

Finance Report

Governing Body Update - August

This report is based on Month 3 data and provides an update in the absence of a formal Governing Body meeting in August 2015.

1. Executive Summary

Key Duties	Year to date	Forecast	Key Issues
Deliver 1% Surplus (£7.45m) against Commissioning Revenue Resource Limit (RRL) + RCA combined	(£1.9m) Under Spend	(£7.45m) Under Spend	<p>The CCG's statutory duty is to breakeven but in the national planning guidance for 2015/16 CCGs have been set a minimum 1% surplus target. Due to the CCG carrying forward a historic 1% surplus from prior years, in effect for 2015/16 our plan is for breakeven.</p> <p>The 1% surplus is not cash backed and the CCG has no access to this resource in 2015/16.</p> <p>At month 3 we are forecasting delivery of plan, although there is a substantial level of risk to be managed during the year.</p>
a) Achieve a surplus against the Programme Allocation	(£1.5m) Under Spend	(£6.2m) Under Spend	Emergency admissions and prescribing expenditure are both forecast to be substantially above budget based on M3 information but at this stage it is anticipated these pressures can be managed through use of reserves and other mitigating actions.
b) Remain within Running Cost Allowance (RCA) of £12.6m.	(£0.5m) Under Spend	(£1.3m) Under Spend	At the plan stage, we agreed £1.0m of our required £7.4m total surplus should come from the RCA, leaving the CCG with £11.6m to spend on running costs, noting that this would present challenges as we look to deliver an ambitious service change programme. At Month 3 we are anticipating remaining within our reduced RCA.
Remain within Cash Limit (i.e. Maximum draw down set by NHS England)	£1.3 closing balance	Breakeven	At M3 NHS England have not yet confirmed the maximum cash draw down for 2015/16.
Ensure that 1% of CCG resources are spent non recurrently, and so achieve a minimum underlying or recurrent surplus of 1%.			<p>CCGs must demonstrate non-recurrent spend at a min 1%. With the draw down of the £3.8m surplus we made in 2014/15 above our 1% target, the CCG needs to demonstrate non recurrent spend in excess of 1% in 2015/16.</p> <p>The CCG has plans which demonstrate</p>

			compliance with this requirement but this may be difficult to sustain given the level of pressures which are emerging and this will be kept under close review, particularly as part of 2016/17 financial planning which will need to pick up the impact of any underlying pressures.
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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. Forecast Revenue Position

2.0 Overview

The financial position at month 3 is shown in summary on Appendix A. This shows a surplus of £1.9m year-to-date (YTD) and forecast outturn (FOT) achievement of the planned surplus of £7.4m. Appendix B breaks down the financial position by programme category. Whilst it is early in the financial year, there are indications of substantial financial pressures particularly in relation to prescribing and emergency admissions which based on current information will require us to use all our contingency reserves and take mitigating actions. In addition, there a range of other risks, uncertainties and challenges to be managed. Key ones are discussed below.

Table A: Summary Position at 30 June 2015

	Annual Budget	Year to Date Variance	Forecast Variance	Forecast Variance
	£'000s	£'000s	£'000s	%
Acute Hospital Care	377,502	266	2,750	1%
Mental Health & Learning Disabilities	79,048	(7)	(30)	0%
Primary & Community Services (Incl. CHC)	256,041	398	2,184	1%
Reserves including planned surplus	20,474	(2,111)	(11084)	-54%
Programme Costs	733,066	(1,454)	(6,181)	-1%
Running Costs (analysis in section 2.1.12)	12,627	(486)	(1,269)	-10%
Total Budget 2015/16	745,693	(1,940)	(7,450)	-1.0%

2.1 Key Financial Risks, Issues and Challenges

2.1.1 Acute Hospital Activity: **Sheffield Teaching Hospitals (STH)** is by far the most significant contract in value terms as it is planned to account for £374m or 51% of programme spend. At month 3, we are reporting a £267k (0.03%) underspend for the contract overall. Contract monitoring information at month 3 shows that elective spend continues to be below plan (-£1.08m or -3.6% below plan), whilst non-elective spend is £1.4m (4.8%) above plan. An overall overspend of £1.7m by the year end is currently forecast, based on the assumption that the underspend on planned care reduces but that the overspend on emergency care continues, but at a slightly reduced level.

In terms of activity associated with elective inpatient care, it is 0.3% or 47 spells over plan. However, the case mix of activity means that the expenditure is £817k below plan, partly as a number of the specialties not currently delivering to plan are the higher cost specialties e.g. orthopaedics. The inpatient waiting list has risen slightly in June (up 176 from 6,229 to 6,405), which is 65 higher than the waiting list target for the SCCG commissioned specialties. Outpatient activity is 1,993 attendances below plan (-1.7%) and whilst the outpatient queue has reduced slightly (by 183 from 18,964 in May to 18,781 in June) the outpatient waiting list remains 19% above the target for the SCCG commissioned specialties. Referral levels are currently 2% above target. Discussions with STH have confirmed that their plans assume that elective activity will increase over the coming months. As a result, the forecast position for spend on elective activity allows for an increase in the cost of activity in the coming months, although an overall underspend is still forecast.

In terms of activity associated with emergency admissions, the contract is 3.8% above plan (485 spells). The financial variance associated with this activity is £1013k (4.3%). In addition, spend on excess beddays is £270k (17.5%) higher than plan. The agreed contract target has been adjusted for the planned impact of QIPP schemes (which equates to £1.2m for the first three months). Readmissions continue to be significantly above target and the reported financial position is net of the rebate received in relation to the excess readmissions. As part of the contract settlement it was agreed that work was required to review the level of readmissions, given the increase seen over the last two years. In addition, the value of the emergency admissions is currently above the marginal rate emergency threshold, and at M3 the financial benefit of a rebate of £164k is included in the reported financial position, although we might need to consider re-investment in schemes to reduce admissions.

A&E activity is almost on plan (13 attendances above plan at Month 3). STH has confirmed that the reported increase in CDU activity is partly as a result of a recording error, which they have confirmed will be corrected (although information is still awaited as the value associated with this).

M3 data from **Sheffield Children's** has been received. Overall, there is a £81k underspend, mainly in relation to planned care. On the basis of the assumption that elective activity is expected to increase in future months, and the risks associated with the delivery of QIPP, a forecast overspend of £147k is reported.

2.1.2 Sheffield Health & Social Care Trust: Work continues on validation of information from the Trust in relation to the over-performance on activity when measured on a cluster basis. However, under the agreed contract the CCG's risk is capped at £200k. There is a reported variance on Learning Disabilities as a result of the use of the 8th Intensive Support Service bed, which is purchased on a cost per case basis. This has been offset by the contingency budget held for over performance.

2.1.3 Individual Funding Requests (IFR): Within acute IFR, there are currently 7 ongoing cases of people with brain injuries receiving care (and 10 in total who have received care in the current financial year). This is an unusually high number of cases and is being reviewed by the IFR team. Whilst this overspend is currently offset by under spend on IFRs in other areas, including mental health, there is a risk of £450k, if these patients remain in care for a full year.

2.1.4 Ambulance activity: There is a shift in the renal contract activity where there is a reduction in the number of taxi journeys and an increase in the more expensive

ambulance journeys. The financial impact is a forecast overspend of £52k partly offset by other underspending areas. The CCG is investigating to see if there has been a change in the eligibility criteria. In terms of the YAS contract, activity is above plan at M3 but due to the floor/ceiling contract agreed this year, there is no financial variance to report.

2.1.5 Independent Sector (IS): For the first 3 months, we are seeing significant increases in the level of activity being undertaken by the independent sector providers, in particular Claremont, One Health & Barlborough. The value to the end of June is just over £0.5m, of which 60% relates to MSK activity. There is an offsetting underspend on MSK activity with STH at M3.

MSK spend by provider (April – June)	Budget	Actual Spend	Variance	
	£'000	£'000	£'000	%
Sheffield Teaching Hospitals (STH)	4,801	4,208	-593	-12%
Independent Sector	1,814	2,127	313	17%
Other Community	51	56	5	10%
Other NHS Trusts	126	106	-20	-16%
Grand Total	6,791	6,496	-295	-4%

The remaining 40% of the over-performance relates to non MSK activity, mainly general surgery. Work is on-going to investigate the reasons and whether patient choice is resulting in corresponding reductions at STH.

2.1.6 Continuing Health Care (CHC): Using the run rate (ie net additional clients in care in month) from 2014/15, a small underspend of £255k in CHC costs can be forecast. The number of clients within adult CHC, however, increased in June, and if this rate continued throughout the year it would result in a pressure of circa £0.8m. The number of clients in receipt of funded nursing care remains slightly below plan and even allowing for an increase in number of clients during the financial year, an underspend of £211k is forecast. Both of these budgets are within the scope of the Better Care Fund (BCF). However, activity in children's CHC, which is outside the BCF, is above plan. Based on current activity, an overspend of £404k is forecast but this is an area of some volatility (generally a small number of high cost cases) and the position could change in year.

2.1.7 Prescribing: Data for April and May, showed an overspend of £770k, both as a result of the number of items dispensed and the average cost per item dispensed being higher than plan. However, the estimated spend for June (£7.9m) is slightly below plan and so the YTD overspend is reduced to £569k. Based on the average growth in items in M1-M3, and using the current cost per item, plus information on Category M price rises for quarter 2, a year end overspend of £2.5m is forecast. This has substantial potential to change in year including for the overspend to increase. As a result, Medicines Management team are working with practices to understand in more detail the causes of the increase beyond the national price changes which are outside of the control of the CCG and CET will be discussing their report including some possible additional actions on 18 August 2015. An update will be provided to Governing Body in September.

2.1.8 Quality Innovation, Productivity & Prevention (QIPP): The table below outlines the current position in relation to savings secured against each of the QIPP programme lines.

Programme	Net Savings Plan Full Year	Net Savings Plan (April- June)	Net Savings Actual (April- June)	Net Variance (April- June) Positive figure = adverse variance
	£'000	£'000	£'000	£'000
Reducing Variations in Elective Care	(1,070)	(201)	(172)	29
Urgent Care	(3,930)	(940)	(33)	907
Effective Use of Medicines	(500)	(38)	(38)	0
Continuing Health Care & End of Life Care	(500)	(125)	(125)	0
Total	(6,000)	(1,304)	(368)	936

The year to date net savings achieved are £368k against a plan of £1,304k resulting in an adverse variance of £936k which is a 72% variance against plan.

The planned urgent care savings (£940k in month 3) were mainly badged against a reduction in non-elective admissions and at month 3 these are significantly over plan at STH. It is very difficult to isolate and monitor the impact of individual projects given that many of them interlink. Therefore the position on the overall non-elective admissions at STH is used as a guide as to whether the projects are collectively delivering the planned level of savings.

This is a challenging savings plan which has delivered savings in 3 out of the 4 programme areas. However, we need to take urgent action to reduce the number of non-elective admissions in line with plan over the coming months. In terms of NHS England's performance 'Dash board' ratings for month 3 we have reported an adverse variance of £804k, which makes us Red on NHS England's performance 'Dash board' ratings for the year-to-date position but we have reported that still aim to deliver planned savings by year end. This requires mitigating actions which are being discussed with portfolio and other colleagues during August. An update will be available at September Governing Body.

2.1.9 Section 75 Framework Partnership Agreement (Better Care Fund): Appendix E shows the citywide position in relation to the better care fund. Overall, a forecast overspend of £7.1m is being reported.

Information reported on the CCG expenditure within the Better Care Fund is included within the overall CCG reported position in appendix A to D. The annual budget figures reported include proposed adjustments which will require formal agreement by the Governing Body in September (see section 4 below).

An overall overspend of £2.5m is forecast for CCG budgets within the Better Care Fund. The main pressure relates to emergency admissions, which, as reported in section 2.1.1 of this report, are significantly above the contract baseline. There is a small underspend currently forecast on adult CHC and funded nursing care, shown in Theme 4: Long Term High Support (see section 2.1.6 of this report).

Information received from Sheffield City Council (SCC) shows a forecast overspend of £4.6m against the SCC budgets of £108m (which equates to 4%).

The main areas of overspend relate to:

- Higher than budgeted forecast spend on the provision of re-ablement (STIT) services (which are included in Theme 2: Active Support and Recovery), which are forecast to be overspent by £1.4m
- Non-delivery of savings, which at M3 is estimated to be in excess of £1.4m (across all themes). Specific savings at risk include non-delivery of LD Purchasing savings (£0.8m) and the savings derived from the change in delivery of the Complex Needs Service (£0.6m);
- Further pressures on Purchasing Budgets (LD, Adults and Mental Health) which all show additional cost demands vs budget assumptions (Theme 4);
- a net reduction in forecast income from client contributions, primarily relating to reduced levels of 'Fairer Contributions' Income ('Fairer Contributions' relates to national guidance to Councils in England to use when determining what contribution, if any, a person receiving a personal budget should make towards it).

SCC colleagues are working on a number of actions to reduce the overspend and we are working with them to try to ensure there is no adverse impact on health services.

In summary, at this stage, the CCG overspends can be covered via our contingency reserves (£3m) but the SCC overspends slightly exceed their contingency reserves (£3m) – hence the need for mitigating actions.

2.1.10 1.0% Non-Recurrent Reserve. Planning guidance from NHS England requires that all CCGs hold back at least 1% of the programme revenue resource limit to be used on a non recurrent basis. Part of this reserve has been allocated to budgets, in line with plans approved by the Governing Body. The remaining £3m is available as part of our mitigating actions for in year risks.

2.1.11 General Contingency Reserve: At month 3, the contingency reserve stands at £4.5m. Given the financial pressures forecast at M3, this is required to offset these risks. In addition, there are a number of other risks not yet built into the financial forecast at M3. These include costs related to the closure of the Yorkshire & Humber Commissioning Support Unit, any increase to our contribution to the national CHC retrospective claims risk pool arrangements and any further pressure on emergency admissions, especially if we experience a severe winter. These will need to be managed by a combination of non recurrent reserves and mitigating actions.

2.1.12 Running Costs: The split of the £12.6m running cost allocation is summarised in the table below. The Governing Body approved at the planning stage to allocate £1.0m towards the delivered of the overall surplus.

Category	Annual Budget £'000s	YTD Variance £'000s	Forecast Variance £'000s
Pay	6,495	(109)	(307)
Non Pay	5,751	(79)	28
Income	(650)	(48)	10
Running Costs Reserve	31	0	0
Running Costs Planned Surplus	1,000	(250)	(1,000)
Running Cost Budget	12,627	(486)	(1,269)

There is underspend above plan at month 3 mainly due to staff vacancies and limited spend year to date against such budgets as legal fees and consultancy.

As of 2 June 2015, the Department of Health has specified that CCGs need to secure advance approval from NHS England before procuring, letting or extending a consultancy project over £50,000 and, where approved, subsequently to submit a post implementation report on all such consultancy projects, detailing the benefits and value-add. As at the end of June 2015, the CCG has incurred £39k on consultancy costs:

2.1.13 NHS England Representation of the Financial Position: NHS England has introduced a new format for reporting CCG financial positions, which highlights the use of draw-down of previous year's surpluses in delivering CCGs' financial positions. This revised format is shown as a memo table in Appendix A for information.

3. Delivery of Cash Position

The CCG has yet to be notified by NHS England of its' cash drawdown limit. The total cash used to the end of June was £160m, against a requested cash drawdown of £160m and other income of £1.7m. The profile of spend is in line with the previous year and detailed forecast is underway to reduce the cash balance at the end of each month.

4. Key Budget Movements

In line with the Scheme of Delegation the Governing Body is required to sign off all budget movements over £2m. At M3, the agreed funding of £2.6m for CHC risk pool has been moved from reserves and is now shown on a separate line on the board report. The Governing Body will be asked to approve this budget movement at its meeting in September. In addition, Governing Body are asked to note other key budget movements which include the receipt of GPIT funding (£1,503k) at month 3 which has been added to primary care budgets and the transfer of £1,238k from STH planned budgets to the IS as a result in the delay in commencement of the MSK outcomes contract.

In line with the section 75 agreement with Sheffield City Council, any proposed changes to the financial contributions of either party to the Better Care Fund are required to be signed off by the Governing Body (as well as the SCC Cabinet). A number of proposed budget movements are reflected in the revised budgets in Appendix E. These will be recommended for approval at the September Governing Body, and are noted below for information:

2015/16 Better Care Fund - Summary of proposed budget changes M3

	CCG	SCC	Total	Comment
	£'000	£'000	£'000	
People Keeping Well in their Local Community	0	-966	-966	Substitution of Sheffield Cash Limits with Public Health Grant Income. Community Support workers moved from Active Support & Recovery
Active Support & Recovery	784			Realignment of plan with final contract figures
		-417	367	Community Support workers moved to People Keeping Well
Independent Living Solutions	0	166	166	Realignment of Budget following the Movement of the Sensory Impairment Team
Long Term High Support	0	345	345	Restructuring of Learning Disabilities within Sheffield City Council to better align budgets with expenditure
Expenditure on Adult Inpatient Medical Emergency Admissions	781	0	781	Realignment of plan with final contract figures
Total	1,565	-872	693	

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On behalf of: Julia Newton, Director of Finance

August 2015

NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 June 2015

	Year to Date: June				Year End Forecast Out-turn				Forecast Variance @ Month 2 £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	Over (+)/ Under(-) £'000s	%	£'000s	£'000s	Over (+)/ Under(-) £'000s	%	
PROGRAMME COSTS									
Revenue Resource Limit	180,585	180,585	0	0%	733,066	733,066	0	0%	0
EXPENDITURE									
Acute Hospital Care									
Elective	36,023	35,366	(657)	-2%	147,060	145,520	(1,540)	-1%	(1,727)
Urgent care	33,069	34,544	1,475	4%	133,002	137,608	4,606	3%	2,440
Other Acute Care / Ambulance Services	24,294	23,742	(551)	-2%	97,441	97,125	(316)	0%	(417)
	93,386	93,652	266	0%	377,502	380,252	2,750	1%	296
Mental Health & Learning Disabilities									
Mental Health & Learning Disabilities	19,832	19,825	(7)	0%	79,048	79,018	(30)	0%	67
Primary & Community Services									
Elective Community Care	11,174	11,156	(18)	0%	46,050	45,967	(83)	0%	(6)
Urgent Community Care	1,933	1,933	(0)	0%	7,750	7,752	3	0%	(3)
Intermediate Care & Reablement	10,516	10,531	15	0%	40,806	40,821	15	0%	0
Long Term Care and End of Life	17,751	17,656	(95)	-1%	62,936	62,676	(261)	0%	(77)
Prescribing	23,467	24,047	580	2%	96,372	98,870	2,498	3%	0
Other Commissioning	415	331	(84)	-20%	2,128	2,139	11	1%	0
	65,256	65,654	398	1%	256,041	258,225	2,184	1%	(85)
Reserves									
Reserves	2,111	0	(2,111)	-100%	20,474	9,390	(11,084)	-54%	(6,610)
TOTAL EXPENDITURE - PROGRAMME COSTS	180,585	179,131	(1,454)	-1%	733,066	726,885	(6,181)	-1%	(6,332)
(UNDER)/OVER SPEND - Programme Costs	(0)	(1,454)	(1,454)	-1%	0	(6,181)	(6,181)	-1%	(6,332)
RUNNING COSTS ALLOWANCE									
Running Cost Funding	3,173	3,173	0	0%	12,627	12,627	0	0%	0
Total Running Cost Expenditure	3,173	2,687	(486)	-15%	12,627	11,358	(1,269)	-10%	(1,118)
(UNDER)/OVER SPEND - Running Costs	0	(486)	(486)	-15%	0	(1,269)	(1,269)	-10%	(1,118)
TOTAL									
Revenue Resource Limit	183,758	183,758	0	0%	745,693	745,693	0	0%	0
Expenditure	183,758	181,818	(1,940)	-1%	745,693	738,243	(7,450)	-1%	(7,450)
TOTAL (A)	(0)	(1,940)	(1,940)		0	(7,450)	(7,450)		(7,450)

RESOURCE LIMIT ALLOCATIONS	Revenue			Maximum Cash Drawdown incl Capital		
	Confirmed £'000s	Anticipated £'000s	Total £'000s	Confirmed £'000s	Anticipated £'000s	Total £'000s
Programme Allocation	731,463		731,463	736,905		736,905
Changes since last month:						
GPIT	1,503		1,503			
GPIT transition funding	100		100			
Month 3 Programme Costs Resource Limit	733,066	0	733,066	736,905	0	736,905
Running Costs Allocation	12,627		12,627			
Changes since last month:						
Nil			0			
Month 3 Running Cost Resource Limit	12,627	0	12,627			
CLOSING LIMITS (B)	745,693	0	745,693	736,905	0	736,905

Memo Table: NHS England Presentation of CCGs financial position

In-year allocation:		
15/16 Core Allocation	734,378	C
Allocation of prior year's surplus for drawdown	3,865	D
Total share of NHSE mandate for 2015/16	738,243	E=C+D
Expenditure:		
Forecast Expenditure (Programme Spend plus Running Costs)	738,243	A
Forecast under/(over)-spend against in year allocation	0	E-A
In-year performance:		
Performance against 15/16 core allocation	-3,865	F=C-A
Made up of:		
Planned use of prior year surpluses (agreed drawdown)	3,865	D
Other in year under/(over)-spend against resource limit	0	G=D+F
Memorandum: cumulative (historic) surplus/(deficit)		
Total share of NHSE mandate for 2015/16	738,243	E
Return of remaining prior year surplus/(deficit) ie 14/15 surplus £11,315 less agreed drawdown £3,865	7,450	H
Total allocation plus historic surplus/deficit (equals closing limits per table above)	745,693	B (or E+H)
Forecast Surplus / (deficit) against total allocation	7,450	I=B-A
Target additional surplus required to meet business rules	0	I-H

NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 June 2015

	Year to Date: June				Forecast Out-turn				Forecast Variance @ Month 2 £'000s
	Budget	Forecast	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
PROGRAMME COSTS									
Revenue Resource Limit	180,585	180,585	0	0%	733,066	733,066	0	0%	0
EXPENDITURE									
Acute Hospital Care									
Planned Care									
Sheffield Teaching Hospitals NHS FT	30,054	28,974	(1,080)	-4%	127,351	125,166	(2,185)	-2%	(2,143)
Sheffield Children's NHS FT	3,086	2,990	(96)	-3%	12,634	12,517	(117)	-1%	(21)
Other NHS Trusts	721	729	8	1%	2,666	2,601	(66)	-2%	0
ISTC & Extended Choice	2,162	2,672	511	24%	4,409	5,236	827	19%	437
Planned Care	36,023	35,366	(657)	-2%	147,060	145,520	(1,540)	-1%	(1,727)
Urgent Care									
Sheffield Teaching Hospitals NHS FT	29,026	30,426	1,400	5%	116,188	120,779	4,591	4%	2,675
Sheffield Children's NHS FT	2,726	2,757	31	1%	11,153	11,273	119	1%	(235)
Other NHS Trusts	1,317	1,361	44	3%	5,661	5,557	(104)	-2%	0
Urgent Care	33,069	34,544	1,475	4%	133,002	137,608	4,606	3%	2,440
Other Acute Care / Ambulance Services									
Sheffield Teaching Hospitals NHS FT	16,888	16,351	(538)	-3%	67,644	67,179	(464)	-1%	(372)
Sheffield Children's NHS FT	580	570	(9)	-2%	2,318	2,489	172	7%	(81)
Other NHS Trusts	384	350	(33)	-9%	1,544	1,516	(28)	-2%	(1)
ISTC & Extended Choice	64	76	12	19%	218	190	(28)	-13%	3
Ambulance Services	5,519	5,526	7	0%	22,055	22,084	29	0%	34
Other Acute Services	859	868	10	1%	3,662	3,666	4	0%	0
Other Acute Care	24,294	23,742	(551)	-2%	97,441	97,125	(316)	0%	(417)
Mental Health & Learning Disabilities									
Sheffield Health and Social Care NHS FT	18,358	18,358	0	0%	73,134	73,134	0	0%	0
Sheffield Children's NHS FT	901	894	(7)	-1%	3,604	3,577	(27)	-1%	68
Local Authority	51	51	0	0%	203	203	(1)	0%	(1)
Other Mental Health Services	522	521	(1)	0%	2,107	2,104	(3)	0%	0
Mental Health & Learning Disabilities	19,832	19,825	(7)	0%	79,048	79,018	(30)	0%	67
Primary & Community Services									
Planned Care									
Sheffield Teaching Hospitals NHS FT	3,788	3,788	0	0%	15,153	15,153	0	0%	0
Sheffield Children's NHS FT	1,142	1,142	0	0%	4,567	4,567	0	0%	0
Locally Commissioned Services	1,197	1,209	12	1%	4,742	4,742	0	0%	0
Local Authority	4,597	4,583	(14)	0%	19,894	19,834	(60)	0%	0
Development Nurses	116	97	(18)	-16%	463	463	0	0%	0
Other Community Services	335	337	3	1%	1,231	1,208	(23)	-2%	(15)
Planned Community Care	11,174	11,156	(18)	0%	46,050	45,967	(83)	0%	(15)
Urgent Care									
Primary Care Access Centre	693	693	(0)	0%	2,790	2,793	3	0%	(3)
111	305	305	0	0%	1,221	1,221	0	0%	0
Out of Hours	935	935	0	0%	3,739	3,739	0	0%	0
Urgent Community Care	1,933	1,933	(0)	0%	7,750	7,752	3	0%	(3)
Intermediate Care & Reablement									
Sheffield Teaching Hospitals NHS FT	10,124	10,124	0	0%	40,495	40,495	0	0%	0
Local Authority	(27)	(27)	0	0%	(108)	(108)	0	0%	0
Community Equipment Pooled Budget	419	434	15	4%	419	434	15	4%	0
Intermediate Care	10,516	10,531	15	0%	40,806	40,821	15	0%	0
Long Term Care and End of Life									
Continuing Care	11,548	11,555	7	0%	45,760	45,909	149	0%	237
Continuing Care Retrospectives	2,569	2,569	(0)	0%	2,569	2,569	0	0%	0
Continuing Healthcare Assessments	510	510	0	0%	2,039	2,039	0	0%	0
Funded Nursing Care	1,614	1,562	(53)	-3%	6,526	6,315	(211)	-3%	(154)
St Lukes Hospice	633	633	0	0%	2,531	2,531	0	0%	0
Sheffield Teaching Hospitals NHS FT	878	828	(50)	-6%	3,511	3,312	(198)	-6%	(160)
Long Term Care	17,751	17,656	(95)	-1%	62,936	62,676	(261)	0%	(77)
GP Prescribing									
Prescribing	23,179	23,789	610	3%	95,207	97,707	2,500	3%	0
Medicines Management Team	289	259	(30)	-10%	1,165	1,163	(2)	0%	0
Prescribing	23,467	24,047	580	2%	96,372	98,870	2,498	3%	0
Other Commissioning	415	331	(84)	-20%	2,128	2,139	11	1%	9
Other Commissioning	415	331	(84)	-20%	2,128	2,139	11	1%	9
Reserves									
Commissioning Reserves	501	0	(501)	-100%	6,549	6,389	(160)	-2%	0
General Contingency Reserve	0	0	0	0%	4,474	0	(4,474)	0%	(160)
1.0% Non Recurrent Reserve	0	0	0	0%	3,001	3,001	0	0%	0
Planned Surplus	1,610	0	(1,610)	-100%	6,450	0	(6,450)	-100%	(6,450)
Reserves	2,111	0	(2,111)	-100%	20,474	9,390	(11,084)	-54%	(6,610)
TOTAL EXPENDITURE - PROGRAMME COSTS	180,585	179,131	(1,454)	-1%	733,066	726,885	(6,181)	-1%	(6,332)
(UNDER)/OVER SPEND - Programme Costs	(0)	(1,454)	(1,454)		0	(6,181)	(6,181)		(6,332)
RUNNING COSTS ALLOWANCE									
Funding net of £1.5m transfer to commissioning budgets	3,173	3,173	0	0%	12,627	12,627	0	0%	0
EXPENDITURE									
Governing Body & Chief Officers	711	724	12	2%	2,840	2,800	(40)	-1%	(16)
Finance & Contracting	511	384	(127)	-25%	2,045	1,934	(110)	-5%	(49)
Operations Management	497	421	(76)	-15%	1,907	1,830	(78)	-4%	(17)
Clinical Quality & Clinical Services	465	421	(44)	-10%	1,860	1,823	(37)	-2%	(36)
Premises and Bought In Services	704	705	0	0%	2,796	2,795	(1)	0%	0
Collaborative	34	34	(0)	-1%	148	145	(3)	-2%	0
Quality Premium Allocation	0	0	0	0%	0	0	0	0%	0
Running Cost Reserve	0	0	0	0%	31	31	0	0%	0
Running Cost Planned Surplus	250	0	(250)	-100%	1,000	0	(1,000)	-100%	(1,000)
TOTAL EXPENDITURE - RUNNING COSTS	3,173	2,687	(486)	-15%	12,627	11,358	(1,269)	-10%	(1,118)
(UNDER)/OVER SPEND - Running Costs	0	(486)	(486)		0	(1,269)	(1,269)		(1,118)
TOTAL (UNDER)/OVER SPEND	(0)	(1,940)	(1,940)		0	(7,450)	(7,450)		(7,450)

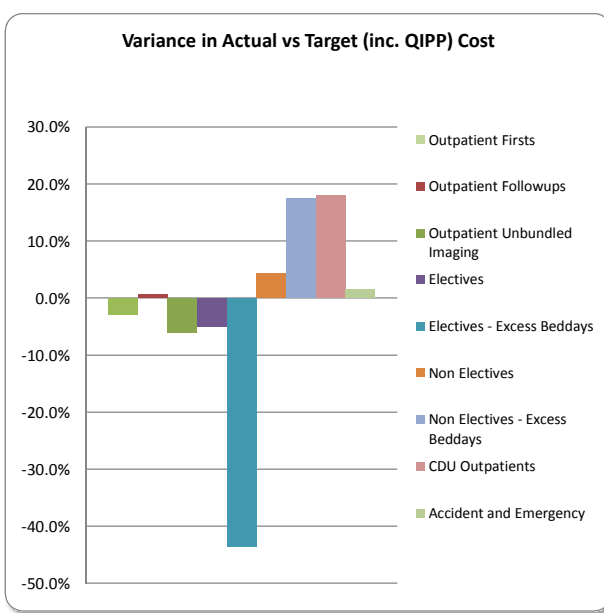
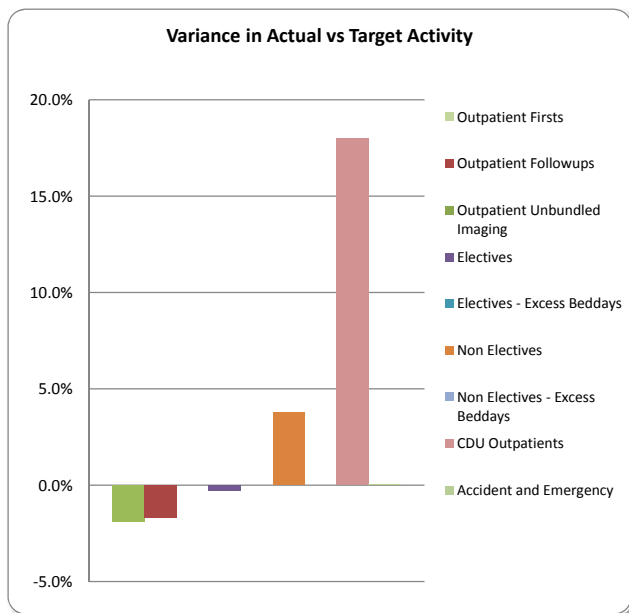
NHS Sheffield Clinical Commissioning Group
Finance Report 2015/16 - Financial Position for Period Ending 30 June 2016

Main Provider Contracts

	Year to Date: June				Year End Forecast Out-turn				
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000	£'000	Over (+)/ Under(-)	%	£'000	£'000	Over (+)/ Under(-)	%	
EXPENDITURE									
Sheffield Teaching Hospitals NHS FT									
Planned Care	30,054	28,974	(1,080)	-3.6%	127,351	125,166	(2,185)	-1.7%	
Urgent Care	29,026	30,426	1,400	4.8%	116,188	120,779	4,591	4.0%	
Community Care	3,788	3,788	0	0.0%	15,153	15,153	0	0.0%	
Other Acute	8,635	8,093	(542)	-6.3%	34,631	34,147	(483)	-1.4%	
High Cost Drugs	4,923	4,923	(0)	0.0%	19,692	19,692	(0)	0.0%	
Maternity Services	3,330	3,335	5	0.1%	13,320	13,339	19	0.1%	
Primary Care - Out of Hours	935	935	0	0.0%	3,739	3,739	0	0.0%	
Intermediate Care & Reablement	10,124	10,124	0	0.0%	40,495	40,495	0	0.0%	
End of Life Care	878	828	(50)	-5.6%	3,511	3,312	(198)	-5.6%	
<i>Sub Total</i>	91,693	91,425	(267)	-0.3%	374,080	375,823	1,743	0.5%	
Sheffield Children's NHS FT									
Planned Care	3,086	2,990	(96)	-3.1%	12,634	12,517	(117)	-0.9%	
Urgent Care	2,726	2,757	31	1.1%	11,153	11,273	119	1.1%	
Community Care	1,053	1,053	0	0.0%	4,214	4,214	0	0.0%	
Mental Health Services	901	894	(7)	-0.8%	3,604	3,577	(27)	-0.8%	
Other Acute	368	369	1	0.3%	1,470	1,683	213	14.5%	
High Cost Drugs	212	202	(10)	-4.9%	848	806	(41)	-4.9%	
Safeguarding	88	88	0	0.0%	353	353	0	0.0%	
<i>Sub Total</i>	8,435	8,354	(81)	-1.0%	34,276	34,423	147	0.4%	
Sheffield Health and Social Care NHS FT									
Mental Health & Learning Disabilities	18,358	18,358	0	0.0%	73,134	73,134	0	0.0%	
Community Equipment Service	419	434	15	3.6%	419	434	15	3.6%	
<i>Sub Total</i>	18,777	18,792	15	0.1%	73,553	73,568	15	0.0%	
	118,905	118,572	(333)	-0.3%	481,909	483,814	1,906	0.4%	

Sheffield CCG Commissioned Activity and Costs - June 2015

Sheffield Teaching Hospitals NHS FT



Point of Delivery	Year to Date Activity Plan	Year to Date Actual Activity	Variance	
			Activity	%
Outpatient Firsts	33,209	32,580	-629	-1.9%
Outpatient Followups	82,845	81,480	-1,365	-1.6%
Outpatient Unbundled Imaging				
Electives	17,310	17,263	-47	-0.3%
Electives - Excess Beddays				
Non Electives	12,839	13,324	485	3.8%
Non Electives - Excess Beddays				
CDU Outpatients	6,675	7,878	1,203	18.0%
Accident and Emergency	35,000	35,013	13	0.0%
Total				

Year to Date Budget	Actual Expenditure	Variance	
		£'000s	%
£'000s	£'000s	£'000s	%
5,153	5,000	-152	-3.0%
7,182	7,228	46	0.6%
1,013	952	-61	-6.0%
16,487	15,670	-817	-5.0%
220	124	-96	-43.6%
23,552	24,566	1,013	4.3%
1,538	1,808	270	17.5%
367	433	66	18.0%
3,531	3,582	51	1.4%
59,043	59,363	320	0.5%

Finance Report 2015/16 - Financial Position for Period Ending 30 June 201:

Section 75 - Better Care Fund

Theme	Year to Date: June				Year End Forecast Out-turn				Forecast Variance @ Month 2 £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
Citywide Position									
Keeping People Well in their local community	2,229	2,143	(86)	-3.9%	8,851	8,821	(30)	-0.3%	(176)
Active Support & Recovery	12,585	13,008	423	3.4%	50,327	51,682	1,355	2.7%	1,438
Independent Living Solutions	892	862	(30)	-3.4%	3,757	3,809	52	1.4%	40
Long Term High Support	38,687	39,040	353	0.9%	154,613	157,325	2,712	1.8%	3,081
Emergency Medical Admissions - STH	13,413	14,165	752	5.6%	53,713	56,694	2,981	5.5%	1,270
Capital Grants	0	0	0		3,456	3,456	0	0.0%	0
TOTAL EXPENDITURE	67,806	69,218	1,412	2.1%	274,717	281,787	7,070	2.6%	5,653
NHS Sheffield CCG									
Keeping People Well in their local community	492	492	0	0.0%	1,968	1,908	(60)	-3.0%	(60)
Active Support & Recovery	10,710	10,710	0	0.0%	42,840	42,840	0	0.0%	0
Independent Living Solutions	419	434	15	3.6%	1,925	1,925	0	0.0%	0
Long Term High Support	16,660	16,543	(117)	-0.7%	66,640	66,174	(466)	-0.7%	(272)
Emergency Medical Admissions - STH	13,413	14,165	752	5.6%	53,713	56,694	2,981	5.5%	1,270
Capital Grants	0	0	0		0	0	0		0
CCG Total	41,694	42,344	650	1.6%	167,086	169,541	2,455	1.5%	938
Sheffield City Council (SCC)									
Keeping People Well in their local community	1,737	1,651	(86)	-5.0%	6,883	6,913	30	0.4%	(116)
Active Support & Recovery	1,875	2,298	423	22.6%	7,487	8,842	1,355	18.1%	1,438
Independent Living Solutions	473	428	(45)	-9.5%	1,832	1,884	52	2.8%	40
Long Term High Support	22,027	22,497	470	2.1%	87,973	91,151	3,178	3.6%	3,353
Emergency Medical Admissions - STH	0	0	0		0	0	0		0
Capital Grants	0	0	0		3,456	3,456	0	0.0%	0
SCC Total	26,112	26,874	762	2.9%	107,631	112,246	4,615	4.3%	4,715

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

Keeping People 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
Long Term High Support	Includes CHC& FNC, Learning Disabilities, Adult Social Care
Emergency Medical Admissions - STH	Includes Adult Inpatient Medical Emergency Admissions (excluding gastroenterology)