Manchester City Council
Report for Resolution

Report to: Executive – 21 March 2018

Subject: Manchester Health and Care Commissioning Pooled Budget Arrangements

Report of: City Treasurer and the Interim City Solicitor

Purpose of the Report

Manchester Health and Care Commissioning (MHCC) is responsible for commissioning health, adult social care and public health services for the city of Manchester. Building upon its establishment in April 2017, MHCC will operate a single planning, delivery and assurance process from April 2018.

This report provides an update on progress since the establishment of MHCC in April 2017 and seeks approval of the Executive to establish a pooled budget, in order to further integrate and strengthen existing arrangements for strategic commissioning, as well as setting out an option to strengthen integrated commissioning arrangements further in future.

Recommendations

1. To note the progress made to date in establishing Manchester Health and Care Commissioning (MHCC) as the single commissioning organisation and to endorse the next phase of implementation of the Locality Plan.

2. To approve in principle that the Council and the Manchester Clinical Commissioning Group enters into a pooled budget arrangement under section 75 of the NHS Act 2006 hosted by MHCC with the CCG Chief Finance Officer as the Pooled Budget Manager.

3. To approve the scope and value of the pool and City Council contribution.

4. To approve the risk and gain share agreement for 2018/19.

5. To delegate authority to finalise the Section 75 agreement and Financial Framework to City Treasurer and City Solicitor in consultation with Executive Member for Finance and Human Resources.

6. To note the proposed reporting arrangements.

7. To note the proposal to explore the development of integrated commissioning arrangements over the course of 2018/19.

Wards Affected: All

Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the City in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs
A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with implications for

- Equal Opportunities
- Risk Management
- Legal Considerations

Financial Consequences for the Capital and Revenue Budgets

The revenue budget implications relate to the Council's contribution to the MHCC pooled budget approved by the Executive on 7th February 2018. The Council's contribution reflects the Adult Social Care and Public Health cash-limit budgets for services in scope for joint commissioning with the NHS Manchester Clinical Commissioning Group.

The partnership agreement and pooled budget is an integral element to delivering the Locality Plan and 2018 - 2020 joint budget strategy for the Council and Clinical Commissioning Group through Manchester Health and Care Commissioning to realise direct efficiencies and will be a key enabler to the delivery of the significant savings required.

Financial Consequences – Capital

There are no capital implications arising directly from this report.

Legal Consequences

Section 75(2)(a) of the NHS Act 2006 gives powers to NHS bodies and local authorities to establish and maintain a fund (pooled budget) which is made up of contributions by one or more NHS bodies and one or more local authorities and out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the local authority or authorities.

The Partnership Regulations made under section 75 permit various arrangements, which include delegation of the Council's health related functions; the establishment of a pooled budget; or the combination of both.

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Background documents (available for public inspection):

Single Commissioning Organisation (Executive 8th February 2017)
Our Healthier Manchester (Health and Wellbeing Board 17th January 2018)
MHCC Joint Financial Plan (Executive 7th February 2018)

1. Introduction and background

1.1 Manchester Health and Care Commissioning (MHCC) partnership came together in April 2017 to oversee the commissioning of health, adult social care and public health operating a single planning, delivery and assurance process and a single budget approach. Governance arrangements for MHCC are led through an Executive Committee with representation from NHS Manchester Clinical Commissioning Group (CCG) and the Council, specifically the Director of Adult Social Services (DASS), the Director of Public Health (DPH) and Council Executive Member. The Executive reports to the Board which has City Council representation from Deputy Leader, Chief Executive and City Treasurer.

1.2 In February 2017, the Executive approved the establishment of a partnership between the Council and the CCG and delegated authority to the DASS, DPH, the City Solicitor and the City Treasurer to agree the terms of the partnership agreement. The Executive also agreed to delegate to the Clinical Commissioning Group (CCG) such adult social care and public health commissioning functions as necessary, with the intention that those functions would be carried out by the Manchester Health and Care Commissioning (MHCC) Board.

1.3 The Council entered into a partnership agreement with the CCG from 1 April 2017, which established MHCC as the single commissioning organisation responsible for strategic commissioning of health and social care. At the time of entering the partnership agreement, the Council did not delegate its adult social care or health functions immediately due to concern that this might lead to unintended VAT consequences. The intention was to let a single contract for the delivery of out of hospital health and adult social care services via a procurement exercise. It was also the intention to establish a pooled budget for health and care commissioning in due course.

1.4 It has not been possible to let a single contract as originally envisaged to date, as the supply of staff and services between the Council and a health body would lead to significant additional VAT costs that are irrecoverable. This has also meant that the Council is not able to delegate the Council's adult social care functions to the CCG, since the CCG would then need to commission the Council to carry out services, giving rise to additional VAT. However MHCC is established as a single commissioning partnership and is working well. The Council and the CCG have collaborated to produce pooled budget arrangements in order to provide a more streamlined single commissioning function and to achieve a greater degree of integration between health and social care.

1.5 These arrangements are set out in a revised partnership agreement and an accompanying financial framework. The proposed operation of the pooled budget arrangements in the context of statutory delegations remaining with the Council are set out in this report.

1.6 During 2018/19 in developing the Partnership Agreement, Financial Framework and risk share arrangements, options will be explored to strengthen integrated health and care commissioning arrangements further, by considering opportunities to delegate the Council's health related functions to the CCG and thus to the MHCC Board in such a way as to avoid the supply of staff and services that give rise to additional irrecoverable VAT. If the partial delegation arrangements are viable, a further report would be brought to Executive setting out the proposals and recommending any changes necessary to the Partnership Agreement and Financial Framework.

2. The Partnership Agreement

2.1 The purpose of the Partnership Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework to secure the future provision of health, social care and public health services by creating an Integrated Care Budget. The Partnership Agreement, together with the Financial Framework, is the means through which the Partners will establish and manage an Integrated Care Budget (ICB) comprising health, social care and public health budgets which will be commissioned out of the ICB.

2.2 The Partnership Agreement has been drafted by the City Council under Section 75(2)(a) of the NHS Act 2006 which gives powers to NHS bodies and local authorities to establish and maintain a fund (pooled budget). The draft Section 75 Partnership Agreement has recently been shared and is currently awaiting response from CCG solicitors.

2.3 In order to ensure true integration of the commissioning of health, adult social care and public health services for Manchester, the ICB will include budgets which legally can and cannot be legally be pooled. All CCG functions are included in the scope of the ICB. Some responsibilities of the DASS such as Adults Safeguarding, Homelessness and voluntary sector grants are now excluded.

2.3 The budget report to Executive in February set out planned one-off investment to deliver a balanced budget for health and social care for 2018/19 and the outline financial plan that will underpin the pooled budget. This included additional one-off investment of £5.8m from the Council. Indicative figures for the ICB for the 2018/19 were reported of £1.117 billion of which the agreed Council contribution was £186.475m, a breakdown of which is shown in the table below:

Council Pooled Budget Contribution 2018/19	
Service	**£000**
Assessment Care & Support	8,991
Back Office	2,173
Business Units	16,553
Care	64,407
Commissioning	10,819

Early Years & Health Visitors	14,089
LCO Investment	4,996
Learning Disability Services	44,830
Mental Health Services	23,782
Public Health	24,534
Administration Support	3,150
Unallocated Demography, NLW, Inf	16,323
Adult Social Care Income	-48,172
Total	**186,475**

2.4 Since the Executive report in February the Secretary of State released the final Local Government finance settlement with additional funding of £150m announced as Adult Social Care Support Grant, where Manchester will receive £1.667m. It has been agreed with partners that the adult social care grant will added to the pooled budget for 2018/19. This will enable some of the one-off Council investment of to be deployed to support the budget position in 2019/20

2.5 The NHS Planning Guidance was also published in early February and announced some additional resources for 2018/19 with the resources available to CCGs nationally increased by £1.4 billion, made available through:

- Lifting the requirement for CCG's to underspend 0.5% of their allocations in 2018/19, releasing £370m to fund local pressures and transformation priorities. For Manchester this would be £3.9m. The requirement to use a further 0.5% of CCG's allocation solely for non-recurrent purposes has also been lifted.
- £600m added to CCG's allocations for 2018/19 (which otherwise remain unchanged); equal to a further £6.74m for Manchester.
- A new £400m Commissioner Sustainability Fund to enable CCG's to return to in-year balance whilst supporting them to deliver against their budgets. There are no direct implications for Manchester arising from this funding.

2.6 The NHS Planning Guidance includes an expectation that the funding is principally used for emergency activity, tackling waiting lists, adherence to the Mental Health Standard and transformation commitments for cancer services and primary care. Proposals are currently being developed for how the additional funding will be utilised which will update the final joint financial plan reported to the Executive in February.

2.7 Under the Partnership Agreement MHCC will be accountable for the delivery of the operational plan, including relevant financial savings. In bringing together the commissioning of health and care services the MHCC Board is able to ensure that decisions in relation to the commissioning of health services for Manchester residents take into account the likely effects of these decisions on the demand for social care services and the possible impact of these decisions on health and vice versa.

2.8 The governance arrangements for MHCC are reflected in the Partnership Agreement and comprise representatives from the CCG and the Council with responsibility for commissioning health, social care and public health services. The CCG has delegated to the MHCC Board the discharge of the CCG's NHS functions. The Council's representatives on the MHCC Board and Executive will have delegated authority from the Council to discharge the Council's Health-Related Functions in the scope of the agreement. In order to ensure the integration of the commissioning of Manchester's health, social care and public health services, the DASS and DPH will consult with the other members of the MHCC Board before taking any decisions on behalf of the Council and wherever possible during meetings of the MHCC Board.

2.9 The aims and benefits of the partners in entering into the Partnership Agreement as reflected in the Locality Plan remain unchanged and are summarised as:

- The creation of the MHCC Board as the body which will lead the integrated commissioning of the provision of health, social care and public health services for the City of Manchester;
- To make more effective use of resources through the establishment and maintenance of the Integrated Care Budget (which includes the Pooled Budgets) for revenue expenditure on the Services; and;
- To enable the successful delivery of improved health outcomes for the residents of Manchester as set out in the Locality Plan, the Manchester Health and Care Commissioning Strategy, the Our Manchester Strategy and Taking Charge of our Health and Social Care in Greater Manchester;
- Ensuring the financial and clinical stability of Manchester's health and social care system, both through the creation of the MHCC Board to ensure a better use of resources through integrated commissioning, and through investment from the Greater Manchester Transformation Fund and other sources in order to establish community based out of hospital care models, which will reduce the demand for higher cost hospital based interventions;
- Ensuring that the CCG and the Council comply with their respective statutory duties regarding the commissioning and/or provision of healthcare, social care and public health services for Manchester residents.

3. The Financial Framework

3.1 The Partnership Agreement will be accompanied by a Financial Framework which lays out the detailed financial management arrangements agreed between the partners in relation to the ICB. The Financial Framework sets out the operational arrangements for the pooled budget within each organisation's constitutional requirements reflecting the governance and accountability of the MHCC Board and Executive.

3.2 The Financial Framework seeks to provide an understanding of how financial matters will be approached, including:

- The scope of the Integrated Care Budget and agreed financial contributions (see Appendix A for 2018-19 and 2019-20 as reported to the Executive on 7th February 2018).
- The separate schemes of delegation to be in place for the CCG and Council.
- Host Partner arrangements through the CCG, with financial roles and responsibilities for the Council's element of the pooled budget aligning to delegation to the DASS, DPH and City Treasurer as officers of the Council
- Monitoring and reporting arrangements for the pooled budget and investment funds
- Key organisational financial and accounting policies
- Arrangements for transactions within the ICB reflecting that the CCG and Council will retain separate financial accounting systems and separate bank accounts
- Procurement arrangements, recognising that contracts will be retained within the legacy organisation from 1st April 2018, although management of the contracts will be undertaken through shared governance;
- The risk and gain share arrangements that will be in place for the pooled and aligned budgets
- Arrangements for statutory reporting requirements, VAT, insurance, audit etc

Financial oversight and control of the Pooled Budget

3.3 The MHCC Finance Committee provides an assurance role on behalf of the Board and Executive. This allows Lay Members for the CCG and an Executive Member of the City Council to review the overall financial position, delivery of savings plans as well as systems of internal control.

3.4 The Council's responsibilities under Section 151 of the Local Government Act 1972 pertaining to the Council's element of the Pooled Budget will continue to be fulfilled by the Council's City Treasurer. The City Treasurer will continue to have the responsibility to ensure the Council that the arrangements for the pooled budget are reasonable, prudent and in line with City Council constitution and policy. The MHCC Chief Finance Officer is the designated 'Pooled Budget Manager' who will have a line of accountability to the City Treasurer to enable these duties to be effectively fulfilled.

3.5 In order to undertake the role the City Treasurer will authorise the MHCC CFO to undertake the delegated functions on their behalf in relation to the Council's Financial Regulations up to the level where there is a requirement to consult with the Executive Member. This relates to the revenue expenditure and budgets within the scope of the approved Pooled Budget and excludes capital and balance sheet items with the exception of the BCF reserve which will be reported as part of the Pool.

3.6 Centrally held contingencies for inflation and National Living Wage whilst included within the sum agreed for the Pooled Budget will require City Treasurer and Executive Member approval to utilise. Where there are

requirements in the constitution linked to the key decision process these cannot be delegated and there are specific statutory requirements for the Forward Plan and key decision sign off.

3.7 The responsibilities of MHCC CFO as the pooled budget manager will be:

(a) Monitor expenditure from the ICB in accordance with the Financial Framework and within the Financial Contributions and both Partners shall use reasonable endeavours to ensure that the expenditure is limited to Permitted Expenditure;
(b) Maintain the finance risk register and to provide updates to Partners on new risks and mitigation/controls of identified risks;
(c) Arrange for the audit of the accounts of the Integrated Care Budget (although noting the CCG and MCC will still be subject to separate statutory audit procedures)
(d) Submitting reports to the MHCC Board in accordance with the Financial Framework to enable the MHCC Board to monitor the success of the partnership arrangements and in particular to monitor whether the partnership arrangements are delivering the services in accordance with the standards and whether the partnership arrangements are delivering the outcomes;
(e) Maintaining the joint financial position of the Pooled Budget:
- Ensuring full and proper records for accounting;
- Ensuring action is taken over projected over and underspends;
- Reporting performance to the Partner Council Committees and the Health and Wellbeing Board;

(f) Provision of the annual return to Partners, identifying separately and in total values associated with the Better Care Fund (BCF) and the ICB:
- Partner Contributions
- Partner Expenditure
- Treatment of any risk share, contingencies
- Detail for ring fenced schemes and restricted funds, and
- Reporting deadlines

(g) Undertake responsibilities associated with the Greater Manchester Transformation Fund including:
- Monitoring and reporting of spending, and;
- Financial and activity measures in the Investment agreement.

(h) Undertake responsibilities associated with the BCF including:
- Agreeing annual BCF budgets and contributions;
- Submitting BCF monitoring returns as and when required, and
- Ensuring appropriate monitoring arrangements are in place for expenditure classified as BCF.

Financial Planning

3.8 The Financial Framework reflects each Partners' commitment to the following principles for medium term financial planning and budget setting within the parameters of organisational constitutional arrangements:

(a) A transparent approach to setting budgets shared between the Partners;

(b) The Partners' oversight and scrutiny functions will have the opportunity to challenge the process and any changes proposed;
(c) Validation of the key assumptions and approaches used by each Partner to determine the budget
(d) Changes will not impact adversely on each other or on the commissioning obligations of MHCC without prior agreement;
(e) Where applicable, reflects the Investment Agreement agreed with Greater Manchester for the Transformation Fund, and
(f) Budgets set should be appropriate for the level of anticipated demand and agreed contracts.
(g) The Council budgets will be reported in gross value, as well as in net value.

3.9 The current spending review ends in 2019/20. Both parties reserve the right to review the principles if there are substantial changes to the level and method of Local Authority or NHS funding. The mechanisms for local government funding, the underlying allocation formula and future arrangements for funding adult social care are currently all under review by the Government. Where partners, individually or collectively cannot agree on the quantum required this may result in services excluded from the pooled budget arrangements.

Financial management

3.10 The CCG's and Council's existing budget monitoring processes and procedures will remain in place. Both the City Treasurer and the Chief Finance Officer for MHCC will require an understanding and assurance over both the financial position of the CCG and the Council and will review the monthly reporting for the Council budgets in scope. Executive Members will still have the ability to hold specific budget meetings to review the arrangements for the pool and Scrutiny, Audit and Resource and Governance Committees can consider the arrangements under their respective remits. The MHCC CFO may participate in budget meetings with the City Treasurer, DASS, DPH and Councillors to support the assurance and challenge process.

3.11 There is collective responsibility for Partners to ensure the Pooled budget is financially sustainable. Delivery of a balanced outturn on an annual basis is a pre-requisite of commissioning decisions. The CCG and the Council agree to work together to identify responses to the risk of emerging unfunded demand related and other pressures including growth in demand. The Partners recognise that differences in funding regimes and freedoms in managing the budget position for the Pooled Budget and agree, in principle, to use these differing flexibilities, where possible, in a combined approach to maximise protection to the ICB.

3.12 MHCC has agreed to manage CCG and MCC budgets within portfolios held by Directors. These will include accountabilities to Directors for both health and care budgets collectively within single budget responsibilities. The first point of responsibility for addressing pressures in budgets will be the identified lead Director and in the case of Council budgets the DASS or DPH. The Section 75 agreement requires lead commissioners to report to the other Partner and to

the MHCC Board any overspend in relation to a services contract or budget as soon as reasonable possible of such failure being identified. This will enable the other partner and the MHCC Board to assess the risk that any overspend presents to the wider ICB and consider what action may need to be taken to address the overspend.

3.13 Escalation of pressures that cannot be contained within a budget or service contract will be reported to the MHCC CFO as soon as possible following identification for reporting in the monthly monitoring to MHCC and City Council via the City Treasurer. After all attempts to mitigate financial risk have been exhausted any residual overspend will revert to the originating partner.

3.14 The S75 agreement sets out that in the event that expenditure from the ICB or any Pooled Budget in any financial year in relation to an individual service underspends, the partners shall agree how the monies shall be spent or carried forward and/or returned to the Partners.

Risk and gain share

3.15 An approach toward risk and gain share has been agreed for 2018/19 based on each partner retaining a balanced position for its element of the pooled budget. As part of the pooled budget arrangements for 2018/19, an uncommitted contingency of £4m has been agreed. In 2018/19, the level of risk partners are asked to take will be limited to this value. This will not limit the sharing of benefits, but will cap any residual financial risk in the event that recovery plans are not successful. If both parties have a requirement to utilise the contingency reserve to meet financial targets, the priority is that it will be used to support the adult social care position in the first instance. The contingency is part of the approved pooled budget for Adult Social Care included in the Adult Budget and Business Plan 2018 – 2020 in February 2018.

3.16 The risk and gain share in the Financial Framework will reflect the health and care system wide Manchester Agreement which will formalise the joint commitment of organisations to the *Our Healthier Manchester* strategy and to create some governance mechanisms to enable effective implementation. The agreement is not legally binding but acts as a commitment to a joint vision, strategy and collective ways of working which will enable more effective implementation. The agreement consists of the following:

1. A clear outline of the vision and strategy for the system
2. A clear approach to performance (outputs of new care models); benefits (the intended outcomes of the new care models); and evaluation (the causal link between the two). The initial performance framework links to the investments through the Greater Manchester Transformation Fund.
3. The principles of risk and gain share within the system
4. The Partnering Agreement which is the commitment made between organisations

3.17 The agreement has been supported by the Transformation Accountability Board and the Health and Wellbeing Board, subject to agreement at organisations' Boards. It is a starting point for more formal system governance and supporting working arrangements. It is anticipated that this will evolve and grow in both scope and maturity of the working arrangements and will be reflected in the MHCC Financial Framework risk and gain share from 2019/20 onwards.

3.18 Until a fully integrated risk and gain share is agreed the Council Executive Committee will continue to require monthly reports that include performance, activity, unit cost, savings tracker and risk information to understand the social care element of the pool. This information will also be integrated into a single joint report to MHCC Executive and Finance Committee. Financial management support will be provided by a designated business partner in the Council's Financial Management service supporting the MHCC CFO.

Financial sustainability

3.19 There is an agreed savings monitoring process for 2018/19 which brings the plans of both partners into a joint 'Financial Sustainability Plan'. For MHCC the 2018/19 financial plan includes £8.5m of savings from adult social care budgets and £15.3m of savings from health budgets to be delivered in 2018/19 through identified savings and new care models. The position is supported by use of significant non-recurrent resources which will require a robust financial sustainability plan, supported by investment for 2019/20. A financial sustainability plan will be developed through an integrated commissioning approach to portfolio leads on MHCC Executive

3.20 Savings identified in the budget setting process will be monitored on an appropriate basis, as a minimum this will be on a monthly basis, where there is high degree of risk or inappropriate assurance this could be on a fortnightly basis. Each savings scheme will have an accountable Executive lead to take ultimate responsibility for the delivery of the savings.

3.21 All investments both in new and existing services will be evaluated in line with the MHCC Commissioning Policy and the Manchester Agreement. All evaluations will be reviewed by the MHCC Business Case Panel where they will be independently assessed by a multi-disciplinary panel. Once assessed by the Business Case Panel a recommendation will be made on the future commissioning intentions for the service in question, which will then need to be ratified through the MHCC governance process as appropriate.

Value Added Tax

3.22 The Partners shall agree the treatment of the Integrated Care Budget and any Pooled Budget(s) for VAT purposes in accordance with any relevant guidance from HM Customs and Excise. The Partners will set out the details of the treatment of VAT in respect of the Services commissioned through the ICB: On the basis that MCC retains responsibility for the delivery of its welfare services and is funded to do so from the pooled budget, its provision will

remain a non-business activity. As a result MCC should continue to able to recover any VAT incurred in relation to the welfare services.

Charging for care

3.23 The Council will retain responsibility for the collection of income in accordance with section 14 of the Care Act 2014 which allows the authority to charge for care and support services.

4. Conclusion

4.1 This report has summarised the progress with developing the Partnership Agreement and Financial Framework for the MHCC pooled budget and the key changes to the approach since the Executive delegated responsibility to complete the agreement in February 2017 and seeks specific approval to enter into a pooled budget arrangement.

Appendix A

MHCC	2018/19			2019/20		
Joint Financial Plan	**Health**	**ASC**	**Total**	**Health**	**ASC**	**Total**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Funding: Recurrent						
2017/18 base budget	893,476	165,617	1,059,093	913,823	166,364	1,080,187
Health Visiting		10,352	10,352		10,352	10,352
Savings		-4,814	-4,814		-4,000	-4,000
ASC Grant Reduction		-5,273	-5,273		-3,869	-3,869
Growth (Demo, inf, NLW)	20,264	10,834	31,098	21,244	10,834	32,078
Investment inc in base (see* below)		-3,845	-3,845		-5,632	-5,632
Subtotal	**913,740**	**172,871**	**1,086,611**	**935,067**	**174,049**	**1,109,116**
Funding: Non Recurrent						
GMTF - New Care Models*	6,203	917	7,120	7,001	266	7,267
ASC grant - New Care Models*	742	2,928	3,670	0		0
MCC Proposed Investment		5,759	5,759		15,115	15,115
Public Health - New Care Models	72		72	562		562
GMTF - Primary Care	2,313		2,313	2,313		2,313
Other non recurrent investment	6,000		6,000		5,366	5,366
Additional mitigations	1,841	4,000	5,841			0
Subtotal	**17,172**	**13,604**	**30,775**	**9,876**	**20,747**	**30,623**
Total funding	**930,912**	**186,475**	**1,117,387**	**944,943**	**194,796**	**1,139,739**
Expenditure:						
Previous year forecast outturn	900,359	165,617	1,065,976	930,912	186,475	1,117,387
Non-recurrent mitigation		4,000	4,000		-4,000	-4,000
Less: previous year non recurrent spend	-6,017	-5,273	-11,290		-3,869	-3,869
Less: NCM savings	-11,096	-6,344	-17,440	-10,548	1,682	-8,866
Less other savings	-4,244	-2,175	-6,419		-1,700	-1,700
Add: Growth/inflation /Investment	23,693	16,593	40,286	26,623	16,208	42,831
Add: new care models expenditure	7,170		7,170	2,359		2,359
Add: Health Visiting		10,352	10,352			0
Add: GMTF primary Care	2,313		2,313			0
Add: pressures	10,671	3,705	14,376	834		834
Add: business rules / other	8,138		8,138	4,069		4,069
Less: release of 0.5% reserve	-4,069		-4,069			
Add: PbR risk reserve	3,994		3,994			
Total expenditure	**930,912**	**186,475**	**1,117,387**	**954,249**	**194,796**	**1,149,045**
Surplus / (Deficit)	**0**	**0**	**0**	**-9,306**	**0**	**-9,306**