEEP DIVE

The Board received a presentation from the Strategic Commissioning Programme Director on deep dive exercises in relation to interventions and transformation fund. Members were informed that the deep dive was intended to gather as much information as possible to enable informed, balanced decisions to be made.

RESOLVED:

That the Board approve in principle the outcomes of the deep dive as presented.

Agenda Item 7

Agenda Item

Integrated Commissioning Board



Date of Meeting- 30th July 2019

Portfolio- Integrated

Commissioning

Report Author- Gareth Davies

Public Document

Lead Member- Councillor Rowbotham

Lead Officer- Sam Evans

Health and Social Care Better Care Fund Budget Monitoring Report – Quarter 1 2019/20

1.Executive Summary

- 1.1 At its March 2019 meeting the Integrated Commissioning Board (ICB) agreed the revised 2019/20 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 2019) budget monitoring for the BCF for the financial year 2019/20.
- 1.2 Disabled Facility Grant (DFG) allocations for 2019/20 have been confirmed since the last update to ICB in March. Rochdale's allocation is £2.633m, an increase of £193k from the amount initially expected. The revised allocation has been reflected in Table 2 below and ICB are asked to agree its use in line with the revised budgets in the table.
- 1.3 The 2019/20 CCG minimum contribution requirements were confirmed on the 18th of July 2019. For HMR CCG, this has been set at £17,044,502, a 5.6% increase on the 18/19 minimum requirement, and the CCG has increased its contribution to match this. This has resulted in an additional contribution of £265k, which has been added to the funding of Social Care in Table 1.
- 1.4 A risk has been highlighted in previous reports around the treatment of VAT on purchases of equipment for the equipment loan store, following advice the LA are now confident that the treatment is correct and there is no risk. Consequently the provision being held in the LA accounts will be added back into the 2019/20 BCF as a one year only additional budget. It is recommended that both partners agree to release this one year benefit to go against the 2019/20 pooled budget gap, the amount is £401.6k.

2.Recommendation

- 2.1 ICB notes the Quarter 1 monitoring information as at June 2019 period end.
- 2.2 ICB notes that there are contingencies being held for budgets not yet allocated in 2019/20. The revenue position is currently showing a forecast underspend of £38k and there is £122k of unallocated DFG. The requirement to allocate these funds will be monitored as the year progresses.
- 2.3 ICB agrees the allocation of the VAT provision into the 2019/20 BCF to be used as a one-off resource against the pooled gap in 2019/20.
- 2.4 ICB Notes the carry forward of £572k of capital budgets for the development of integrating Adult Social Care and Health and for DFG adaptations to the Autism Project.
- 2.5 ICB notes the revised allocation of DFG budgets detailed in Table 2b following confirmation of the 2019/20 allocation.
- 2.6 ICB notes that the minimum CCG contribution for 2019/20 has now been confirmed, resulting in additional £265k being added to the Better Care Fund.

3.Reason for Recommendation

- 3.1 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 2019/20 budget for the BCF was agreed by the ICB in March 2019, this report provides monitoring against those budgets as at June period end.
- 3.2 We have yet to receive notification on whether Greater Manchester BCF partners will receive graduation, and therefore quarterly planning templates are still required in 2019/20.

4.Key Points for Consideration

- 4.1 The BCF revised budget was set at the ICB meeting in March 2019 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 and has now been updated and forms part of the overall pooled Health and Social Care Section 75 agreement for 2019/20.

Alternatives Considered

- 4.3 It is a requirement of the NHSE guidance to produce a budget for 2019/20 which the ICB approved at its March 2019 meeting. This report updates the monitoring against the 2019/20 budget which is a requirement of the Section 75 agreement. Therefore there are no alternatives to consider.

5.Costs and Budget Summary

5.1 Table 1 shows the updated 2019/20 revenue budget and the forecast financial position.

Table 1 Revenue Budget and Forecast at June period end

Line No	Scheme	2019/20 Budget	2019/20 Spend/ Committed Quarter 1	2019/20 Forecast	Variance
		£'s	£'s	£'s	£'s
	<u>Revenue Expenditure</u>				
1	Funding of Social Care Services 2019/20	18,467,255	4,616,814	18,467,255	-
2	Additional Funding in Adult Social Care notified in Spring Budget 2017	1,568,389	392,097	1,568,389	-
3	Care Act Implementation	201,469	50,367	201,469	-
	<u>Carers Services</u>				
4	Carers -universal services	407,840	101,960	407,840	-
5	Carers night sitting service - dementia	80,000	20,000	80,000	-
	Carers sub total	487,840	121,960	487,840	-
	<u>Reablement Services</u>				
6	Reablement - dementia support workers	85,115	21,279	85,115	-
7	Reablement - Intermediate Care dementia flexible workers	63,048	15,762	63,048	-
8	Reablement - mental health outreach workers	104,712	26,178	104,712	-
9	Reablement - memory clinic dementia workers	49,866	12,467	49,866	-
10	Reablement - carers life after stroke	135,306	33,827	135,306	-
11	Reablement - equipment loan store	953,491	218,751	953,491	-
	Reablement sub total	1,391,538	328,264	1,391,538	-
	<u>Intermediate tier service</u>				
12	Reablement (STAR's) plus to support the new service	183,448	45,862	183,448	-
13	Pennine Acute ITS contract	5,788,919	1,447,230	5,788,919	-
14	Pennine Acute CQUIN - new funding from CCG	72,361	18,090	72,361	-
15	Winter Pressure Funding Expenditure	1,108,358	277,090	1,108,358	-
16	Contingency for revenue schemes	68,447	-	30,000	- 38,447
	Intermediate Care sub total	7,221,533	1,788,272	7,183,086	- 38,447
	Total Revenue Expenditure	29,338,024	7,297,774	29,299,577	- 38,447
	<u>Income</u>				
17	Contribution from CCG	- 17,044,502	- 4,261,126	- 17,044,502	-
18	Contribution from LA	- 9,616,775	- 2,404,194	- 9,616,775	-
19	Contribution from LA additional Grant notified in 2017 Spring Budget	- 1,568,389	- 392,097	- 1,568,389	-
20	Contribution from LA - Winter Pressure Funding 2019/20	- 1,108,358	- 277,090	- 1,108,358	-
	Total Income	- 29,338,024	- 7,334,507	- 29,338,024	-
	(Surplus) income over expenditure	-	36,733	38,447	38,447

5.2 Since the March Budget position, the following changes have been made:-

- The CCG contribution to the BCF has been increased by £264,868 to meet the minimum contribution level, which was confirmed on the 18th of July 2019. The expenditure budget has been added to the funding of social care services.
- The Pennine Acute ITS contract is higher than reported in March due to a budget setting error related to the CQUIN calculation, and budget has been moved from contingency to cover this increase.

The remaining contingency budgets are £68k, although there is expected spend of £30k against this leaving £38k as the forecast underspend

5.3 The capital DFG budget is included in tables 2a/2b below. The figures in table 2a include the revised 2019/20 capital allocation and the capital grant carried over from 2019/20.

Capital Budget Carry Forwards of £572k were agreed to be brought forward to 2019/20. £150k is set aside for Adaptations to the planned Autism Project, although this project has yet to commence. The remaining £422k has been identified to fund the capital costs in relation to Adult Social Care and Health integration hubs across the 6 localities.

Table 2a 2019/20 Capital Budgets and Forecasts at June period end

Line No	Capital Schemes	2019/20 Budget	2019/20 Spend/ Committed Quarter 1	2019/20 Forecast	Variance
		£'s	£'s	£'s	£'s
1a	Disabled Facilities Grant (DFG)- 2019/20 (see allocation below)	2,632,865	854,735	2,632,865	0
	Total DFG in allocation below	2,632,865	854,735	2,632,865	0
2	Capital Grant carried over from 2018/19				
2a	DFG- Adaptations to Autism Project	150,000	0	150,000	0
2b	Adult Social Care and Health Integration Hubs	422,253	0	422,253	0
	Total Capital Schemes	3,205,118	854,735	3,205,118	0
3	Contribution from LA	-3,205,118	-854,735	-3,205,118	0
	Total Capital Contributions	-3,205,118	-854,735	-3,205,118	0
	(Surplus) Contribution over expenditure	0	0	0	0

5.4 There are currently no variations expected against the revised 2019/20 DFG

programme overall, see table 2b below, but there is a need to vire between budget heads to realign budgets based on current forecast expenditure plans. Progress on the DFG budgets will be updated in future monitoring report to the ICB.

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

Line No	Allocation of DFG	2019/20 Budget	2019/20 Spend/ Committed Quarter 1	2019/20 Forecast	Variance
		£'s	£'s	£'s	£'s
4	Main DFG Budget(including additional amount)	590,000	278,973	600,000	10,000
5	Fast Track DFG	1,100,000	504,266	1,222,865	122,865
6	DFG Top Up Grants	50,000	7,298	40,000	-10,000
7	Minor Adaptations	100,000	12,400	100,000	0
8	Assistive Technology	180,000	23,000	180,000	0
9	Dementia / Falls / Excess Cold grants	50,000	6,000	50,000	0
10	Stair Lift replacement programme	100,000	20,000	100,000	0
11	Adaptations repairs	35,000	1,000	35,000	0
12	Housing Options for Older People (HOOP) service	40,000	0	40,000	0
13	Care Home grants	200,000	1,798	200,000	0
14	Contribution to RBH new build properties for service users who we are unable to adapt for	50,000	0	50,000	0
15	Walking aids	15,000	0	15,000	0
16	Contingency	122,865	0	0	-122,865
	Total	2,632,865	854,735	2,632,865	0

5.4 Table 3 below shows a progress report on each of the schemes in the DFG

programme.

Table 3 Details of Proposed DFG Schemes 2018/19

Scheme	Update June 2019
Main DFG Budget (including additional amount)	Increase in referrals in 19/20, which is often reflected in spend 6 months later. Demand continues to be high.
Fast Track DFG	As above. The non means tested grant is benefitting many people who would otherwise need to make a contribution and potentially not proceed. Administratively more efficient too.
DFG Top Up Grants	1 case fully paid. Several others with a potential top up being worked up to approval stage.
Minor Adaptations	Demand for the larger minor adaptations still high. Many undertaken by property services and costs don't always come through on a monthly basis, so spend often takes a few months to catch up
Assistive Technology	AT purchases as and when required. Increase in referrals and promotional work being undertaken should result in an increase throughout the remainder of the year.
Dementia / Falls / Excess Cold grants	Referrals still coming through but need to promote more widely. Comms working with Home Improvement Agency to generate more interest
Stair Lift replacement programme	Continue to replace stair lifts over 5 years old, not a significant number left and some need to go through legal as service users refusing to have them replaced.
Adaptations repairs	Numerous cases being worked on.
Housing Options for Older People (HOOP) service	Payment is made to Rochdale Boroughwide Housing in Quarters 2 and 4.
Care Home grants	Considering a number of options, but need to ensure links to the wider work around shared care records and graphnet
Contribution to RBH new build properties for service users who we are unable to adapt for	1 build ongoing for 2 disabled children, so it is likely the full £50,000 will be spent by Q3.
Walking aids	Expecting to fund a further £15,000 of walking aids as part of joint prevention work with falls team.
Contingency	To be allocated in line with demand if scheme budgets become overcommitted.

6.Risk and Policy Implications

- 6.1 Any risk of operating the BCF in 2019/20 is covered in the Section 75 agreement which was agreed by the ICB in September 2017 and has now been updated and included in the revised Section 75 report for the whole of the pooled Health and Social Care budgets.
- 6.2 Most of the 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.

7.Consultation

- 7.1 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.

8.Background Papers	Place of Inspection
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- | | |
|---|--|
| 8.1 LA Monitoring working papers
CCG Monitoring working papers | Number 1 Riverside
Number 1 Riverside |
|---|--|

For Further Information Contact:	Gareth Davies gareth.davies@rochdale.gov.uk 01706 924888
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Agenda Item 8

Report to Integrated Commissioning Board



NHS
**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group

Date of Meeting : 30th July 2019
Portfolio : Integrated Commissioning Lead Member : Cllr Rowbotham
Report Author : Rebecca Davis Lead Officer : Sam Evans
Public/Private Document : Public

19/20 Finance Update on the GM funded Transformation Fund Programme – to the end of June 2019

Executive Summary

- 1.1 To update the Integrated Commissioning Board (ICB) on the amended funding available for transformation, and the forecast month 3 expenditure, for the Transformation Programme.

Recommendation

2. ICB are asked to note :-
- 1 • Note this report and the amended funding available in 2019/20
 - Provide / ask for any further clarifications
 - Comment on the development of the structure / format for on-going reporting to the ICB and LCO Board.

Reason for Recommendation

- 3.1 The TF Programme is funded by a number of different funding streams. As funding reduces it is important that ICB are made aware of this and the actions being taken to reduce expenditure in line with the reduction in funding.

Key Points for Consideration

- 4.1 Commissioners and the Local Care Organisation have jointly now put in place the Rochdale Sustainability Group (RSG) and the Rochdale Sustainability Working Group (RSWG). The RSG will oversee the transformation programme and other system-wide financial sustainability topics. Reporting to the ICB and One Rochdale Health and Care (ORHC) Board will come from the RSG. The RSWG will prepare information and reports for the RSG.

- 4.2 The RSWG had an initial look at the month 03 financial position at its meeting on 15 July, the day prior to the RSG meeting on 16 July.

Alternatives Considered

- 4.3 Transformation Fund funding from GM H&SCP has given the Rochdale locality the up front, “pump priming” funding that is required to fund the transformational activity which underpins the transfer of activity from the acute to the community / self help sector. Without this funding the ability to provide “pump priming” funding in this way would have not been possible.

Costs and Budget Summary

- 5.1 The opening 2019/20 plan for the Rochdale transformation programme was £16,541k expenditure and £10,199k of cashable benefits (reductions in business as usual expenditure). This is supported by £6,880k of GM transformation funding. This produced a surplus plan of £538k as per table 1.

5.2 **Table 1: Opening Position as per January 2019 ICB**

	£000k
Planned expenditure	16,541
Greater Manchester transformation funding	(6,880)
Planned cashable benefits	(10,199)
Total (surplus)	(538)

- 5.3 The planned cashable benefits have been revised following the outcome of the contract negotiation and budget setting as per the table 2 below:

5.4 **Table 2: Revised Position as at June 2019**

	£000k
Planned expenditure	16,541
Greater Manchester transformation funding	(6,880)
Planned cashable benefits	(8,308)
Total deficit	1,353

5.5 **Table 3: Revised cashable benefits as at June 2019**

	Plan	Actual
Type of Cashable Benefit	£m	
Acute sector deflections / savings	£6.639	£5.800
Prescribing savings	£1.912	£1.912
Mental Health Out of Area Placement savings	£0.655	£0.000
Cost of Care Package savings in Adult Care	£0.695	£0.417
Cost of Care Package savings in Childrens Services	£0.207	£0.124
Reductions in duplication in Childrens Services	£0.091	£0.055
Total Cashable Benefit	£10.199	£8.308

- 5.6 The funding available in 2019/20 has been revised down from Table 1 of £17.079m (£10,199k + £6,880k) to Table 2 £15.188m (£8,308k + £6,880k) following the actual benefits that could be removed from contracts and budgets. It should be noted that if the deflections are not achieved as per the above then the funding available will reduce in year.
- 5.7 The expenditure profile of £16,541k has not been revised down to take account of the reduced funding highlighted above. This report highlights the variances against the original expenditure plan. The original expenditure plan from January is as per the table below.

5.8 **Table 4 January ICB Planned Expenditure for 2019/20**

	2019/20 Plan £000
Prevention and access	1,671
Primary Care	978
Neighborhoods	4,883
Mental Health	1,955
Planned Care	1,141
Urgent Care	2,310
Children	1,158
Enablers	2,445
TOTAL	16,541

- 5.9 It should be noted that the expenditure profile highlighted above from the January plan is no longer affordable due to the reduced funding available of £15,188k.

- 5.10 The forecast position for expenditure based on month 3 which is described in more detail below is currently £14,689k which is within the revised affordability envelope of £15,188k.

- 5.11 A revised expenditure profile for 2019/20 and 2020/21 will be an output from the deep dives that are currently taking place.

- 5.12 The following tables are a high-level summary of the position by theme.

- 5.13 Expenditure to date figures from providers are actuals: this may differ from the contract value, where a scheme is part of a contract. The forecast outturn figures are projected spend (or contract value) as of the current date. They do not anticipate future decisions e.g. Deep Dives, permission to recruit. Caveats to the information reported: the feeder sheet from PCFT was received later, so information on provider expenditure are based on CCG accruals.

Table 5: 2019/20 Expenditure Forecast as at month 3

5.14

	2019/20 Plan £000	2019/20 Forecast £000	Variance £000
Prevention and access	1,671	1,836	165
Primary Care	978	978	0
Neighborhoods	4,883	4,204	(679)
Mental Health	1,955	1,944	(11)
Planned Care	1,141	1,025	(116)
Urgent Care	2,310	1,183	(1,127)
Children	1,158	1,111	(47)
Enablers	2,445	2,408	(37)
TOTAL	16,541	14,689	(1,852)

Notes on significant variances are as follows:

5.15

Prevention & Access

- 5.16 • There is a £205k forecast overspend on scheme 1.2 Community Outreach is due to 2018/19 expenditure being paid in 2019/20 due to the timing of invoices received.

Neighbourhoods

- 5.17 • 4.1A Integrated Neighbourhood Teams: there is a forecast underspend of £336k due to vacancies. spend.
- 4.2 Intermediate Tier Service: the major part of this budget (£592k), apart from a £30k staffing at PAHT, is subject to confirmation (AMS Transport) or further scoping work (ITS additional heads). RSWG is not certain whether this money is now needed / will be spent.

Urgent Care

- 5.18 • 6.1 HEATT car: there is a forecast underspend of £165k because the current forecast spend through PAHT is less than the budget. Two vehicles are within the contract, but one covers three days not the whole week and there are two vacancies.
- 6.5 A&E front door streaming: the budget is £840k. This may not be spent on patient activity if the activity is counted through the main A&E contracts for Fairfield and Oldham hospitals (to be confirmed). However, if this is the case then there will need to be changes to the savings / deflections plan to remove anticipated A&E avoidances.

Enablers

- 5.19 • 3.13 PMO: the £48k forecast overspend arises from the Greater Manchester Evaluation cost (£120k) being met from 2019/20 and 2020/21 funds not 2018/19.

- 5.20 RSWG does not yet have information on forecast savings but is beginning to look at this.

OVERSIGHT AND REVIEW OF THE TRANSFORMATION PROGRAMME

5.21 RSG colleagues have discussed managing / overseeing the transformation schemes as a total programme, focussing on the bottom line forecast outturn.

5.22 A programme of 'deep dives' is in process and due to be completed in September.

NEXT STEPS

5.23 The RSWG will continue to consolidate transformation programme information and report to RSG.

Risk and Policy Implications

6.1 The terms and conditions of the GM Transformation Fund require expenditure to be made in line with approved activity and is subject to regular performance reviews with GM. GM hold the right to withhold funding should the programme not meet its desired objectives or if the funding is not used for its approved activity.

Consultation

7.1 This report has been produced in consultation with members of the RSWG.

Background Papers	Place of Inspection
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For Further Information Contact:	Rebecca Davis Mobile 07894 066325
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Agenda Item 9

HEALTHIER PEOPLE,
BETTER FUTURE



Heywood, Middleton
and Rochdale
Clinical Commissioning Group

Integrated Commissioning Board
Finance, Performance & Risk Sub Group
Terms of Reference
June 2019



VERSION CONTROL

VERSION	ISSUED TO	DATE	COMMENTS
V1	Finance, Performance & Risk Sub Group	20 July 2018	Amendments reflected in V2.
V2	Finance, Performance & Risk Sub Group	13 September 2018	Approved
V2	Integrated Commissioning Board	30 October 2018	Ratified
V2.1	Finance, Performance & Risk Sub Group	20 June 2019	Amendments to the membership - APPROVED
V3	Integrated Commissioning Board	July 2019	For ratification

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1. Introduction

The Finance, Performance & Risk Sub Group (the Sub Group) is established in accordance with Rochdale Borough Council's and Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and schemes of delegation.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Sub Group and shall have effect as if incorporated into the constitution and standing orders.

2. Purpose of the Sub Group

Under delegated authority from the Cabinet and Governing Body, the Sub Group will report and provide assurance with reference to the pooled budgets overall financial position, activity, performance and risk. The Sub Group will support the identification of organisational risks and agreement of mitigating actions.

The Sub Group will conduct its business in accordance with national guidance and the Nolan principles of public life. The Sub Group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved and ratified by the Integrated Commissioning Board.

3. Objectives of the Sub Group

FINANCE

The Chief Finance Officer (H&SC Integration) will prepare and submit budgets for approval to the Sub Group which are in accordance with the aims and objectives of the Locality Plan.

The Sub Group will review the budgets submitted and make a recommendation regarding their adoption to the Integrated Commissioning Board.

The Sub Group will:-

- Be the primary group providing assurance and challenge on the operation and deliverability of the pooled fund for health and social care.
- Review and advise on the medium term financial strategy and savings plans every year to ensure this is aligned with the overall strategic objectives of the organisations.
- Review and appraise reports detailing progress against financial and operational milestones for delivery of savings schemes and the transformation programme and to ensure corrective actions are taken to manage and mitigate the impact of any delays.

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- Recommend and review appropriate courses of action to address in-year areas of under or over spend.
- Receive information on statutory returns submitted to NHSE, Greater Manchester Health & Social Care Partnership and Department of Health;
- Review any budgetary and savings programme implications on safety and quality, referring any issues to the Quality and Safeguarding Committee and/or Clinical and Professional Advisory Panel.
- Receive reports, to assess any risks to the pool budget financial position.

PERFORMANCE:

The Sub Group will:

- Review the CCG and LA performance with reference to statutory performance indicators, and specific performance measures key to the delivery of transformation as set out in the Transformation Fund Investment Agreement
- Review monitoring reports in relation to the quality and performance of all commissioned providers, and advice on the instigation of performance intervention. This Sub Group will only receive reports on the performance metrics that are failing or have an adverse movement
- Identify and refer any quality issues to the Quality and Safeguarding Committee, the Clinical and Professional Advisory Panel, and/or the Patient and Public Engagement Committee with particular reference to poor quality of patient experience and /or clinical quality or safety of commissioned services
- Request reports on any adverse variance in performance from CCG and LA management, providers or sub-committee chairs

RISK:

The Sub Group will:

- Support the identification of key organisational risks across Health and Social Care by reviewing finance, quality and delivery (performance) of commissioned services, transformation and savings programme.
- Support the identification of key organisational risks in respect of delivery of CCG and LA statutory duties.
- Ensure all identified risk areas have associated robust prevention and mitigation strategies in place for oversight at the Integrated Commissioning Board.

4. Membership

The Sub Group shall operate as a sub group of the Integrated Commissioning Board .The membership shall comprise:

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ROLE
Chief Finance Officer – Health & Social Care Integration - Chair
Joint Director of Integrated Commissioning – Vice Chair
CCG Lay Member for Governance
LA Portfolio holder for finance
Strategic Commissioning Programme Director
Chief Finance Officer - LA
Deputy Chief Finance Officer – H&SC Integration
CCG Accountable Officer / Chief Executive – CCG / RBC
Clinical Chair - CCG

In attendance:

The Sub Group may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

5. Quoracy

For each meeting to be deemed quorate attendance must include either the Chair or Vice Chair and 3 other Members.

6. Frequency of Meetings

The frequency of meetings will initially be monthly, the group to then review after six months

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members’ interest will be retained and published on the HMR CCG website.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG Conflicts of Interest Policy.

8. Accountability

The Sub Group will report to the Integrated Commissioning Board, following each meeting, the minutes of the sub group shall be formally recorded, and a summary report submitted to the subsequent meeting of the Integrated Commissioning Board.

9. Scheme of Delegation

The Sub Group is an assurance and scrutiny group. The members of the group have delegated authority and budgetary responsibility for decision making within their organisations scheme of delegation. Any items requiring a decision over and above will be taken through the Integrated Commissioning Board.

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10. Corporate Sustainability

As a health and social care commissioner, the organisations are committed to planning and buying health and social care on a sustainable basis, this Sub Group will support the commitments of the Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

1. Commissioning for Sustainability and Adaptation
2. Being a Sustainable Organisation
3. Promoting sustainability with member practices
4. Delivering our commitments and assessing our Performance

Commissioning for sustainable development in the health and social care system means:

- Planning services which are efficient, effective and safe
- Buying services that provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the Sub Groups business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting.

13. Conduct of Sub Group

The sub group will set an annual work programme/schedule, it will review annually the terms of reference and membership.

Items for the agenda and all relevant supporting papers should be submitted to the CCG Hub for approval by the Sub Group Chair a minimum of 10 working days prior to the meeting.

All members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

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14. Links to other Groups

Through its membership the group will also link with the Audit Committees of the two statutory organisations.

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Agenda Item 12

By virtue of paragraph(s) 4 of Part 1 of Schedule 12A
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Agenda Item 13

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