

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Public Health
<b>Date:</b>	30 July 2014
<b>Title:</b>	Better Care Fund
<b>Reference:</b>	5983
<b>Report From:</b>	Director of Adult Services

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### 1. Executive Summary

1.1 The Department of Health and Department for Communities and Local Government has directed specific investments through the Better Care Fund (BCF) for integrated commissioning commencing 2015/16. The investment is subject to national conditions to deliver important NHS performance outcomes and to sustain social care services.

1.2 This paper outlines the proposed schemes that will support the delivery of the Better Care Fund integration plans.

1.3 This paper seeks to set out:

- the background to the BCF programme in Hampshire
- confirm the proposed funding sources and application of funding within the BCF arrangements that have been agreed amongst partners
- briefly describe where more work is planned for the specific transformation in 2015/16 which is required to sustain social care services as part of more integrated services for local people and partners intentions as a contingency should this be required
- to set out the Assurance Statement details agreed amongst partners as a precursor to more formal arrangements.

1.4 The Executive Member is asked to note the breadth of this transformation programme and that further implementation work is required. Furthermore the paper seeks approval for the carry forward of £1,925,307, an element of the NHS Transfer to Social Care 2014/15, as a component of the non-recurring support to maintain social care services in 2015/16.

### 2. Contextual information

2.1 In June 2013 as part of the Central Spending Round it was announced that a £3.8 billion fund would be created to support closer integration between health and social

care in England. Described as a “single pooled budget for health and social care services to work more closely together in local areas”, the BCF (previously referred to as the Integration Transformation Fund) aimed to incentivise partners in a “game changing” manner. Whilst the approach created challenges and opportunities, the BCF reinforced the agreed direction of travel towards stronger “join up” of service delivery to improve the experience and outcomes of local people<sup>1</sup> in Hampshire.

2.2 Over the last year the five Hampshire Clinical Commissioning Groups (CCGs), Adult Services and Public Health teams (the Council) have been working together to prepare our plan in accordance with the national guidance.

2.3 Following our initial draft plan submission in February 2014, the Council in association with CCGs commissioned its external partner to support the BCF programme. Working collaboratively with the Council and CCGs, this work focused on two key work streams:

**Opportunity Assessment** – An assessment of efficiency opportunities that could be delivered through the BCF with a focus on the achievability of those plans and support for effective implementation planning;

**Governance** – A review and revision of current governance and integrated programme management arrangements to support effective integrated commissioning and delivery of health and social care services into the future.

2.4 An initial review of Hampshire County Council Adult Social Care 2014/15 efficiency programme schemes and initial plans for 2015/16 as well as the five CCG Quality, Innovation, Productivity and Prevention (QIPP) schedules for 2014/15 and outline approach to QIPP plans 2015/16 was undertaken. This “desk-top” review informed a series of meetings involving Hampshire County Council and CCG staff across the Hampshire system. These sessions tested the detailed assumptions underpinning the BCF proposals and considered the feasibility of realising the savings required in 2015/16. The approach also allowed consideration of wider potential for integration and longer term ambitions as well as further opportunities for health and care integration in Hampshire. Initial findings from the sessions indicated key areas for further exploration:

**NHS Continuing Health Care** - Whilst initially scoped for Phase 2 of the BCF, the potential level of opportunity in this area of spend could be significantly greater than currently forecast.

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**Nursing and Residential Care – Funded Nursing Care (FNC)** - The Council’s focus on delivering care through an integrated model and focus on alternatives to residential and nursing care, should facilitate a potential reduction in FNC contributions from CCGs. Work is being undertaken to analyse the impact on FNC contributions and how this could contribute to the BCF.

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**Hampshire County Council Service Delivery** - As the Council moves to a model of care that includes a focus on prevention, early intervention, discharge to assess,

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf)

reablement, telecare, extra care and other improved solutions, the impact on health spend should be considered. Moving to a model that reduces reliance on acute hospital care should create capacity within the health system and potential for efficiencies to be released.

**Acute Services** - The complexity of current contracting arrangements with local acute and community providers and constraints within the regulatory and contracting mechanisms presents a number of challenges in identifying and releasing efficiencies. However, given the scale of the cost involved and the importance of managing demand and flow through hospitals effectively, this area requires continued focus as part of the BCF effort in Hampshire.

- 2.5 The minimum composition of the BCF has been agreed with a pooled fund of £80m, details of which can be seen in Appendix 1 of Part 2 of this document. Partners have agreed Better Care Fund “Plus 2015/16” approach totalling £280 million for the purposes of transformation. This incorporates the minimum Better Care Fund “pooled” budget £80 million, wider Adult Services Department spend on care at home commissioning £74 million and NHS CCG spend of NHS Continuing Healthcare and Funded Nursing Care £115 million. Estimates of financial efficiency have now been identified as set out in Part 2, Appendix 2. Alongside the discussions relating to financial sustainability, detailed work on the governance arrangements has been completed.
- 2.6 Our discussions will continue to engage with key stakeholders and providers to ensure strategic fit, in particular that local needs are reflected in commissioning intentions and the integration plans. This approach will also ensure that the local population is engaged and involved appropriately and inform service developments

### **3. Proposed funding sources and application**

- 3.1 All parties recognise the challenges of delivery of financial efficiencies in wider context of national and local constraints in public sector spending. It is also recognised that joint working is essential to generate efficiencies through agreed schemes to release the funding required to protect social care services. The composition of the BCF has been agreed with a pooled fund of £80m. For the financial year 2015/16 to protect social care services, an undertaking to deliver £20m cash saving has been agreed from a total spend of £280m committed by the CCGs and Adult Services for the care and support of older people in the community. The details of the agreement are set out in an Assurance Statement available in Part 2 of this document, a precursor to any formal agreement associated with the BCF.
- 3.2 Financial due diligence is on going to ensure that efficiency schemes are deliverable. The due diligence process will also determine timescales for each BCF scheme and the outcomes that improve health and social care. Investment from Health Education Wessex to assist in developing the current workforce and provider relationships will support the transformation of services required to deliver the aims and aspirations of the BCF
- 3.3 An outline of all the schemes associated with strategic spending review are detailed in section 4 below.

#### 4. Specific Service Transformation for 2015/16 (see Part 2 Appendix 1 for financial summary)

##### 4.1 Promoting Independence

- **Care at Home £1,500,000**

Hampshire Adult Services and Hampshire CCGs have identified the opportunity to commission and purchase personal care and support services through a framework agreement. Work is currently underway, engaging and involving the market in developing an innovative model delivery outcome based services that will support the local integrated team infrastructure, working collaboratively with primary care. This approach will enable health and social care commissioners to capitalise on an efficient purchasing model delivering value for money and cost reduction. During 2014/15 we will be analysing the detail of the NHS benefit, alongside proposals for NHS Continuing Healthcare elements of our work programme (4.3 below) to avoid double counting.

- **Telecare / Telehealth £500,000**

Hampshire County Council has established an innovative partnership to deploy telecare solutions to local people. The programme of implementation has performed more strongly than expected in the first year. Augmenting these arrangements with telehealth using telecommunication technology to monitor people's health in their home environment would allow a number of vital signs, traditionally measured during a face to face consultation can be measured remotely. Examples include blood pressure, blood oxygen levels, temperature and weight. Delivering an effective telehealth service necessitates the re-design of existing care pathways and the introduction of a robust clinical monitoring service that targets suitable people with the appropriate solutions, monitoring and governance arrangements to demonstrate better outcomes. North Hampshire, South Eastern and Fareham and Gosport CCGs are already engaged in developing proposals.

- **Review of existing spend against the NHS Transfer to Social Care £170,000**

During 2014/15 partners will jointly review the historic investments for example aligning grants funding and support to Hampshire Health Records licence requirements.

##### 4.2 Crisis Care and Discharge Support

- **Reablement / rehabilitation £1,500,000**

Continued investment in this short term non-chargeable services contributes to a range of assessment beds and other non-bed based services which support timely hospital discharges and provide an opportunity for recuperation reducing the risk of intensive higher cost care at home or long-term residential care. Following the service remodelling and retender during 2013/14 there will be a significant increase in capacity to manage a larger cohort of people more efficiently, thereby increasing access to a higher proportion of people. The pilot run in mid Hampshire has demonstrated good results in terms of outcomes for people and reduction on on-going hours of care required. The innovative strategic partnership with the independent

sector will not only reduce cost, it will create capacity in local markets that are already under pressure. This will enable us to re-calibrate the bed based elements of the current arrangements.

- **Discharge to assess £2,500,000**

The conventional approach to discharging frail older people requires the patient to complete a series of ward-based assessments to identify what kinds of home support they will need. The patient is only discharged from hospital once all of the appropriate support resources are in place. Examples of support that may need to be arranged include visits from a community nurse or carer, equipment such as walking aids or a hospital-style bed. Evidence from elsewhere e.g. Warwickshire, Sheffield and Cambridge indicates an alternative approach increases the likelihood of people being discharged on the day of their admission or the following day, with no increase in the proportion of patients readmitted to hospital. It has also been identified that moving people home when they are ready to be discharged from hospital, not only frees hospital beds for patients that need them, it also benefits the patient themselves as often we see patients health improve further once they are back in the comfort of their own home. They are then given appropriate support at home until a full assessment can take place and longer term care package implemented. Some patients have improved significantly enough from being out of hospital that they no longer need on-going support.

#### 4.3 Demography and Complexity

- **NHS Continuing Healthcare / Funded Nursing Care £3,000,000**

The CCGs and Deloitte specialist are working together to enable the system to realise efficiency savings in line with delivering the financial requirement of the Better Care Fund in 2015/16. Current work is assessing the potential impact of Care at Home and a range of initiatives to address delayed transfers of care as a basis of a financial impact assessment / benefit. This is a complex piece of work.

#### 4.4 Integration

- **Workforce efficiency £1,000,000**

A significant programme of joint work is underway in each CCG area to accelerate the development of Integrated Care Teams. Part of this work with provider services is to reframe the skill mix and operational processes between community services, adult services, primary care and the wider community. Improved approaches will reduce time spent by different levels of staff on non value-adding tasks, enhancing efficiency and improving outcomes for local people. In addition there may be potential for efficiency through the joint commissioning approach.

#### 4.5 Section 256 (s256) Agreements £2,000,000

During 2014/15 partners will jointly review the investments made in s256 agreements to determine future requirements and contractual changes.

#### **4.6 Use of NHS Transfer to Social Care 2015/16 £1,925,307**

It has been agreed that the sum identified in the NHS transfer to social care to support BCF will be directed to sustaining social care services.

#### **5. Contingency planning**

- 5.1 In the spirit of collaborative working and to ensure equitable sharing of risk, contingency plans will be agreed to support delivery, recognising that failure to transform services and create the funding to maintain social care services may jeopardise performance in key priority areas, including admission avoidance and out of hospital care services that are underpinning components of the BCF plan. In the first instance delivery of the BCF is the primary objective. The governance framework supporting delivery of the BCF will profile the timescale for achievement and include a risk register ensuring all stakeholders have an understanding on the delivery risks within the programme so that contingent actions are taken. Delays to the programme and changes to the profile of financial contribution outside of the programme will require associated financial diligence and agreement of mitigating actions. Stakeholders will work collaboratively to identify and mitigate risks associated with delivery failure and the associated impact on wider service provision.
- 5.2 Failure to deliver all or part of the required Better Care Funding mentioned above, would require Adult Social Care to begin to slow down other commitments to remain within its cash limit and to stay on course to meet its contribution to the cash reductions required for Transformation to 2015. This position will be formally reviewed for Cabinet in October 2014.

#### **6. Legal Implications**

- 6.1 In exercising its functions the Executive Member must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

#### **7. Equalities Impact Assessment**

- 7.1 Detailed equality analysis of specific BCF projects will be carried out in order to focus and priorities actions to mitigate potential negative equality impacts. These more detailed EIAs will build on the findings set out in the joint EIA (which can be found using the below link) specifically paying attention the issues identified and the actions set out.

<http://www3.hants.gov.uk/adult-services/adultservicesprofessionals/aboutas/equality-ia-archive.htm>

#### **8. Conclusion**

- 8.1 The Better Care Fund provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre

of their own care and support, and, in doing so, providing them with a better service and better quality of life.

- 8.2 This paper outlines the proposed schemes that will support the delivery of the Better Care Fund integration plans, in particular sufficient savings in 2015/16 to maintain social care services in Hampshire.

## **9. Recommendations**

- 9.1 The Executive Member for Adult Social Care and Public Health is asked to note the breadth of this transformation programme associated with the implementation of the Better Care Fund and that further implementation work is required.
- 9.2. The Executive Member for Adult Social Care and Public Health is asked to note the proposed funding sources and application of funding within the Better Care Fund arrangements and approve the carry forward of £1,925,307, an element of the NHS Transfer to Social Care 2014/15, as a component of the non-recurring support to maintain social care services in 2015/16.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	yes
Corporate Improvement plan link number (if appropriate):	

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

Detailed equality analysis of specific BCF projects will be carried out in order to focus and priorities actions to mitigate potential negative equality impacts. These more detailed EIAs will build on the findings set out in the joint EIA (which can be found using the below link) specifically paying attention the issues identified and the actions set out.

<http://www3.hants.gov.uk/adult-services/adultservicesprofessionals/aboutas/equality-ia-archive.htm>

### **2. Impact on Crime and Disorder:**

2.1. This paper does not request decisions that impact on crime and disorder

### **3. Climate Change:**

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

Not applicable

3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Not applicable

## **Part 2: Agreed Assurance Statement – Agreed Friday 20 June 2014**

### **1. Executive Summary**

This document sets out the commitment of the five Hampshire based Clinical Commissioning Groups (North Hampshire CCG, North Eastern Hampshire CCG, Fareham & Gosport CCG, South Eastern Hampshire CCG and West Hampshire CCG) and Hampshire County Council to enhance collaboration in the pursuit of improved health and care outcomes for the citizens of the County. In the first instance this commitment relates to the Hampshire Better Care Fund (BCF) as set out in the joint submission of 4 April 2014. The six parties are committed to an approach to integration of health and care services which extends to the totality of out of hospital services in Hampshire including aspects of adult social care, community health and primary health care services beyond those within scope of the BCF plan.

This document includes the following:

- 1.1 A joint statement of commitment.
- 1.2 Principles regarding how the integrated health and care arrangements will be governed and managed;
- 1.3 A summary of the key objectives of the Better Care Fund in Hampshire;
- 1.4 Information on proposed funding sources and funding application i.e.:
  - An overview of proposed funding model for the first phase of the BCF in 2015/16;
  - A summary of the proposed funding sources for the BCF in 2015/16 including reference to the resources needed to protect social care services and a risk share arrangement;
- 1.5 Contingency plans in the event that the pace of scale of progress on transformation is delayed.

### **2. Statement of commitment**

We are committed to working together to improve the health and care outcomes for the citizens of Hampshire. In order to fund the work we wish to pursue together, we recognise the need for confidence in the realisation of funding commitments and planned benefits. We agree to applying our best endeavours to deliver the proposed agreements above and to having a shared contingency plan and risk management plan in the event that either planned savings or benefits are not achieved in full. We also commit to the new governance arrangements and to new ways of working which impact our organisations from Chief Officers through to our frontline workers, in the interests of our patients and service users. All stakeholders are committed to public and patient engagement and will use existing channels of communication and engagement to ensure local communities influence changes to services and developments within the programme. We will endeavour to communicate jointly to ensure consistent messages and clarity.

### **3. Principles of the Approach**

A model of governance has been developed with all stakeholders to ensure that the BCF and wider integration of health and social care will be governed appropriately. Central to this approach are principles which form the basis of the partnership between the Council and all NHS CCGs. As the basis to this the following principles have been agreed:

- Collaborative working between HCC and the five CCGs to integrate and jointly deliver health and social care with all stakeholders giving priority to the agreed areas of focus;
- The first priority is to enable transformation of service responses to align more closely with the vision of person centred, integrated care in a community based setting, maximising an individual's potential to maintain and return to independent living. Integration will be outcome focused and improve health and social care outcomes for the local population;
- Delegated authority will be developed and agreed, supported by robust governance arrangements;
- Risks associated with the integration will be shared, with no one organisation taking disproportionate exposure in the event of failure;

Whilst this Assurance Statement is not legally binding the Chief Officer of each organisation commits its organisation to act in accordance with the principles set out in this document and in the spirit of discussions previously held in meetings considering the operation and use of the Better Care Fund. This statement should be treated as a precursor to more formal agreements that may ensue.

#### **4. Objectives of the Better Care Fund**

The objectives of the Hampshire BCF have been agreed by all stakeholders and form the basis of the Hampshire BCF submission. These are:

- 4.1 Maintain a constant focus on long term quality of care, addressing inequality and achievement of outcomes for users
- 4.2 Ensure that fairness and equality underpins every decision that is made
- 4.3 Give people and their family's choice and control over their outcomes
- 4.4. Increase self-sufficiency and independence reducing the reliance on services where possible and appropriate
- 4.5 Protect the sustainability of services to meet current and future demographic, financial and statutory constraints.

#### **5. Proposed funding sources and application**

All parties recognise the challenges of delivery of financial efficiencies in wider context of national and local constraints in public sector spending. It is recognised that joint working is essential to generate efficiencies through agreed schemes to release funding required to protect social care services. The composition of the BCF has been agreed with a pooled fund of £80m, details of which can be seen in Appendix 1 of this document.

For the financial year 2015/16 to protect social care services, an undertaking to deliver £20m cash saving has been agreed from a total spend of £280m committed by the CCGs and Adult Services for the care and support of older people in the community. Of this £20m, the parties within Hampshire have identified and agreed the funding split of £14m by the population of each CCG area. Agreed schemes will release financial efficiencies for the BCF in 2015/16 (see Appendix 2 Table 1). This will be supported by HCC use of some of the former NHS Transfer to Social Care funding (moved into the BCF in 2015/16

see Appendix 1). The balance required to equal the £20m total (see Appendix 2 Table 2) will be achieved by the use of non-recurring funding as per Appendix 2 Table 3. This includes some of the NHS Transfer to Social Care funding carried forward from 2014/15.

Financial due diligence is on going to ensure that efficiency schemes are deliverable. The due diligence process will also determine timescales for each BCF scheme and the outcomes that improve health and social care. Investment from Health Education Wessex to assist in developing the current workforce and provider relationships will support the transformation of services required to deliver the aims and aspirations of the BCF

## **6. Contingency planning**

In the spirit of collaborative working and to ensure equitable sharing of risk, contingency plans will be agreed to support delivery. In the first instance delivery of the BCF is the primary objective. The governance framework supporting delivery of the BCF will profile the timescale for achievement and include a risk register ensuring all stakeholders have an understanding on the delivery risks within the programme so that contingent actions are taken. Delays to the programme and changes to the profile of financial contribution outside of the programme will require associated financial diligence and agreement of mitigating actions. Stakeholders will work collaboratively to identify and mitigate risks associated with delivery failure and the associated impact on wider service provision.

## Appendix 1. BCF current spend profile

BCF investment	Lead provider	Spend (2014/15)	Spend (15/16)
<b>Healthcare contribution</b>			
Service Integration	<i>Hampshire CC</i>	21,791,444	21,791,444
Adult Services (s256)	<i>Hampshire CC</i>		963,725
Community Enablement Schemes (s256)	<i>Hampshire CC</i>		120,000
Day Care Services and carer support (s256)	<i>Hampshire CC</i>		30,707
Welcome Home Support (s256)	<i>Hampshire CC</i>		50,638
Palliative Care (s256)	<i>Hampshire CC</i>		224,274
Dementia Advisors – Older Persons Mental Health (s256)	<i>Hampshire CC</i>		144,728
Dementia Days (Frogmore day centre) (s256)	<i>Hampshire CC</i>		29,939
Integrated Community Equipment Services (ICES) (S75 agreement)	<i>Hampshire CC</i>		1,839,189
<i>Community Occupational Therapists</i>	<i>Southern Health</i>		2,072,000
<i>Community Physio</i>	<i>Southern Health</i>		2,537,000
<i>Community Nursing</i>	<i>Southern Health</i>		28,690,000
<i>OPMH Community Teams</i>	<i>Southern Health</i>		12,453,020
<b>Social care contribution</b>			
Disability Grant			5,295,000
Social Care Capital Grant			2,647,000
<b>Further Service to be Identified</b>			1,909,400
<b>Total</b>		<b>£21,791,444</b>	<b>£80,798,064</b>

## Appendix 2 - Better Care Fund 15/16, Tranche 1 Recurring

Table 1:

Funding element	Fareham & Gosport	South Eastern	North	North East	West	Total
Promoting independence						
Care at home	£225,000	£240,000	£240,000	£180,000	£615,000	£1,500,000
Telecare/Telehealth	£75,000	£80,000	£80,000	£60,000	£205,000	£500,000
Review existing spend against the NHS Transfer to SC	£25,000	£27,200	£27,200	£20,400	£69,700	£170,000
Crisis Care & Discharge Support						
Re-ablement/Rehabilitation	£225,000	£240,000	£240,000	£180,000	£615,000	£1,500,000
Discharge to Assess	£375,000	£400,000	£400,000	£300,000	£1,025,000	£2,500,000
Demography & Complexity						
CHC/FNC	£450,000	£480,000	£480,000	£360,000	£1,230,000	£3,000,000
Integration						
Workforce efficiency	£150,000	£160,000	£160,000	£120,000	£410,000	£1,000,000
S256 Agreement	£300,000	£320,000	£320,000	£240,000	£820,000	£2,000,000
Use of former NHS Transfer to SC Contribution in BCF baseline	£288,796	£308,049	£308,049	£231,037	£789,376	£1,925,307
Total by CCG	£2,114,296	£2,255,249	£2,255,249	£1,691,437	£5,779,076	£14,095,307

Table 2 Balance remaining

Profile	Fareham & Gosport	South Eastern	North	North East	West	Total
Capitation	£3,000,000	£3,200,000	£3,200,000	£2,400,000	£8,200,000	£20,000,000
Balance remaining (inc some of former NHS transfer to SC)	£885,704	£944,751	£944,751	£708,563	£2,420,924	£5,904,693

Table 3 Non-Recurring contingency to meet £20m total

Profile	Fareham & Gosport	South Eastern	North	North East	West	Total
Transformation & efficiency savings target	£3,000,000	£3,200,000	£3,200,000	£2,400,000	£8,200,000	£20,000,000
Tranche 1 recurring	£2,114,296	£2,255,249	£2,255,249	£1,691,437	£5,779,076	£14,095,307
Balance to be met non-recurringly	£885,704	£944,751	£944,751	£708,563	£2,420,924	£5,904,563
To be met by:						
Use of former NHS Transfer to social care 2014/15	£288,796	£308,049	£308,049	£231,037	£789,376	£1,926,307
Minimum remaining Balance*	£596,758	£636,542	£636,542	£477,406	£1,631,138	£3,978,386

\* Minimum remaining balance *plus* any additional one off financial pressures relating to under delivery of Tranche 1 recurring savings in 15/16, will be met through one off brokerage