



# Healthy London Partnership

## Programme summaries

This paper is a summary and accompaniment to Appendix 3 of the Healthy London Partnership paper to CCG Governing Bodies and NHS England, London. The paper provides a high-level overview of the objectives and pan-London deliverables for each of the Healthy London Partnership programmes during 2016/17 as well as their associated costs.

### 1. Prevention

The programme will continue to engage London and support local commissioning for prevention at a city level, facilitate innovative city partnerships, share learning on approaches to embedding health and wellbeing in health and care settings and embed workplace health within and beyond the healthcare system. The aims of the programme for 16/17 in four priority areas are:

- A) **Fully Engaged Londoners:** Create a platform for London-wide engagement, social innovation and partnership for prevention – investing in pilot opportunities to engage Londoners in the childhood obesity challenge. This will result in case studies, evaluated initiatives and routes to funding for prevention.
- B) **Commissioning for Prevention:** In 16/17 we will support commissioners to understand high ROI interventions from commissioning in prevention and pilot opportunities for devolution and public health legislation.
- C) **Embedding health and wellbeing in city settings:** Test and evaluate new approaches to prevention in city settings continuing the focus on tackling childhood obesity, extending activities to also focus on physical activity, alcohol and smoking for people living with mental illness and in prisons.
- D) **Improving workplace health:** Extend sign-up to London's Healthy Workplace Charter and develop resources/infrastructure to enable NHS and other London employers to deliver workplace health and wellbeing services.

The programme will continue to work closely with local and regional stakeholders to inform its future direction and delivery. The London Prevention Board will continue to oversee the programme, providing a forum for collaboration on joint areas for action.

***Pan-London prevention resource ask: £1,645,691***

## 2. Cancer

*Achieving World Class Cancer Outcomes: A Strategy for England 2015 – 2020* was published in July 2015 and has been endorsed by all Arms-Length Bodies.

The new strategy and the current challenges inform the programme's top priorities for 16/17, concurrent to the support required to deliver system changes through development of the Cancer Alliances and Vanguards. These priorities are:

- A) **Cancer Waiting Times and Diagnostics Demand and Capacity Review:** Building on recent investments in the development of a diagnostic baseline for Trusts across London during 16/17 this work will identify opportunities for capacity optimisation and will inform commissioning plans for CCGs and SPGs.
- B) **Addressing Primary Care Variation:** a structured programme of support in primary care to ensure evidence based good practice in relation to cancer is embedded across GP practices and the emerging Federations.
- C) **Priority Pathway Commissioning Strategy:** A number of pathways have been selected for improvement on the basis of the most significant opportunity to improve outcomes, patient experience and clinical value; these are colorectal, prostate and lung cancer.
- D) **Supporting Commissioning and Contracting:** Provision of timely data and intelligence to support commissioners and delivery of priorities A-C.

**Pan-London resource ask: £473,035**

## 3. Children and Young People

London is a very youthful city with children and young people representing 25% of the population. However their specific health and psycho-social needs are often seen as a low priority in health service planning. Outcomes for CYP in London are worse than in many parts of the UK (Wolfe 2015). The CYP programme has been designed to address the fragmentation in commissioning and provision, improve CYP experience of care, and improve outcomes.

The 16/17 plan builds on outputs completed in 15/16. The priority areas are:

- A) **CYP dataset:** Identify the core dataset required for SPGs to enable effective population based commissioning for CYP and develop an effective funding model.
- B) **Reduce variation in care:** baseline mapping of CYP acute services delivery of asthma standards, development of new models of CYP-focused primary care services, evaluation of the pilot CYP surgical network in SW London, development of a commissioning framework for critical care level 1 (HDU) and continued support to implement CAMHS transformation.
- C) **Integration of Care:** develop comprehensive integrated model of care for CYP.
- D) **Improve commissioning:** Continue to deliver the CYP commissioning programme and seek funding for the second cohort.
- E) **Innovative access:** Establish a London Youth Council for Health linking in with the youth parliament. Commission a CYP focussed health app providing where medical advice and information on accessing services.

**Children and Young People resource ask: £520,219**

## 4. Mental Health

The programme's priorities will see the expansion of existing work projects and the development of new ones in response to the national Mental Health Taskforce, the Five Year Forward View and the needs of people with poor mental health in London.

- A) **Stolen years:** implement London wide improvement strategies and develop guidance for commissioners and providers for people with serious mental illness.
- B) **Strengthening mental health in primary care:** further support primary care staff (GPs and practice nurses) to build capacity, confidence and capability of the MH primary and community care workforce.
- C) **Mental health commissioning:** implement a learning and development programme for commissioners to help strengthen the capacity and capability of mental health commissioning across London. This includes delivering more care through digital channels building on investment in an innovative digital mental wellbeing pilot.
- D) **Crisis care:** support to the development and implementation of an ED crisis care pathway across London providers and CCGs.
- E) **Improving access and quality of mental health services:** Support implementation of the liaison psychiatry access standards.

Stakeholder engagement will continue to inform the work of the mental health programme with key engagement pieces and events planned to help share learning and best practice across the system.

***Mental Health resource ask: £1,585,959 (of which £1m is investment in the Digital Mental Health Wellbeing Project)***

## 5. Health Services for Homeless People

Homelessness is both a cause and a consequence of physical and mental health problems. Homeless people acquire age-related functional impairment much earlier than the general population, and mortality rates are significantly higher. The impact of this is clear with the average member of the homeless population expected to live for 43-47 years, compared to 80-84 for the general population.

There is a significant opportunity to improve the quality of life for homeless people by reviewing the design and funding of services to ensure they are welcoming, appropriate and effective. The programme will adopt a staged approach, firstly focusing on the sphere of influence for CCGs (improving health services), and then the other areas highlighted above. The priorities to be taken forward for this first stage will be:

- A) **Establishing a pan-London commissioning model**
- B) **Improving data collection and use**

***Health Services for Homeless People resource ask: £298,803***

## 6. Primary Care

Transforming Primary Care (TPC) is for the benefit of patients, clinicians and commissioners across London. In March 2015, the *Strategic Commissioning Framework for Transforming Primary Care in London* was published, outlining 17 descriptions for how care should be more accessible, coordinated and proactive.

In FY16/17 the programme will focus on:

- A) **Best practice sharing:** sharing examples and methodology of “what good looks like” for accessible, coordinated and proactive care, through dedicated support to SPGs, piloting initiatives across London, as well as hosting thematic events.
- B) **Provider development support:** continuing a recently launched programme to support at scale organisations with the aim of further increasing the maturity of these organisations and enabling them to contract with commissioners. This will include a leadership development programme and provision of three masterclasses, in conjunction with the LMC, which will be open to all providers in London focusing on a range of learning including, procurement, governance and building partnerships etc.
- C) **STP support:** Supporting the development of commissioning intentions and STP plans including drafting structure and content once for London, seeking feedback from NHSE as to “what good looks like”, as well as providing embedded resource to support SPGs.
- D) **SPG delivery support:** direct hands on support to SPGs in their delivery of accessible, coordinated and proactive care elements of the specification, for approximately 70% of London’s population by Q4 of FY16/17.
- E) **Commissioning support:** transition support for CCGs moving to delegated commissioning arrangements and legal/ contractual advice for changes to contracts & incentives to deliver the Strategic Commissioning Framework.
- F) **Workforce** will support SPGs in their development of local workforce strategies.
- G) **Patient Online support** will be provided to CCG and SPG teams, as well as ongoing engagement with practice manager forums, to support the increase in the availability and utilisation of online self-services for patients.

**Primary Care resource ask: £2,224,987**

## 7. Urgent and Emergency Care

Despite significant strides in improving urgent and emergency services, Londoners have told us that the current system is confusing to navigate and characterised by queues. They emphasised that they expect U&EC services that are clear, consistent, coordinated and instil confidence by connecting patients to the appropriate clinical expertise.

The recommendations set out by the National Urgent and Emergency Care Review begin to address these expectations. Further work is needed however and the U&EC programme will continue to provide pan-London support to address the public expectations and preferences, the needs of all London commissioners and providers, and the delivery of the national U&EC review recommendations in the capital.

The programme will seek to achieve its aims through the following deliverables:

- A) **Supporting development and implementation of Network Delivery Plans:** Networks will make designation decisions on the configuration of U&EC facilities followed by redesigning/ recommissioning services to meet the specifications.

- B) **Sharing Learning and Good Practice:** This will include developing an online repository for good practice and innovation, holding themed events to explore challenges to implementation and share innovative practices, and providing developmental support for network chairs and leads.
- C) **Support via Enablers:** Working with each HLP enabler programme, the U&EC programme will continue to support implementation within the networks and facilitate the input of clinical expertise and patient and public expectations.
- D) **Pan London Pathway Development:** The programme will work with networks, clinical stakeholders and patient representation to prioritise pathways that require collective development to ensure smooth referral and transfer between providers and equitable access to services.
- E) **Mental Health Crisis Care:** The crisis care sub-group and the new crisis coordination function will focus on supporting the system in meeting the crisis commissioning standards, particularly a consistent ED crisis care pathway across London, facility specifications for Health Based Places of Safety and reviewing HBPOS processes.

***Urgent and Emergency Care resource ask: £588,167***

## **8. Integrated Urgent Care**

Our objective is to achieve Integrated Urgent Care (IUC) across London's U&EC Networks and support personalised access to the most appropriate service to receive the right care, first time. To achieve this our 16/17 priorities are:

- A) **IUC Procurement:** Continue to support London U&EC Networks and NHS England in the IUC procurement and mobilisation process, and support U&EC Networks to implement the emerging national Integrated Urgent Care KPIs, U&EC Payment Models and IUC Interoperability Standards.
- B) **Clinical Hubs:** Ongoing development of London wide "Clinical Hub" services, expanding their scope, incorporating additional specialisms and streamlining the referral process from 999 to IUC providers.
- C) **Patient Relationship Management (PRM):** Following evaluation, extend the PRM pilot including incorporating additional crisis plans from new partners, refining the crisis information available to 999 ambulance crews, and developing automatic and individualised IUC patient routing based on caller's crisis information and profiles.
- D) **Directory or Services (DoS):** Improve the consistency, coverage and access to the DoS in London. This will include extending the rollout and usage of mobile DoS search tools, integrating the DoS with other directories, and developing provider capacity tools.
- E) **Digital:** Work with the National Digital Futures Team to pilot the Urgent Care Digital Platform. This will support the future IUC model, offering Londoners the choice to 'call or click' when accessing urgent care services.
- F) **Interoperability:** Extend the use of ITK so that EDs, Community Services and Pharmacies can receive electronic IUC referrals and work with the HLP Interoperability programme to develop the London Health & Care Information Exchange.
- G) **Operational Improvement:** To include IUC ambulance and ED referral rates, access to specialist services, surge management protocols and cooperation between 999 and IUC.
- H) **End of Life:** Support the CCG's End of Life Alliance's vision that information relevant to the current and future care of patients with life limiting illnesses will be recorded using the same documentation, and be valid in all care settings throughout London.

- A) **Mental Health:** Influence the national IUC Mental Health agenda, developing capacity and service information for acute MH services including HbPOS, supporting local pilots on suicide crisis prevention, and ensuring learning and best practice is disseminated across U&EC Networks and that new IUC services include staff trained to support callers in crisis.

***Integrated Urgent Care resource ask: £1,742,927***

## 9. Estates

The NHS is one of the largest owners of land and buildings in London and if the NHS were to better use its own property this would be a significant opportunity for the city as a whole. Estates usage also needs to reflect the changing requirements of new models of care in both primary and secondary services, opportunities created by digital technology and changing clinical practice as well as demographic change and population growth.

Building on progress in 15/16 (particularly the development of a London estates database and delivering SPG estates planning workshops), 16/17 activity will move on to detailed delivery planning. The developed estate strategies/plans at CCG and SPG level, will lead on to more detailed planning and business cases.

Governance processes will be developed to ensure stakeholders needs are met and that the estate business cases support the clinical models of care and deliver within the financial parameters. In particular, the programme will:

- A) **Support SPG estates planning and delivery:** Support SPGs and CCGs on estate planning and business case development ensuring London's share of the £750m national PCIF and PC Capital Funding is strategically focussed through SPG Capital Groups.
- B) **Develop and maintain asset database:** The estates database will be revised in light of SPG experience and integrated with spatial software to ensure population growth and accessibility is addressed. Identify estates opportunities through the London Land Commission.
- C) **Understanding and developing levers and incentives to ensure estates strategy meets clinical strategy need:** Co-ordinate and work with key stakeholders to design Capital Charging Regime and Estate Disposal rules.

***Estates resource ask: £460,286***

## 10. Digital

Based on work undertaken in 15/16 the London Interoperability Programme has been reframed as the London's Digital Programme incorporating two distinct but interlinked work streams:-

- **Interoperability:** Implementing the London Health and Care Information Exchange for use by all health & care organisations in London.
- **Digital:** Co-ordinating and facilitating the capability & capacity for SPG's to deliver their digital roadmaps through a tailored support package.

With this overarching structure and building on prototype work, business case development, and detailed requirements gathering phases in 2015/16, the work of the programme in 2016/17 will

achieve the implementation of key capabilities provided by a London Health & Care Information Exchange and which deliver the target benefits agreed with each partner programme.

- A) **Health and Care Information Exchange:** Building on the design created in 2015 focus will be on the procurement, readiness and usability of an information exchange and an identity and consent hub through which citizen and organisational accounts can be created and managed and interoperability services utilised.
- B) **Workflow Management:** Focus on configuring the exchange to provide subscription based alerting and notification services to support key workflows (Cancer, U&EC, Integrated Care, Physical Health Assessments MH). These features will enable providers to deliver more pro-active models of care delivery and provide important capabilities for 'activated citizens'. The programme will also work closely with the Cancer Programme and SPG leads to examine how to fully exploit electronic referral to improve time to treatment times.
- C) **Standards Development and prototyping:** Define additional content standards covering information exchange for Cancer (definition of cancer treatment plan specification) and Child Health (definition of standards to connect patient apps to NHS systems)
- D) **Digital Primary Care:** Support SPGs/CCGs in activating the patient so that they can self-care.
- E) **Digital Roadmaps:** Following a request from SPGs to include roadmaps, the programme will build and share capability and capacity across London and provide a level of co-ordination and assurance.

**Digital resource ask: £2,576,130 (including investment in technical engineering support and specialist technical resources)**

## 11. Workforce

In March 2016, the Workforce programme will have delivered its primary objective of a Workforce Strategic Framework for London comprising eight key areas of focus for London that, if addressed, will enable the NHS health & social care workforce to deliver the best quality care for patients now, and in the future. It is based on these eight strategic workforce findings that the programme is proposing six packages of work for 16/17:

- A) **Workforce modelling:** Continue to baseline available data of workforce numbers across London, and undertake trend analysis of this data. In collaboration with commissioners, develop further mechanisms for sharing workforce modelling techniques, approaches and skills to support others to build sustainable and cost effective workforce models.
- B) **Alignment of Education and Service Commissioning:** Support the improvement of alignment between provider workforce planning, education & service commissioning. This will include working with providers, commissioners, HEE, CEPNs, TDA, Monitor, and other partners to identify what is working and recommend improvements. This will support the development of a supply strategy for key staff groups.
- C) **Co-development of workforce solutions:** through engagement with CCG/SPG workforce leads, the initial areas of focus recommended are the delivery of employment governance which enables cross boundary working and the development of consistent career pathways in London. Specific initiatives will be reviewed on a quarterly basis.
- D) **Workforce Development, Innovation and Adoption:** Establish mechanisms that facilitate the sharing of best practice examples across London where local workforce

challenges have been resolved through, for example, a workforce learnings portal, events, webinars and workshops.

- E) **Workforce support to HLP Transformation Programmes:** Support HLP programmes (Primary Care, Cancer, Mental Health, U&EC) to facilitate the embedding of identified workforce priorities into local delivery plans across London.
- F) **Strategic Projects:** A range of London-wide strategic projects have been identified to mobilise, coordinate, engage and collectively deliver action including shifting training into the community, shifting the balance from generalist to specialist training, shifting from transactional to strategic commissioning, and expanding leadership capacity and capability.

**Workforce resource ask: £982,065**

## 12. Personalisation and Participation

The introduction of a national programme of work on Self-Care and the associated national efficiency target of between £584m and £1.2bn by 2021 has increased focus on this area of work.

The programme is designed to support the London system to deliver on Chapter 2 of the *NHS Five Year Forward View*, and the explicit commitment in *Personalised Health and Care 2020* (p24) to pilot individual digital ‘care’ accounts (citizen accounts), as part of Integrated Personal Commissioning.

As SPGs develop their strategic plans, new models of care need to incorporate elements of personalisation and engaged communities including person-centred care planning, co-production, patient choice, supported decision making, self-management, citizen activation and digitally enabled approaches.

SPGs are striving to drive take-up and expansion of Personal Health Budgets (PHBs) in line with national expectations. To achieve this they have requested help from the programme, particularly practical information on the optimal conditions for implementing PHBs successfully in ways that reduce variation, duplication and reliance on expensive and time consuming manual processes and inadequate outcomes measurement.

The 16/17 projects that will deliver this are:

- A) **Case for Change:** continue to evidence the ‘value’ of a range of personalised models of care to support the development of SPG’s Sustainability & Transformation Plans by detailing how each SPG can achieve London’s contribution to the £91m - £195m self-care efficiency savings by 2021.
- B) **Prototyping optimal conditions & applications for Personal Health Budgets:** involving SPGs, frontline professionals, and the public in testing and shaping the optimal conditions that make PHBs work, working with the Digital Programme to prototype an online PHB application, and producing a series of practical ‘how to’ guides which set out the conditions and steps needed to operationalise PHBs in new models of care.
- C) **Operationalising Self Care Interventions:** To include providing SPGs with the practical capability to operationalise a range of self-care interventions to meet the needs of their local populations, producing ‘how to’ guides demonstrating how interventions such as patient education, shared decision-making, personalised care planning, health champions and coaching can be applied to local communities.

**Personalisation and Participation resource ask: £644,205**



## **Programmes currently being scoped**

Two additional priorities emerged during the planning process for 2016/17. These are being scoped during the last quarter of 2015/16 and as a result indicative budgets have been proposed to be included within the programme plans for next year.

### **1. Devolution**

The London Health and Care Collaboration Agreement and London Health Devolution Agreement were signed in December 2015 by London CCGs, Boroughs, the GLA, central government and national bodies. The focus is now to test devolution through four types of local and sub-regional devolution pilots to explore how greater collaboration, integration and devolution work in practice, including impacts within and beyond the London system.

### **2. Improvement Collaborative**

Following the Spending Review a national sustainability and transformation fund has been established to front-load recovery and increasing investment in transformation. The most compelling and credible STPs will secure the earliest additional funding, which will require demonstration of systematic quality improvement approaches against the key targets identified.

The targets for trust recovery in 2016/17 present an opportunity for London's improvement system to work together to demonstrate the impact that can be achieved from having a concerted and joint focus on a defined set of improvement challenges.

The approach to improvement capacity and capability building across London's health and care system is currently fragmented so scoping work is underway to identify whether there are opportunities to better spread best practice and learning. In particular this could include a capacity and capability building programme that enables local change agents to share tools and knowledge, be trained in modern improvement methodologies and form an active improvement community.

## Appendix: Allocations by CCG and NHS England (London) and proposed resource breakdown by programme

a) The associated allocations broken down by CCG and NHS England (London) are shown in the table below:

CCG	2015/16 allocation	0.15% contribution to HLP	2016/17 allocation	0.15% contribution to HLP	2017/18 allocation	0.15% contribution to HLP
Barking and Dagenham	£250,259,000	£375,389	£262,332,000	£393,498	£270,303,000	£405,455
Barnet	£431,762,000	£647,643	£457,630,000	£686,445	£469,972,000	£704,958
Bexley	£272,142,000	£408,213	£293,260,000	£439,890	£301,097,000	£451,646
Brent	£384,702,000	£577,053	£406,569,000	£609,854	£414,713,000	£622,070
Bromley	£398,737,000	£598,106	£421,490,000	£632,235	£430,892,000	£646,338
Camden	£342,429,000	£513,644	£354,671,000	£532,007	£355,250,000	£532,875
City and Hackney	£353,133,000	£529,700	£369,643,000	£554,465	£378,756,000	£568,134
Croydon	£434,164,000	£651,246	£467,031,000	£700,547	£479,050,000	£718,575
Ealing	£452,261,000	£678,392	£475,508,000	£713,262	£485,672,000	£728,508
Enfield	£360,706,000	£541,059	£385,869,000	£578,804	£396,778,000	£595,167
Hounslow	£308,948,000	£463,422	£330,098,000	£495,147	£338,839,000	£508,259
Greenwich	£336,735,000	£505,103	£359,356,000	£539,034	£367,702,000	£551,553
Hammersmith and Fulham	£249,577,000	£374,366	£259,170,000	£388,755	£260,917,000	£391,376
Haringey	£325,385,000	£488,078	£344,095,000	£516,143	£352,321,000	£528,482
Harrow	£257,460,000	£386,190	£280,748,000	£421,122	£288,768,000	£433,152
Havering	£315,795,000	£473,693	£342,047,000	£513,071	£352,441,000	£528,662
Hillingdon	£317,013,000	£475,520	£343,399,000	£515,099	£352,389,000	£528,584
Islington	£313,358,000	£470,037	£326,996,000	£490,494	£335,737,000	£503,606
Kingston	£207,790,000	£311,685	£217,326,000	£325,989	£223,132,000	£334,698
Lambeth	£431,061,000	£646,592	£451,428,000	£677,142	£461,374,000	£692,061
Lewisham	£384,876,000	£577,314	£405,174,000	£607,761	£415,400,000	£623,100
Newham	£399,222,000	£598,833	£418,341,000	£627,512	£429,441,000	£644,162
Redbridge	£314,163,000	£471,245	£335,688,000	£503,532	£345,428,000	£518,142
Richmond	£216,279,000	£324,419	£225,963,000	£338,945	£231,374,000	£347,061
Southwark	£375,544,000	£563,316	£393,667,000	£590,501	£403,327,000	£604,991
Merton	£225,977,000	£338,966	£237,592,000	£356,388	£243,309,000	£364,964
Sutton	£222,794,000	£334,191	£233,743,000	£350,615	£239,662,000	£359,493
Tower Hamlets	£335,940,000	£503,910	£353,213,000	£529,820	£364,541,000	£546,812
Waltham Forest	£321,004,000	£481,506	£338,723,000	£508,085	£346,651,000	£519,977
Wandsworth	£391,761,000	£587,642	£409,092,000	£613,638	£417,636,000	£626,454
West London (K&C & QPP)	£341,455,000	£512,183	£353,521,000	£530,282	£354,098,000	£531,147
Central London (Westminster)	£257,319,000	£385,979	£267,044,000	£400,566	£267,480,000	£401,220
NHS England		£1,371,999		£1,471,999		£1,505,500
<b>Total</b>	<b>£10,529,751,000</b>	<b>£17,166,634</b>	<b>£11,120,427,000</b>	<b>£18,152,640</b>	<b>£11,374,450,000</b>	<b>£18,567,175</b>

b) The proposed allocation of these resources across programmes and central functions is shown in the table below:

Programme	Resource ask		Sources of income						Total income	Core ask HLP core items	
	FY15/16 TOTAL programme charter budget	Total FY16/17 ask (includes all sources of funding)	HLP (CCGs and NHSE) income	NHSE	Levy	SCN	Capital	Other			
Prevention	£702,393	£1,645,691	£18,152,640						£18,152,640	£1,645,691	
Cancer	£2,073,270	£2,369,035				£896,000	£1,000,000			£1,896,000	£473,035
CYP	£667,268	£908,602					£266,268		£122,115	£388,383	£520,219
Mental Health	£1,439,001	£1,916,258					£330,299			£330,299	£1,585,959
Primary Care	£2,682,984	£2,224,987								£0	£2,224,987
U&EC	£483,951	£611,817					£23,650			£23,650	£588,167
U&EC 111	£651,125	£1,832,927			£90,000					£90,000	£1,742,927
Estates	£472,380	£460,286								£0	£460,286
Digital Programme	£2,428,711	£4,376,130						£1,800,000		£1,800,000	£2,576,130
Workforce	£825,442	£2,082,419							£1,100,354	£1,100,354	£982,065
Personalisation	£785,015	£644,205								£0	£644,205
Spec Comm	£0	£159,219								£0	£159,219
Homeless	£298,803	£298,803								£0	£298,803
Payments and Funding	£723,980	£95,700								£0	£95,700
Portfolio support function	£865,162	£871,828								£0	£871,828
Shared functions (graphic design and print, events management, website, modelling, evaluation, analytics, training)	n/a	£1,340,000								£0	£1,340,000
Elective Care	n/a	£22,500								£0	£22,500
Devolution	n/a	£200,000								£0	£200,000
Accountable Care Organisations	n/a	£120,950								£0	£120,950
Improvement collaborative	n/a	£495,000								£0	£495,000
Contingency	£715,515	n/a							n/a	n/a	
Non-pay on costs	£1,350,000	£955,020							£0	£955,020	
Levy variance										£627,078	
	£17,165,000	£23,631,378	£18,152,640	£90,000	£896,000	£1,620,217	£1,800,000	£1,222,469	£23,781,325	£18,629,770	
										Risk to manage £477,131	