

**Finance Report**  
**Governing Body meeting**  
**7 September 2017**

C

<b>Author(s)</b>	Jackie Mills, Deputy Director of Finance Chris Cotton, Senior Finance Manager Pat Lunness, Senior Finance Manager Julia Newton, Director of Finance
<b>Sponsor Director</b>	Julia Newton, Director of Finance
<b>Purpose of Paper</b>	
This report provides information on the financial position at Month 4 (July 2017), together with an assessment of the risks and existing mitigations available to deliver the CCG's control total year end surplus of £13.2m.	
<b>Key Issues</b>	
<p>The level of financial pressures, challenges and risks to delivery of the financial plan has been assessed to have increased at Month 4. Hence delivery of the position has been RAG rated as Red rather than Amber – ie Additional Actions need to be urgently pursued.</p> <p>The paper provides important context for the report being presented by the Director of Commissioning and Performance, looking at further options to support management of the financial risks.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
<p>Consideration of the financial risks</p> <p>Approve the budget movements noted in section 5.</p>	
<b>Recommendations / Action Required by Governing Body</b>	
<p>Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>Consider the risk assessment and existing mitigations to manage the risks to deliver the CCG's year end control total of a £13.2m surplus.</li> <li>Approve the BCF budget changes set out in Section 5.</li> </ul>	
<b>Governing Body Assurance Framework</b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>Strategic Objective - To ensure there is a sustainable, affordable healthcare system in Sheffield. It supports management of the CCG's principal risks 3.1, 4.1, 4.2 and 4.3 in the Assurance Framework.</p>	

<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
There are resource implications from the additional actions which the CCG needs to take to manage the level of financial risk we are facing this year.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<i><b>Please attach if completed. Please explain if not, why not</b></i> Not applicable
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
Not applicable

## Finance Report at Month 4

### Governing Body meeting

7 September 2017

#### 1. Executive Summary

Key Duties	Year to date	Forecast	Key Issues
Deliver £13.2m Surplus (CCG's Control Total) against Commissioning Revenue Resource Limit (RRL) + RCA combined	(£4.5m) Under Spend	(£13.2m) Under Spend	The surplus brought forward from 2016/17 was £11.6m. In 2017/18, <b>the CCG has to make progress towards a 1% surplus as part of an overall control total for South Yorkshire and Bassetlaw CCGs and has agreed an in year surplus of £1.6m with NHS England to take the overall planned surplus to £13.2m.</b> There are significant pressures and risks to be managed against our programme allocation if we are to deliver our overall planned position.
a) Achieve a surplus against the Programme Allocation	(£4.0m) Under Spend	(£12.4m) Under Spend	A number of risks and challenges need to be managed (see section 2). Significant financial pressures continue in terms of acute activity. If these pressures continue at the current rate, the CCG has insufficient contingency reserves to cover these risks. There are also significant risks associated with the full delivery of the QIPP plan with c£2m of schemes still to be identified. NHS England requires CCGs to take action where they identify unmitigated net risks. This is discussed further in section 2. Hence a RAG rating of red indicating the need for urgent additional actions.
b) Remain within Running Cost Allowance (RCA) of £12.72m.	(£0.5m) Under Spend	(£0.8m) Under Spend	At the plan stage, we agreed £0.3m of our surplus should come from the RCA, leaving the balance, now £12.42m, to spend on running costs, noting that this would present challenges as we look to deliver an ambitious service change programme. Subsequently QIPP and underspends from vacancies have been identified, increasing the surplus to £0.8m.
Remain within Cash Limit (i.e. Maximum draw down set by NHS England)	£5.4m closing balance	Breakeven	The CCG's maximum draw down for 2017/18 is £837.5m and we will need to remain within this limit, which requires the revenue position to be brought in on plan.
Hold 0.5% of CCG resources as a reserve to be released only with agreement of NHSE	£3.4m	£3.4m	The CCG is holding a 0.5% reserve, which demonstrates compliance with this requirement.

#### Key:

Red	Significant risk of non-delivery. Additional actions need to be urgently pursued.
Amber	Medium risk of non-delivery requires additional management effort.
Green	Low risk of non-delivery – current management effort should deliver success.

## 2.0 Summary of the reported position

The overall position is summarised in table 1 below.

Table 1: Summary Position at 31 July 2017	Annual Budget £'000s	Year to Date Variance £'000s	Forecast Variance £'000s	Forecast Variance %
Acute Hospital Care	397,064	2,471	6,876	1.7%
Mental Health & Learning Disabilities	81,382	(75)	(67)	-0.1%
Primary & Community Services (Incl. CHC)	245,750	70	(1,334)	-0.5%
Primary Care	88,788	(258)	(12)	0.0%
Reserves including planned surplus	26,653	(6,167)	(17,866)	
<b>Programme Costs</b>	<b>839,422</b>	<b>(3,959)</b>	<b>(12,404)</b>	<b>-1.5%</b>
Running Costs (analysis in section 2.1.12)	12,722	(511)	(800)	-6.3%
<b>Year to date and Year end Surplus</b>	<b>852,144</b>	<b>(4,470)</b>	<b>(13,204)</b>	<b>-1.5%</b>

Further detail can be found on the summary at Appendix A and the position by programme category is then analysed on Appendix B.

We are reporting a £4.5m year-to-date (YTD) surplus broadly in line with our plan for the first four months of the year but this is only being achieved by releasing £1.95m or 30% of our general contingency reserves. We are also reporting achievement of the planned year end surplus of £13.2m but again this is to a large extent achieved by release of £5.2m of our reserves leaving only £1.8m general contingency reserves to cover any new pressures for the remainder of the year. As discussed in more detail below, there are a wide range of potentially significant risks to be managed and hence further mitigating actions are required for the CCG to be confident of delivery of the planned position. Possible actions are discussed in the separate paper being presented to this Governing Body meeting. Hence, as shown in the executive summary, delivery of the planned surplus has been RAG rated as Red – i.e. Significant risk of non-delivery. Additional actions need to be urgently pursued.

The analysis below shows the forecast over/(under)spend variances from budget by main category of spend and why we are needing to release a significant proportion of our reserves to cover these.

It is important to highlight that this analysis makes some critical assumptions:

- Activity continues a similar levels for the rest of the year .
- That £19m of the £19.5m QIPP plan is delivered as we have only built a small element of under-delivery into the forecast positions at M4. Further potential slippage against the plan is considered in the risk assessment in section 3
- There is NO allowance for abnormal winter pressures and there is no reserve for winter resilience initiatives other than the £350k currently being held within primary care budgets. A decision on whether or how to deploy this reserve will need to be taken by Primary Care Co-commissioning Committee in October in the context of the overall financial and service pressures being felt by our local health and social care economy.

- Prescribing underspend ignores any windfall benefit from the reduction in Category M prices from August given that NHS England have confirmed that they intend to hold these centrally (possible lost benefit of £1.2m to CCG) but at the same time does not build in any further pressures from potential stock shortages other than those known about at month 4.

**Summary of Key Forecast Variance from Plan**

£'m  
Variance

( ) = underspend

Planned Care	2.4
Urgent Care	3.3
Other acute care	1.2
Mental Health & learning disabilities	(0.1)
Community services	0.4
Continuing care /FNC	(0.8)
Primary Care	(0.0)
Prescribing	(1.0)
Running Costs including QIPP delivery	(0.2)
Forecast out-turn net pressure at month 4	<u>5.2</u>
<u>Mitigated by release of reserves:</u>	
Slippage from commissioning reserves	(0.5)
Release of general contingency reserves	<u>(4.8)</u>
	<u>(5.2)</u>

### **3 Financial Risks, Challenges and Mitigations to Allow Delivery of Year End Planned Position**

Table 2 below provides an assessment of key known risks and mitigations identified to date. It is important to be clear that these are risks and mitigations over and above those incorporated into the reported position discussed in section 2 above. Given the uncertainty in a number of areas, the net risks could range from an upside forecast of additional costs of £4.3m (c0.5% of total spend) to a downside forecast of additional costs of £16m (c2% of total spend). This is quite a wide range but not exceptionally so for this stage in the financial year. What is of greater concern is the level of reserves we have already deployed to manage existing/forecast pressures and hence the shortfall in reserves to manage the remainder of the year. **Taking into account a whole range of factors, the 'most likely' assessment is that risks will crystallise to give an extra expenditure of £8.3m and we have £6.1m of reserves/potential mitigations, suggesting we need actions to address a minimum of £2m uncovered risk.**

A range of additional actions are already ongoing following a series of meetings over the last three months and endorsement of seven financial management principles by Governing Body on 26 May and of additional QIPP schemes at meetings on 6 July and 3 August. Possible additional actions are discussed in more detail in a separate paper being presented to this meeting of Governing Body but broadly fall into 3 categories:

- “Re-double” efforts to deliver existing QIPP schemes where there is slippage which is likely to take significant additional managerial and clinical engagement and effort

primarily with our member practices and other key providers across the city. As part of this ensure we focus on schemes which will make “in year” savings.

- Ensure that across our health system we are adhering to existing policies and pathways to ensure expenditure and treatment is based on clinical need.
- Proactively work to secure additional income into our local system to target investment on the service changes to make so that our whole system becomes more sustainable. This is in the context that Governing Body has already agreed through the seven financial management principles approved in May 2017 that the CCG is unable to prioritise any further new investment in 2017/18 unless from ring fenced allocations or there is a proven “in year” invest to save case.

**Table 2: Net financial risks and potential mitigations**

<b>Key Financial Risks</b>	<b>Downside £'m</b>	<b>Upside £'m</b>	<b>Likely? £'m</b>
1. Unidentified QIPP	2.1	2.1	2.1
2. Potential non delivery current QIPP Plan - current view equating to 26%	7.8	4.4	5.3
3. Acute activity pressures (non QIPP) - in addition to that in reported forecast out-turn	1.0	(0.9)	0.1
4. Mental Health net of risk reserve	1.1	0.7	0.8
5. CHC, Prescribing and Primary Care	2.5	(0.8)	0.8
6. Contractual issues - CQUIN/challenges	(0.5)	(1.3)	(0.7)
7. Bad winter	2.0	0.0	0.0
	<b>16.0</b>	<b>4.3</b>	<b>8.4</b>
<b>Potential Mitigations</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
<b>- as per 7 Financial Management Principles</b>			
<b>R</b> Rolling QIPP	No new schemes since 3 August GB		
<b>I</b> Release ALL Investment Reserves	(1.8)	(1.8)	(1.8)
<b>P</b> Practice involvement and variations	in rolling QIPP		
<b>C</b> Contingency reserves	(2.2)	(2.2)	(2.2)
<b>O</b> Other income generation	(0.9)	(1.1)	(0.9)
<b>R</b> Running cost slippage	(0.3)	(0.7)	(0.6)
<b>D</b> Disinvestment	Refer to separate paper		
<b>- other</b>			
Quality premium income	(0.6)	(1.0)	(0.6)
	<b>(5.8)</b>	<b>(6.8)</b>	<b>(6.1)</b>
Uncovered Financial Risk	10.2	(2.6)	2.3

Key Assumptions: The key assumptions to be drawn to Governing Body's attention are as follows:

- Further slippage against the existing £19.5m QIPP plan – Likely scenario has £5.3m slippage on top of £0.5m within the reported forecast and so delivery of £13.7m QIPP. (This would make QIPP delivery broadly similar to that achieved in 2016/17 – ie approx. £13m of our £19.5m programme.) While lead directors for each scheme (clinical and non clinical), with their teams. Some slippage is likely either due to delays in implementation or non alignment with provider incentives.
- The likely scenario assumes NO additional funding for winter resilience in 2017/18 and no abnormally adverse winter conditions. Clearly this in itself is a risk.

Existing Reserves and Mitigating Actions:

We are holding only £2.2m of un-committed general reserves with a further £1.8m which we had previously planned to invest in new services but is currently held back in line with principle 2 of the 7 financial management principles approved by Governing Body back in May 2017.

We have assessed c£1.5m of further income to come into the CCG from a variety of sources including the Quality Premium we expect to earn from achievement of 2016/17 targets which we can deploy against current pressures. We are also working hard to ensure that the CCG's Running Cost Allowance is only deployed on essential requirements (financial management principle 6) and have estimated that we may be able to secure £0.6m of further slippage, subject to needing to deploy further resources on additional mitigating actions if we think these will bring greater financial return.

Further Information on Key Budgets

**Acute Hospital Activity:** **Sheffield Teaching Hospitals (STH)** is by far the most significant contract in value terms as it is planned to account for £384m (including the MSK and Walk in Centre contracts).

Year to date: At month 4, the budget for the contract overall is £2.2m (1.7%) overspent, a very slight improvement in percentage terms on last month's position of a 2.1%. Although activity is above contract target in a number of areas, the average price is higher than plan in a number of areas, particularly in relation to non- elective inpatients. A breakdown of the contract variances by activity and price is shown in the table below. The case mix shift appears to be an issue in a range of specialties and there is no one obvious explanation for this shift. Work is continuing to explore several issues which may be contributing to this including the national coding change regarding sepsis diagnosis and whether nationally provided planning tools accurately predicted the changes to national coding, tariff (HRG4+) and specialised services identification rules, all of which came into effect from 1<sup>st</sup> April 2017.

	Activity Variance	Cost variance	Variance (£000's)	Volume of activity (£000's)	Pricing/ case mix element (£000's)
Planned Inpatients	2.5%	3.5%	£ 547	£ 396	£ 151
Outpatient Firsts	0.3%	-1.1%	-£ 74	£ 18	-£ 92
Outpatient Follow-Ups	4.8%	8.2%	£ 576	£ 335	£ 240
Urgent Inpatients	-0.5%	2.9%	£1,064	-£ 186	£1,250
A&E	-1.2%	-0.1%	-£ 8	-£ 65	£ 57
			<b>£2,106</b>	<b>£ 499</b>	<b>£1,607</b>

QIPP schemes which should result in reduced spend with STHFT currently stand at £12.3m but only £1.1m is phased into the first 4 months of the year. We have assessed that circa £1m of QIPP has been delivered with higher than planned savings in excess bed days offsetting shortfalls elsewhere.

There remains a higher than normal level of recorded activity which has not been fully coded within the contract data provided by STHFT. Overall 0.6% of total activity was uncoded at the end of M4 (0.7% at end of June). An estimate of £2.5m for the cost of this activity has been included in the year to date position. This chiefly relates to July as STHFT have focused their efforts on ensuring that the Quarter one activity is accurately coded in time for the contractual freeze date.

Monitoring information indicates the outpatient queue at the end of July is 2.6% higher than March, whilst the inpatient waiting list has reduced by 7.5%. Performance against the Incomplete RTT (Referral to Treatment) target of 92% remains high at 95.8% for July (April 95.3% May 96.1%, June 95.9%). All these factors combined at least partly explain the high activity levels in the first few months of the year. We are in discussion with STHFT where activity levels are greater than the activity plan in the contract to consider whether it is appropriate to take any actions to bring activity back closer to plan and still deliver the RTT targets.

Forecast Out-turn: Based on the month 4 data, we are forecasting an overall £6.5m overspend, this is a deterioration against the position reported last month which incorporates an additional pressure on High Cost Drugs of £0.7m (now data has been received for the first four months) and a technical movement resulting from the assumed and forecast QIPP impact. It is really important to highlight that the way the forecast has been put together we continue to assume that all of the £12.3m QIPP schemes relating to STHFT are delivered by the year end, with the exception of £0.1m not achieved year to date. This is a very significant risk as discussed above.

Month 4 data from **Sheffield Children's** (SCH) shows a year to date overspend of £46k, which translates in to a forecast overspend of £34k. This assumes that the QIPP projects deliver the remaining planned financial saving by year-end. We believe there is at least a £0.4m high risk of this not being achieved.

**Non Contract Activity** relates to providers across the United Kingdom that the CCG does not hold contracts with. At month 4, now a reasonable number of invoices have been received, an overspend of £0.3m is expected. The budget was based on expected 2016/17 spend at February 2017 but this is an area where quite a lot invoices can be received as part of year end accounts processes post year end. It is now evident that the



actual spend in 2016/17 was £240k higher than expected in February. Further growth is possible and has been built into the risk assessment.

**Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Adults CHC has a year to date underspend of £0.2m with an expected underspend of nearly £0.6m by year end. This forecast is predicated on the full achievement of the planned QIPP savings of £2.7m against CHC budgets (£1.3m of which is part of the Mental Health Transformation work). Children's CHC spend is broadly on plan and is forecast to end the year similarly provided the £0.1m QIPP is delivered. FNC packages continued to reduce but by a lower amount than previous seen, with has resulted in the forecast underspend reducing slightly to around £0.2m.

**Primary Care:** The year to date position is an underspend of £258k largely due to the phasing of some expenditure e.g. the provisions made for future list size increases and additional premises costs are likely to be required later in the financial year. At this early stage, the forecast is for Primary Care expenditure to roughly breakeven by year end with any pressures managed within the 0.5% general contingency reserve.

**Prescribing:** Prescribing data is available for April - June, with a local estimate, based on sample data, available for July. This has given rise to a small overspend of £265k at month 3. This movement from an underspend one month ago has been driven by shortage of supply of certain drugs which has meant prices have increased. To date it is estimated this has resulted in a cost pressure of over £500k. The forecast position is an underspend of £851k. This includes an expected benefit from price reductions of Pregabalin and full delivery of nearly £3m QIPP (good progress is being made on the delivery of the QIPP projects).

Nationally certain price reductions have been announced to come into effect from August 2017. However, NHS England has sent a letter to CCGs indicating that the financial benefit will not be immediately passed on to CCGs due to the need to ensure an appropriate level of national contingency reserves. At the time of writing this report we await further guidance on how this will be enacted in practice and how this might impact on our local forecasting. Any benefits relating to these price reductions have not been included in the forecast.

**Quality Innovation, Productivity & Prevention (QIPP):** A separate QIPP report is available each month to Governing Body members from the Director of Commissioning. A brief summary of the position at month 4 is also provided as part of this finance report.

To deliver our commissioning plan for 2017/18 Governing Body approved the need for a minimum £21.6m QIPP plan. At month 2 a circa £4m gap in the plan existed, with approved schemes totalling c£17.7m gross savings. Additional schemes totalling £1.75m have been subsequently approved taking the residual gap to £2.1m.

At month 4 we are reporting a saving of £2,746k of gross QIPP against the current plan of £2,845k, so a small shortfall of £99k (3%). The reported year end position assumes delivery of £19m of the identified QIPP programme of £19.5m, so a forecast shortfall of £0.5m. The phasing of the QIPP plan, however, is heavily back loaded in the latter months of the year and hence the risk of non-delivery has the potential to grow significantly in year. As noted above, the assessment of the financial risk of QIPP under-delivery is a further c£5.3m.

**Section 75 Framework Partnership Agreement (Better Care Fund):** Appendix E shows the citywide position in relation to the Better Care Fund. Overall, with a forecast overspend of £9.4m. Of this, £5.1m relates to SCC services within the BCF, which is an improvement of £5.7m compared to month 3, mainly as a result of the allocation of £5m funding from the iBCF grant, anticipated underspends against the Disabled Facilities Grant capital funding, offset by an increase to expected spend on adult social care.

Information reported on the CCG expenditure within the Better Care Fund (BCF) is included within the overall CCG reported position in appendix A to D. As noted in the relevant sections, forecasts for services within the CCG largely assume the delivery of the CCGs planned QIPP programme.

**0.5% Non-Recurrent Reserve:** NHS England business rules require that all CCGs plan on creating a 1% non recurrent reserve at the beginning of the year. In a change to the previous year, in 2017/18 NHS England has agreed that 0.5% of this reserve can be utilised by CCGs, with the proviso that this is used to fund non recurrent expenditure. The remaining 0.5% (£4.1m including £0.4m relating to primary care) must be retained, uncommitted, by CCGs to support the overall NHS financial position.

**General Contingency Reserve & Commissioning Reserves:** At month 4 the contingency reserve stands at £6.6m. A release of £4.8m is required to enable achievement of the planned surplus before taking into account additional potential risks.

**Running Costs:** The split of the £12.7m running cost allocation is summarised in the table below. At the planning stage Governing Body approved planned underspend of £0.3m towards delivery of the overall surplus. Various QIPP schemes have since been identified, totalling £250k, which increase this figure to £0.55m. In addition to the planned surplus, additional underspends have been identified, mainly in relation to slippage on recruitment to vacant posts.

Category	Annual Budget £'000s	YTD Variance £'000s	Forecast Variance £'000s
Pay	9,136	(55)	136
Non Pay	3,985	(138)	(10)
Income	(1,293)	(135)	(235)
Running Costs Reserve	344	0	(141)
Running Costs Planned Surplus	550	(183)	(550)
<b>Running Cost Budget</b>	<b>12,722</b>	<b>(511)</b>	<b>(800)</b>

**Additional Income** Under the Financial Management principles approved by Governing Body we are seeking to maximise additional income, over and above the CCG's core allocation, to be able to support delivery of our commissioning intentions. A table summarising the additional allocations secured to date is attached at Appendix F. Work is ongoing to finalise plans to agree detailed spending plans, including the phasing of the expected spend.

#### 4. Delivery of Cash Position

The CCG was notified of a maximum cash drawdown limit of £837.5m at month 4. The total cash used to the end of July was £250.5m against a requested cash drawdown of £251.6m, other income of £4.2m and a brought forward balance of £141k. The cash balance at bank at the end of the month was £5.4m. A minimal cash balance at bank is planned for the year end.

#### 5. Key Budget Movements

In line with the Scheme of Budgetary Delegation, the Governing Body is required to sign off all budget movements over £2m. No budget movements over £2m have been actioned at month 4.

In addition, Governing Body approved changes to the Better Care Fund Section 75 agreement with Sheffield City Council at its meeting in May whereby any changes to BCF budgets in excess of £1m should be approved by Governing Body. All changes to BCF budgets were considered (and for budgets changes below £1m agreed) by the Executive Management Group on 14<sup>th</sup> August. The following budget changes in excess of £1m are presented to this meeting for approval:

Justification	Theme/Service	Organisation	Total £'000
Remove original net QIPP target	Theme 6 Mental Health	CCG	1,500.0
Revised Gross QIPP target - SHSCT activity	Theme 6 Mental Health	CCG	-1,240.0
Revised Gross QIPP target - CHC mental health packages	Theme 6 Mental Health	CCG	-1,269.0
Risk Share Agreement - payment to SCC based on delivery of joint QIPP programme	Theme 6 Mental Health	CCG	2,132.0
Total*			1,123.0

\* a further adjustment re the mental health QIPP of -£1,043k was made against STH acute activity, but in relation to budgets which sit outside the BCF

#### Recommendations

Governing Body is asked to

- Consider the risk assessment and existing mitigations to manage the risks to deliver the CCG's year end control total of a £13.2m surplus.
- Approve the BCF budget changes set out in Section 5.

Paper prepared by: Jackie Mills, Deputy Director of Finance, Chris Cotton, Senior Finance Manager, Pat Lunness, Senior Finance Manager

On behalf of: Julia Newton, Director of Finance  
August 2017

NHS Sheffield Clinical Commissioning Group  
Finance Report 2017/18 - Financial Position for Period Ending 31 July 2017

	Year to Date: July				Year End Forecast Out-turn					Forecast Variance @ Month 3 £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		Change from prev month*	
	£'000s	£'000s	Over (+)/ Under(-)	%	£'000s	£'000s	Over (+)/ Under(-)	%		
<b>PROGRAMME COSTS</b>										
Revenue Resource Limit	279,690	279,690	0	0.0%	839,422	839,422	0	0.0%	→	0
<b>EXPENDITURE</b>										
<b>Acute Hospital Care</b>										
Elective	51,881	52,745	864	1.7%	153,600	155,982	2,381	1.6%	↑	2,205
Urgent care	49,780	50,721	941	1.9%	143,370	146,653	3,283	2.3%	↑	2,288
Other Acute Care / Ambulance Services	33,338	34,004	666	2.0%	100,093	101,305	1,212	1.2%	↑	636
	<b>134,999</b>	<b>137,470</b>	<b>2,471</b>	<b>1.8%</b>	<b>397,064</b>	<b>403,940</b>	<b>6,876</b>	<b>1.7%</b>	↑	<b>5,128</b>
<b>Mental Health &amp; Learning Disabilities</b>										
Mental Health & Learning Disabilities	27,133	27,058	(75)	-0.3%	81,382	81,315	(67)	-0.1%	↓	(54)
<b>Community Services</b>										
Elective Community Care	11,527	11,463	(64)	-0.6%	34,587	34,399	(188)	-0.5%	↓	(62)
Urgent Community Care	1,661	1,661	(0)	0.0%	5,039	5,039	0	0.0%	→	0
Intermediate Care & Reablement	15,197	15,399	202	1.3%	44,983	45,588	605	1.3%	↑	481
Long Term Care and End of Life	20,548	20,258	(291)	-1.4%	60,768	59,924	(845)	-1.4%	↓	(1,064)
Prescribing	32,327	32,579	252	0.8%	96,738	95,869	(868)	-0.9%	↓	(1,385)
Other Commissioning	1,140	1,111	(29)	-2.5%	3,634	3,596	(38)	-1.1%	↓	(16)
	<b>82,400</b>	<b>82,470</b>	<b>70</b>	<b>0.1%</b>	<b>245,750</b>	<b>244,415</b>	<b>(1,334)</b>	<b>-0.5%</b>	↓	<b>(2,045)</b>
<b>Primary Care</b>										
Primary Care Co-commissioning	23,674	23,461	(213)	-0.9%	71,324	71,324	0	0.0%	→	0
Locally Commissioned Primary Care Services	5,317	5,273	(45)	-0.8%	17,249	17,237	(12)	-0.1%	↓	0
	<b>28,991</b>	<b>28,733</b>	<b>(258)</b>	<b>-0.9%</b>	<b>88,573</b>	<b>88,561</b>	<b>(12)</b>	<b>0.0%</b>	↓	<b>0</b>
<b>Reserves</b>										
Reserves	6,167	0	(6,167)	-100.0%	26,653	8,787	(17,866)	-67.0%	↓	(15,682)
<b>TOTAL EXPENDITURE - PROGRAMME COSTS</b>	<b>279,690</b>	<b>275,731</b>	<b>(3,959)</b>	<b>-1.4%</b>	<b>839,422</b>	<b>827,018</b>	<b>(12,404)</b>	<b>-1.5%</b>	↓	<b>(12,653)</b>
<b>(UNDER)/OVER SPEND - Programme Costs</b>	<b>0</b>	<b>(3,959)</b>	<b>(3,959)</b>		<b>(0)</b>	<b>(12,404)</b>	<b>(12,404)</b>		↑	<b>(12,653)</b>
<b>RUNNING COSTS ALLOWANCE</b>										
Running Cost Funding	4,145	4,145	0	0.0%	12,722	12,722	0	0.0%	→	0
Total Running Cost Expenditure	4,145	3,634	(511)	-12.3%	12,722	11,922	(800)	-6.3%	↓	(550)
<b>(UNDER)/OVER SPEND - Running Costs</b>	<b>0</b>	<b>(511)</b>	<b>(511)</b>		<b>0</b>	<b>(800)</b>	<b>(800)</b>		↓	<b>(550)</b>
<b>TOTAL</b>										
Revenue Resource Limit	283,835	283,835	0	0.0%	852,144	852,144	0	0.0%	→	0
Expenditure	283,835	279,365	(4,470)	-1.6%	852,144	838,941	(13,203)	-1.5%	→	(13,203)
<b>TOTAL (A)</b>	<b>0</b>	<b>(4,470)</b>	<b>(4,470)</b>		<b>(0)</b>	<b>(13,203)</b>	<b>(13,203)</b>		→	<b>(13,203)</b>

\* ↑ = deterioration, ↓ = improvement, g = no change.

# Appendix A (cont)

RESOURCE LIMIT ALLOCATIONS	Revenue			Maximum Cash Drawdown incl Capital		
	Recurrent	Non Rec	Total	Confirmed	Anticipated	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Programme Costs</b>				837,542		837,542
Initial CCG Programme Allocation	748,941		748,941			
Primary Care Co-Commissioning	76,122		76,122			
CHIS funding currently in Sheffield Children's Hospital	(249)		(249)			
PMS Premium - Co Commissioning	362		362			
PYE transfer of One Health July - March 2017	66		66			
PYE transfer of Claremont July- March 2017	250		250			
PYE April-June 2017 transfer of Claremont	86		86			
PYE April-June 2017 transfer of One health	21		21			
Budget re suspended doctors transferred with other Co-Comm in error	(94)		(94)			
PMCF - GP Access Fund and TA Improving Access Allocations	854		854			
IR changes		(94)	(94)			
HRG4+ changes		(2,190)	(2,190)			
Planned surplus carry forward from 2016/17		11,620	11,620			
Surplus/Deficit Carry Forward - 1617 Final Outturn		4	4			
Reception and clerical training		101	101			
Diabetes Treatment and Care Transformation Fund		143	143			
NHS WiFi		164	164			
Market rents adjustment		(580)	(580)			
Paramedic Rebanding Additional Funding 2017-18		179	179			
TB allocations Qtr 1		17	17			
Cancer Alliance Running Cost FY 2017/18		275	275			
Cancer Phase 1 Early Diagnosis Q1 2017/18		805	805			
£176,961 - HSCN - GP funding , £59,917 - HSCN - CCG funding		237	237			
CYPT IAPT Trainee staff support costs		7	7			
Adult IAPT Wave 2		453	453			
Acute hospital urgent & emergency liaison mental health services		134	134			
Transfer NHCN - CCG funding from programme to running costs		(60)	(60)			
Infrastructure funding for STPs		281	281			
Acute hospital urgent and emergency liaison mental health services		134	134			
Adult IAPT Wave 2		453	453			
STP comms and egagement		175	175			
Cancer Phase 1 Early diagnosis Q2		805	805			
Month 4 Programme Costs Resource Limit	826,359	13,063	839,422	837,542	0	837,542
<b>Running Costs</b>						
Initial Running Costs allocation	12,634		12,634			
Market rents - Admin adjustment		28	28			
Transfer NHCN - CCG funding from programme to running costs		60	60			
Month 4 Running Cost Resource Limit	12,634	88	12,722			
<b>CLOSING LIMITS (B)</b>	<b>838,993</b>	<b>13,151</b>	<b>852,144</b>	<b>837,542</b>	<b>0</b>	<b>837,542</b>

## Memo Table: Planned Surplus

	<b>£'000</b>
Historic Surplus b/f	3,500
Plus release of 1% reserve in 2016/17 added to surplus b/f	8,124
Cumulative surplus carried forward from 2016/17	<b>11,624</b>
Planned increase to surplus in 2017/18	1,579
<b>Total planned surplus for 2017/18</b>	<b>13,203</b>

**Balance of surplus required to be 'drawn up' in future years (to meet business rules)** **2,608**

## Memo Table: Forecast In Year Financial Performance

Total Allocation 17/18 from the above table	852,144
Less cumulative surplus carried forward from 2016/17	-11,624
<b>In Year Allocation</b>	<b>840,520</b>

## Expenditure:

Forecast Expenditure (Programme Spend plus Running Costs)	838,941
<b>Forecast under/(over)-spend against in year allocation</b>	<b>1,579</b>

NHS Sheffield Clinical Commissioning Group  
Finance Report 2017/18 - Financial Position for Period Ending 31 July 2017

	Year to Date: July				Forecast Out-turn				Forecast Variance @ Month 3
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	£'000s
			Over (+)/ Under(-)				Over (+)/ Under(-)		
PROGRAMME COSTS									
Revenue Resource Limit	279,690	279,690	0	0%	839,422	839,422	0	0%	0
EXPENDITURE									
Acute Hospital Care									
Planned Care									
Sheffield Teaching Hospitals NHS FT	45,821	46,824	1,003	2%	135,269	137,976	2,707	2%	2,454
Sheffield Children's NHS FT	3,908	3,816	(92)	-2%	11,725	11,527	(197)	-2%	(160)
Other NHS Trusts	1,137	1,126	(11)	-1%	3,411	3,378	(33)	-1%	(105)
ISTC & Extended Choice	1,015	979	(36)	-4%	3,195	3,100	(95)	-3%	15
Planned Care	51,881	52,745	864	2%	153,600	155,982	2,381	2%	2,205
Urgent Care									
Sheffield Teaching Hospitals NHS FT	43,770	44,757	987	2%	125,342	128,758	3,416	3%	2,719
Sheffield Children's NHS FT	3,969	3,920	(49)	-1%	11,907	11,765	(142)	-1%	(282)
Other NHS Trusts	2,040	2,043	3	0%	6,121	6,130	9	0%	(149)
ISTC & Extended Choice	0	0	0		0	0	0		0
Urgent Care	49,780	50,721	941	2%	143,370	146,653	3,283	2%	2,288
Other Acute Care / Ambulance Services									
Sheffield Teaching Hospitals NHS FT	22,552	22,839	287	1%	67,901	68,371	470	1%	196
Sheffield Children's NHS FT	581	781	200	34%	1,720	2,109	389	23%	404
Other NHS Trusts	625	618	(7)	-1%	1,860	1,842	(17)	-1%	(51)
ISTC & Extended Choice	26	26	0	0%	54	54	0	0%	0
Ambulance Services	7,858	7,870	12	0%	23,548	23,613	65	0%	87
Other Acute Services	1,696	1,870	175	10%	5,011	5,316	305	6%	0
Other Acute Care	33,338	34,004	666	2%	100,093	101,305	1,212	1%	636
Mental Health & Learning Disabilities									
Sheffield Health and Social Care NHS FT	24,433	24,433	(0)	0%	73,298	73,298	0	0%	0
Sheffield Children's NHS FT	1,658	1,645	(13)	-1%	4,973	4,958	(15)	0%	(2)
Local Authority	726	726	0	0%	2,178	2,178	0	0%	0
Other Mental Health Services	317	254	(62)	-20%	933	881	(52)	-6%	(52)
Mental Health & Learning Disabilities	27,133	27,058	(75)	0%	81,382	81,315	(67)	0%	(54)
Community Services									
Planned Care									
Sheffield Teaching Hospitals NHS FT	2,743	2,743	0	0%	8,229	8,229	0	0%	0
Sheffield Children's NHS FT	1,342	1,342	0	0%	4,026	4,026	0	0%	0
Local Authority	6,950	6,934	(17)	0%	20,851	20,801	(50)	0%	0
Development Nurses	146	98	(47)	-33%	438	300	(138)	-32%	(62)
Other Community Services	346	346	(0)	0%	1,044	1,044	0	0%	0
Planned Community Care	11,527	11,463	(64)	-1%	34,587	34,399	(188)	-1%	(62)
Urgent Care									
111	414	414	(0)	0%	1,297	1,297	0	0%	0
Out of Hours	1,247	1,247	0	0%	3,742	3,742	0	0%	0
Urgent Community Care	1,661	1,661	(0)	0%	5,039	5,039	0	0%	0
Intermediate Care & Reablement									
Sheffield Teaching Hospitals NHS FT	13,950	13,950	0	0%	41,241	41,241	0	0%	0
Local Authority	606	606	0	0%	1,817	1,817	0	0%	0
Community Equipment	642	843	202	31%	1,925	2,530	605	31%	481
Intermediate Care	15,197	15,399	202	1%	44,983	45,588	605	1%	481
Long Term Care and End of Life									
Continuing Care	15,665	15,497	(168)	-1%	46,198	45,693	(505)	-1%	(684)
Continuing Care Retrospectives	0	0	0		0	0	0		0
Continuing Healthcare Assessments	817	797	(20)	-2%	2,374	2,340	(34)	-1%	(5)
Continuing Care - IFRs	22	21	(2)	-9%	67	63	(4)	-6%	(4)
Funded Nursing Care	2,555	2,475	(80)	-3%	7,666	7,425	(241)	-3%	(327)
St Lukes Hospice	778	778	(0)	0%	2,335	2,335	0	0%	0
Sheffield Teaching Hospitals NHS FT	709	689	(20)	-3%	2,128	2,068	(60)	-3%	(43)
Long Term Care	20,548	20,258	(291)	-1%	60,768	59,924	(845)	-1%	(1,064)
GP Prescribing									
Prescribing	31,801	32,066	265	1%	95,153	94,302	(851)	-1%	(1,372)
Medicines Management Team	526	513	(13)	-2%	1,585	1,568	(17)	-1%	(13)
Prescribing	32,327	32,579	252	1%	96,738	95,869	(868)	-1%	(1,385)
Other Commissioning	1,140	1,111	(29)	-3%	3,634	3,596	(38)	-1%	(16)
Other Commissioning	1,140	1,111	(29)	-3%	3,634	3,596	(38)	-1%	(16)
Primary Care									
Co-Commissioning									
Core Contract	16,568	16,503	(65)	0%	49,704	49,604	(100)	0%	0
Premises	3,297	3,255	(41)	-1%	9,669	9,748	79	1%	0
QoF	2,519	2,519	(0)	0%	7,574	7,574	0	0%	0
Enhanced Services	455	410	(46)	-10%	1,611	1,582	(29)	-2%	0
Primary Care Other	835	774	(61)	-7%	2,766	2,816	50	2%	0
Primary Care Reserve	0	0	0		0	0	0		0
Locally Commissioned Primary Care Services	5,317	5,273	(45)	-1%	17,249	17,237	(12)	0%	0
Primary Care	28,991	28,733	(258)		88,573	88,561	(12)	0%	

	Year to Date: July				Forecast Out-turn				Forecast Variance @ Month 3
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
			Over (+)/ Under(- )				Over (+)/ Under(- )		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
Reserves									
Commissioning Reserves	0	0	0		2,896	2,444	(452)	-16%	(452)
General Contingency Reserve	1,950	0	(1,950)	-100%	6,632	1,871	(4,761)	-72%	(2,577)
Primary Care	0	0	0		726	726	0	0%	0
0.5% Non Recurrent Reserve	0	0	0		3,746	3,746	0	0%	0
Planned Surplus	4,217	0	(4,217)	-100%	12,653	0	(12,653)	-100%	(12,653)
Reserves	6,167	0	(6,167)	-100%	26,653	8,787	(17,866)	-67%	(15,682)
TOTAL EXPENDITURE - PROGRAMME COSTS	279,690	275,731	(3,959)	-1%	839,422	827,018	(12,404)	-1%	(12,653)
(UNDER)/OVER SPEND - Programme Costs	0	(3,959)	(3,959)		(0)	(12,404)	(12,404)		(12,653)
RUNNING COSTS ALLOWANCE									
Funding net of £1.5m transfer to commissioning budgets	4,145	4,145	0	0%	12,722	12,722	0	0%	0
EXPENDITURE									
Accountable Officer	664	653	(11)	-2%	1,991	1,995	4	0%	34
Commissioning & Performance	778	715	(63)	-8%	2,326	2,276	(50)	-2%	(0)
Finance & Facilities	1,054	1,004	(51)	-5%	3,113	3,103	(10)	0%	(0)
Nursing,Quality & Workforce	903	785	(118)	-13%	2,711	2,654	(57)	-2%	0
Strategy & Integration	270	233	(37)	-14%	811	803	(8)	-1%	(0)
Transformation & Delivery	292	245	(47)	-16%	875	888	12	1%	0
Running Cost Reserve	0	0	0		344	203	(141)	-41%	(33)
Running Cost Planned surplus	183	0	(183)	-100%	550	0	(550)	-100%	(550)
TOTAL EXPENDITURE - RUNNING COSTS	4,145	3,634	(511)	-12%	12,722	11,922	(800)	-6%	(550)
(UNDER)/OVER SPEND - Running Costs	0	(511)	(511)		0	(800)	(800)		(550)
TOTAL (UNDER)/OVER SPEND	0	(4,470)	(4,470)	-	(0)	(13,203)	(13,203)	-	(13,203)

**NHS Sheffield Clinical Commisisoning Group**  
**Finance Report 2017/18 - Financial Position for Period Ending 31 July 2017**

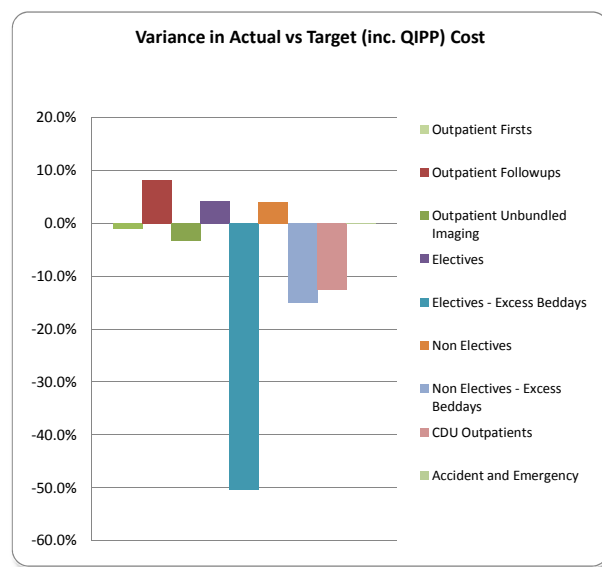
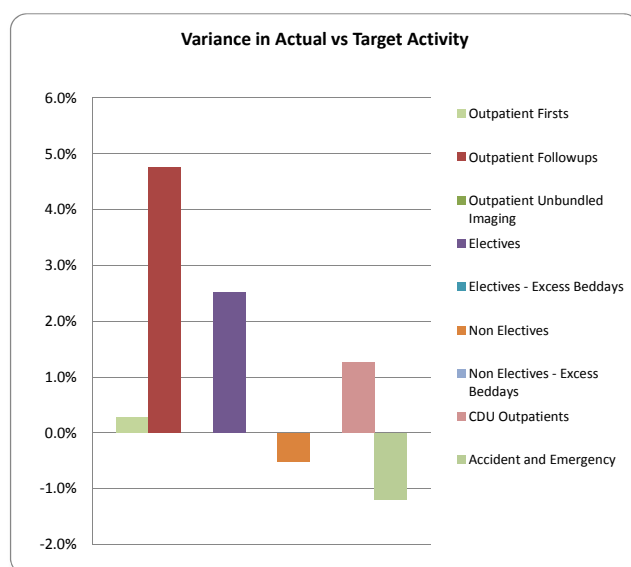
**Main Provider Contracts**

	Year to Date: July				Year End Forecast Out-turn			
	Budget	Expenditure	Variance		Budget	Forecast	Variance	
	£'000	£'000	Over (+)/ Under(-)	%	£'000	£'000	Over (+)/ Under(-)	%
<b>EXPENDITURE</b>								
<b>Sheffield Teaching Hospitals NHS FT</b>								
Planned Care - STH	45,821	46,824	1,003	2.2%	135,269	137,976	2,707	2.0%
Urgent Care - STH	43,770	44,757	987	2.3%	125,342	128,758	3,416	2.7%
Community Care - STH	2,743	2,743	0	0.0%	8,229	8,229	0	0.0%
Other Acute - STH	14,340	14,355	15	0.1%	43,019	42,494	(525)	-1.2%
High Cost Drugs - STH	4,275	4,788	513	12.0%	13,070	14,637	1,567	12.0%
Maternity Services	3,937	3,696	(241)	-6.1%	11,811	11,239	(572)	-4.8%
Primary Care - Out of Hours	1,247	1,247	0	0.0%	3,742	3,742	0	0.0%
Intermediate Care & Reablement	13,950	13,950	0	0.0%	41,241	41,241	0	0.0%
End of Life Care	709	689	(20)	-2.8%	2,128	2,068	(60)	-2.8%
<i>Sub Total</i>	<b>130,792</b>	<b>133,050</b>	<b>2,257</b>	<b>1.7%</b>	<b>383,851</b>	<b>390,384</b>	<b>6,533</b>	<b>1.7%</b>
<b>Sheffield Children's NHS FT</b>								
Planned Care - SCH	3,908	3,816	(92)	-2.4%	11,725	11,527	(197)	-1.7%
Urgent Care - SCH	3,969	3,920	(49)	-1.2%	11,907	11,765	(142)	-1.2%
Community Care - SCH	1,223	1,223	0	0.0%	3,668	3,668	0	0.0%
Mental Health Services - SCH	1,658	1,645	(13)	-0.8%	4,973	4,958	(15)	-0.3%
Other Acute - SCH	295	478	183	62.0%	862	1,198	336	39.0%
High Cost Drugs - SCH	286	303	17	6.1%	858	910	52	6.1%
Safeguarding	119	119	0	0.0%	358	358	0	0.0%
<i>Sub Total</i>	<b>11,458</b>	<b>11,504</b>	<b>46</b>	<b>0.4%</b>	<b>34,351</b>	<b>34,385</b>	<b>34</b>	<b>0.1%</b>
<b>Sheffield Health and Social Care NHS FT</b>								
Mental Health & Learning Disabilities	24,433	24,433	(0)	0.0%	73,298	73,298	0	0.0%
<i>Sub Total</i>	<b>24,433</b>	<b>24,433</b>	<b>(0)</b>	<b>0.0%</b>	<b>73,298</b>	<b>73,298</b>	<b>0</b>	<b>0.0%</b>
	<b>166,683</b>	<b>168,986</b>	<b>2,303</b>	<b>1.4%</b>	<b>491,500</b>	<b>498,068</b>	<b>6,568</b>	<b>1.3%</b>



## Sheffield CCG Commissioned Activity and Costs - July 2017

### Sheffield Teaching Hospitals NHS FT



Point of Delivery	Year to Date Activity Plan	Year to Date Actual Activity	Variance	
			Activity	%
Outpatient Firsts	39,098	39,206	108	0.3%
Outpatient Followups	91,015	95,347	4,332	4.8%
Outpatient Unbundled Imaging				
Electives	18,787	19,260	473	2.5%
Electives - Excess Beddays				
Non Electives	17,625	17,536	-89	-0.5%
Non Electives - Excess Beddays				
CDU Outpatients	11,088	11,228	140	1.3%
Accident and Emergency	44,277	43,751	-526	-1.2%
<b>Total</b>				

Year to Date Budget	Actual Expenditure	Variance	
		£'000s	%
£'000s	£'000s	£'000s	%
6,643	6,569	-74	-1.1%
7,050	7,625	575	8.2%
1,313	1,268	-45	-3.4%
15,510	16,162	651	4.2%
208	103	-105	-50.5%
34,524	35,928	1,404	4.1%
2,277	1,937	-340	-14.9%
549	480	-69	-12.6%
5,518	5,510	-8	-0.1%
<b>73,592</b>	<b>75,582</b>	<b>1,991</b>	<b>2.7%</b>

MFF Uplift Applied to Contract Monitoring Costings at 2.9422% for PbR Activity Only

Includes PbR and Non-PbR Activity (and CDU (A&E) activity)

Includes Financial Adjustments and QIPP

A&E does not include Primary Care Access Centre activity or costs

There are some minor differences between the finance report and the BI version due to financial adjustments which are not reflected in BI data

**Note - This appendix now**

NHS Sheffield Clinical Commissioning Group									
Finance Report 2017/18 - Financial Position for Period Ending 31 July 2017									
Memorandum: Section 75 - Better Care Fund									

Theme	Year to Date: July				Year End Forecast Out-turn				Forecast Variance @ Month 3  £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	Over (+)/ Under(-)	%	£'000s	£'000s	Over (+)/ Under(-)	%	
Citywide Position									
People Keeping Well in their local community	2,830	3,059	229	8.1%	7,694	7,680	(15)	-0.2%	119
Active Support & Recovery	16,889	16,801	(88)	-0.5%	50,117	50,015	(102)	-0.2%	(12)
Independent Living Solutions	1,287	1,643	356	27.7%	3,864	4,740	876	22.7%	691
Ongoing Care	42,528	45,945	3,417	8.0%	126,329	130,371	4,041	3.2%	8,070
Emergency Medical Admissions - STH	20,136	21,892	1,756	8.7%	56,354	60,950	4,596	8.2%	1,341
Mental Health	33,732	33,854	122	0.4%	101,330	102,572	1,242	1.2%	1,120
Capital Grants	831	709	(122)	-14.7%	5,537	4,327	(1,210)	-21.9%	(121)
TOTAL EXPENDITURE	118,234	123,903	5,669	4.8%	351,226	360,655	9,429	2.7%	11,208
NHS Sheffield CCG									
People Keeping Well in their local community	658	626	(33)	-5.0%	1,959	1,909	(50)	-2.6%	0
Active Support & Recovery	14,556	14,556	0	0.0%	43,057	43,057	0	0.0%	0
Independent Living Solutions	642	843	202	31.4%	1,925	2,530	605	31.4%	481
Ongoing Care	16,409	16,258	(150)	-0.9%	48,428	47,977	(451)	-0.9%	(763)
Emergency Medical Admissions - STH	20,136	21,892	1,756	8.7%	56,354	60,950	4,596	8.2%	1,341
Mental Health	31,171	30,991	(180)	-0.6%	93,498	93,091	(407)	-0.4%	(652)
Capital Grants	0	0	0	0.0%	0	0	0	0.0%	0
CCG Total	83,571	85,166	1,595	1.91%	245,221	249,514	4,293	1.8%	406
Sheffield City Council (SCC)									
People Keeping Well in their local community	2,172	2,433	261	12.0%	5,736	5,771	35	0.6%	119
Active Support & Recovery	2,334	2,246	(88)	-3.8%	7,060	6,958	(102)	-1.4%	(12)
Independent Living Solutions	646	800	154	23.9%	1,939	2,210	271	14.0%	210
Ongoing Care	26,119	29,687	3,567	13.7%	77,901	82,394	4,492	5.8%	8,834
Emergency Medical Admissions - STH	0	0	0	0.0%	0	0	0	0.0%	0
Mental Health	2,561	2,863	302	11.8%	7,832	9,481	1,649	21.1%	1,772
Capital Grants	831	709	(122)	-14.7%	5,537	4,327	(1,210)	-21.9%	(121)
SCC Total	34,663	38,737	4,075	11.8%	106,005	111,141	5,136	4.8%	10,802

**Notes:****Key elements of each theme are summarised below:**

People Keeping Well in their local community	Includes Care Planning, Health trainers/ Community Support Workers, Community Grants and Support to VCF sector, Public Health, Housing related support to Older People and other support services
Active Support & Recovery	Includes community nursing, Intermediate Care Beds, CICs, Transfer of Care Teams, STIT, Intermediate Care Assessment teams
Independent Living Solutions	Includes community equipment and adaptations
Ongoing Care	Includes CHC& FNC, Learning Disabilities, Adult Social Care. From April 2017, this excludes spend on mental health which is now included in the mental health theme.
Emergency Medical Admissions - STH	Includes Adult Inpatient Medical Emergency Admissions (excluding gastroenterology)
Mental Health	Includes all adult mental health services as commissioned by the CCG, with those for under 65 years purchased by SCC in 2017/18.

# Additional Funding via CCG into Sheffield System 2017/18 - Status as at August 2017

There are opportunities to bid for additional resources being held centrally and being released via STP / FYFV and other workstreams. To date we have been successful in securing the following:

Funding Name	Source	Provider	Description	Recurrent?	Funding £'000
Mental Health Liaison	NHSE through A&E Delivery Board	SHSC	Ensure Liaison service in STH meets Core 24 standard - additional A&E , ward, and medical liaison staffing	Non- Recurrent	536
IAPT	NHSE through STP	SHSC	Additional IAPT services covering Cardiology, NCCP, COPD, MSK, Cancer, Diabetes, CFS/ME, Irritable Bowel, Medically Unexplained Symptoms & Health Anxiety	Non- Recurrent	1,812
Integrated Personalised Commissioning	NHSE	Mainly CCG Costs	Project to increase integrated Personalised Commissioning and number of personal health budgets	Non- Recurrent	200
Diabetes Prevention	NHSE	Various practices	Diabetes Prevention	Non- Recurrent	45
Diabetes Treatment & Care	NHSE	STH	Structural Education, Multi-Disciplinary Foot Team, Specialist Nursing	Non- Recurrent (expect some funding in 18/19)	405
	NHSE	TBC	Currently determining plan for remainder		165
Digital inclusion	Good Things Foundation	TBC	Upskill patients with the use of healthcare technology to promote self-care		50
Cancer Alliance Running Cost FY 2017/18	TBC	TBC		Non- Recurrent	275
Cancer Phase 1 Early Diagnosis Q1 & Q2 2017/18	TBC	TBC		Non- Recurrent	1,610
Falls Prevention	TBC			3 years (2017-20)	250
Latent TB Initiative	NHSE	STH/Primary Care		Non- Recurrent	68
					<b>5,416</b>

In addition the CCG is in receipt of certain earmarked allocations linked to the Primary Care FYFV as follows:

Training Care Navigators and Practice Staff	NHSE	TBC	Part of GPFYFV, also £102k available in 18/19. Training staff to be able to signpost patients to other available services and help to free up GP resource	Non-Recurrent	101
GP Extended Access	NHSE	PCS	Initial continuation of 4 primary care hubs, with view to exploring possible future options. £3,535k available in 18/19	Non-Recurrent	3,479
On-Line Consultation Systems	NHSE	TBC	Part of GPFYFV, also £203k available in 18/19. For practices to purchase on-line consultation systems improving access and making full use of clinicians' time	Non-Recurrent	153
					<b>3,733</b>