

Month 6 Finance Report

Governing Body meeting

1 November 2018

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Purpose of Paper	
This report provides information on the financial position at Month 6 (September 2018), together with an assessment of the risks and existing mitigations available to deliver the CCG's control total of in year break even (which also equates to a cumulative year end surplus of £18m).	
Key Issues	
We are reporting an overall year-to-date (YTD) surplus of £9m, which is in line with our planned YTD surplus. However, there remain a number of financial pressures, challenges and risks to delivery of the financial plan in line with that reported at Month 5. Whilst we are still forecasting delivery of our planned surplus, we need to maintain tight financial control and focus, particularly on the delivery of our QIPP schemes, in order to deliver this position.	
Is your report for Approval / Consideration / Noting	
Consideration of the risks and mitigations to deliver the planned position.	
Recommendations / Action Required by Governing Body	
Governing Body is asked to Consider the risks and mitigations to deliver the planned position	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i> 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.	
Are there any Resource Implications (including Financial, Staffing etc)?	
Not specifically	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not
Not applicable

Have you involved patients, carers and the public in the preparation of the report?

Not applicable

Finance Report at Month 6 Governing Body Update

1. Executive Summary

Key Duties	Year to date	Forecast	Key Issues
Deliver £18.0m Surplus (CCG's Control Total) against Commissioning Revenue Resource Limit (RRL) + RCA combined	(£9.0m) Under Spend	(£18.0m) Under Spend	The surplus brought forward from 2017/18 was £18.0m. For 2018/19, the CCG has been set an in-year breakeven control total by NHS England, i.e. we are required to maintain our brought forward cumulative surplus. We are forecasting achievement of this surplus but there remain a range of pressures and risks to be managed throughout the year.
a) Achieve a surplus against the Programme Allocation	(£7.9m) Under Spend	(£16.9m) Under Spend	At this stage of the financial year, there remain a number of risks and challenges that need to be managed (see sections 2 and 3). In particular, there are significant risks associated with full delivery of the QIPP plan of £18.5m and the level of acute hospital activity. Hence a RAG rating of amber indicating the need for additional actions which are being progressed.
b) Remain within Running Cost Allowance (RCA) of £12.66m.	(£1.1m) Under Spend	(£1.1m) Under Spend	At the plan stage, we agreed £0.3m of our surplus should come from the RCA. Subsequently an additional £100k was identified from non pay budgets. As at month 6, further savings are forecast, mainly relating to slippage on recruitment to vacant posts.
Remain within Cash Limit (i.e. Maximum draw down set by NHS England)	£0.5m closing balance	Breakeven	The CCG's maximum draw down for 2018/19 notified in September was £863.2m. To remain within this limit, which requires the revenue position to be brought in on plan, cash payments will need to be managed to meet this target.

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. Summary of the reported position

The overall position is summarised in table 1 below.

Table 1: Summary Position at 30 September 2018	Annual Budget £'000s	Year to Date Variance £'000s	Forecast Variance £'000s	Forecast Variance %
Acute Hospital Care	409,171	3,330	8,309	2.0%
Mental Health & Learning Disabilities	88,338	(238)	(420)	-0.5%
Prescribing	95,800	(1,221)	(1,864)	-1.9%
Community Services including CHC	154,285	67	(353)	-0.0%
Primary Care	92,540	(408)	(193)	-0.2%
Collaborative Working	3,479	857	(49)	-1.4%
Reserves including planned surplus	26,237	(10,332)	(22,359)	
Programme Costs	868,851	(7,944)	(16,928)	-1.9%
Running Costs	12,778	(1,029)	(1,075)	-8.4%
Year to date and Year end Surplus	882,629	(8,973)	(18,004)	-2.0%

Figures are subject to rounding

We are reporting an overall year-to-date (YTD) surplus of £9.0m, which is in line with our planned YTD surplus. However, this is only after the release of £1.5m from the £4.3m general contingency reserve. The reported forecast is that the CCG will meet the planned cumulative surplus of £18m by achieving our required in year breakeven plan. This is after utilising all of the contingency reserve, meaning that there is very limited flexibility to manage a number of key risks and issues over the remainder of the financial year.

Further detail of spend in different areas can be found at Appendix A (at summary level) and a more detailed position by programme category is then provided in Appendix B. Appendix C provides a summary of the financial position for our main contracts with Sheffield providers (STHFT, SCFT and SHSCT), with further detail in Appendix D on the activity and spend for STHFT. Appendix E summarises the overall position for budgets within the scope of the BCF arrangement with Sheffield City Council.

Overall Risk Assessment

It is important to note that the reported position only incorporates £2.9m slippage on the £18.5m QIPP plan and makes no allowance for unusual winter pressures. The risk of further slippage on the QIPP plan and potential impact of winter have therefore to be taken into account in our overall risk assessment. (QIPP is the subject of a separate report.)

The range of uncertainty on expenditure or risk to delivery of the reported position is broadly in line with that previously reported at month 5 and is currently assessed at £12m from a downside risk of c£6m (0.7%) to an upside position of c£6m (0.7%) from the reported position. Our most likely scenario suggests that we have just enough mitigations and contingencies to still report delivery of the forecast and hence to report to NHS England that we have no “uncovered risk”. There are a few specific issue risks which are contributing around £3m to the range where resolution may take some time due to the nature of the issues and then there are the usual budget areas such as prescribing, CHC and hospital urgent care where spend can vary significantly month on month and it is

difficult to extrapolate with any certainty how activity and costs will change over the winter months.

Given this range of risk, it is imperative that we continue to seek further mitigating actions such as additional QIPP schemes and securing additional income as well as maintaining our usual rigorous approach to financial management. As part of this, the joint working particularly with our key Sheffield health and social care system partners is critical. Our work on aligning incentives and risk sharing across many areas needs to continue to progress over this winter. Section 3 includes a further discussion on key specific issues.

Risk Assessment within context of Sheffield ACP and SY&BL ICS Financial Position

The overall risk assessment above is based on the CCG's own organisational risks. This takes into account our view on the level of funding which will flow under our existing commissioning and contractual arrangements to our key partners (i.e. our 3 Sheffield Foundation Trusts and also Sheffield City Council and Primary Care Sheffield Ltd.) At month 5 the Sheffield NHS partner organisations with the Sheffield ACP agreed to share our respective assessment of year end forecast spend and income as part of a wider exercise across the ICS. This exercise showed that whilst not unexpectedly we have some different assumptions depending on how we profile certain expenditure and our views on deliverability of QIPP or CQUIN, overall we had very similar and aligned expectations (at less than £0.6m variance across all trusts for the CCG.) This is important as part of the system understanding our overall risk. As part of the exercise we also considered our range of risks to delivery of our respective plans and as might be expected each organisation has a range of risks to manage and we will continue to discuss as part of the monthly Sheffield ACP finance and payment reform work stream meetings attended by all the partner directors of finance. The Sheffield ACP Programme Board at its meeting in public session on 31 October 2018 will receive a summary of the financial position across the ACP partners.

The SY&BL ICS Director of Finance produces a monthly report summarising the financial position for all NHS organisations within the ICS. These are the positions as reported to our respective national regulators NHS England and NHS Improvement. This report at Month 5 was presented to the ICS Executive Steering Group so that all partner members are appraised of the collective position against the single financial control total for 2018/19. As at month 5 all organisations are forecasting to deliver against their plans, but with a range of scale of risk to delivery including a number of organisations, like our CCG, reporting slippage against efficiency programmes. As previously discussed, for 2018/19 it basically remains the responsibility of each statutory organisation to deliver against its own control total. The main consequence is that £5.7m of Provider Sustainability Funding (PSF) is at risk of not being received by the trusts in the ICS if collectively we fail against the control total and so we may reach a point during quarter 4 if some organisations are reporting slippage that other organisations may be incentivised to increase their surpluses.

3 Further Information on Key Budgets and related risks

Acute Hospital Activity:

Sheffield Teaching Hospitals (STH) is by far the most significant contract in value terms as it is planned to account for £400m (including the MSK and Walk in Centre contracts).

At month 6, we are reporting a £3.6m (1.8%) overspend for the contract overall (compared to an overspend at month 5 of £2.9m). It is important to note that the phasing of QIPP savings means that £3.5m of the £10.2m attributed to the STH contract is phased into the first 6 months and the reported under delivery of QIPP (£1.2m) is within this overall year to date overspend.

The proportion of activity which remains un-coded remains high with approximately 6% of July, 18% of August and 60% of September activity having no coding. Estimates are made about the cost of this activity; this is currently around £12.5m but obviously incorporates a range of assumptions. This is actually a slight worsening on last month but we expect Quarter 2 to be fully coded by next months' reporting, in time for the contract freeze date.

The reported outpatient queue position continues to appear high. STHFT are continuing to review and understand any data issues which may be affecting the position. The inpatient queue is similar to last month, at 1.1% below March levels.

The year-end forecast has increased by £0.3m to an over-spend of £8.1m; this is as a result of additional QIPP under delivery.

Month 6 data from **Sheffield Children's (SCH)** was in line with the previous month's forecast. There has been a small increase in the forecast underspend to £511k, which is mainly as a result of Urgent care activity levels being under planned level. The forecast position includes an expectation that activity levels will increase over the winter.

Mental Health: The collaborative working between the CCG, Sheffield City Council and Sheffield Health and Social Care NHS FT (SHSC) continues to strengthen with numerous work streams with the aim to transform mental health services across the city. As part of the Memorandum of Agreement which was agreed by the Governing Body there is a benefit and risk share agreement between the three organisations. Mental Health spend with SHSC, contracts external to Sheffield, Continuing care and voluntary sector grants are all included in the agreement.

The three organisations had a combined challenging savings target of £7.1m for 2018/19 incorporating the relevant elements of SHSC's internal Cost Improvement Programme (CIP) which is required as part of national tariff funding arrangements. It is important to note not all the savings are from mental health services but include where we can then appropriately reduce use of other eg acute hospital services. Based on Month 6 forecasts the total savings likely to be achieved and shared within the agreement is £4.2m with the three organisations sharing and factoring in the shortfall in savings into their relevant position.

In terms of the SHSC contract position we have shown a year end underspend of £475k for the first time as we now have an agreed view on the level of slippage in the investment in the new Psychiatric Decision Unit service as part of these joint arrangements. This has materialised due to delays in building work commencement and so the service is now anticipated to commence in January 2019.

The national Mental Health Investment Guarantee requires that all CCGs increase their spend on Mental Health (not including Learning Disability and Autism services) in percentage terms by at least the amount their overall allocation increase. For 2018/19, the CCG's plan was to increase Mental Health spend by 6.4% due to the large investment agreed into Mental Health services this year for IAPT, Mental Health Liaison in STH,

Psychiatric Decision Unit (PDU) and Early Intervention in Psychosis. This compares to a 2.5% increase in the resource limit. At month 6, although the PDU investment has slipped, the CCG forecast position is that Mental Health spend will have increased by just under 7% (£6.7m) by year end. This is above the plan due to the under delivery of QIPP on certain other Mental Health services.

Other Acute: NHS contracts external to Sheffield continue to overspend, this has increased to a forecast of over £0.5m. Further work is being done within the finance team to understand the trends of spend at the different trusts to see how many is annual variations and how much could be growth. Independent sector contracts continue to underspend by around £0.2m due to lower activity than planned. Non Contract Activity forecast position has remained the same as it is anticipated there has been a greater level of delay in invoices being received from providers.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Adult CHC has a small year to date underspend of £37k with an expected underspend of £74k by year end. There has been a £175k increase to the forecast spend due to increased number of new patients and QIPP under delivery within the Mental Health schemes. FNC continues to be underspent due to reduced patient numbers in receipt of FNC. The forecast assumes numbers will increase back to planned levels over the winter to give a forecast underspend of £301k. Children's continuing care is expected to have a small year end underspend based on the current numbers of packages and historical levels of new patients.

Primary Care: A detailed report on Primary Care spend will be presented to the Primary Care Commissioning Committee Meeting on 8th November. At month 6 there is a year to date underspend of £408k primarily in relation to core contract services but there is expected to be increased spend in the second half of the year resulting in an overall forecast underspend of £193k at year end. This assumes that we have correctly calculated the impact of the pay settlement across all our practices, which was a £615k pressure confirmed last month. It also assumes that we will need to deploy all of the £370k general contingency reserves for areas of spend which can be volatile such as premises reimbursements. If not all the reserve is required we may release the balance as part of managing the CCG's overall financial position.

Prescribing: At the time of writing this report not all the detailed Prescribing data for August had been received. This is due to a system change by the Business Services Authority and hence unfortunately CCGs will always now receive information later in the month. The headline spend figure was as expected therefore the forecast has remained static. Once the more detailed information can be used to assess volumes and average price a new forecast will be calculated and a verbal update will be provided to members at the meeting if there are any material issues to report.

As stated in last month's report, it was expected that the price of Category M drugs will increase in August and September, equivalent to an average of 17p per item. The prices for these drugs have not been determined yet for October to March. The forecasting assumption is that the costs will be at a higher rate from October and growth in items is in between actual low growth in the first few months of 2018 and the growth seen over a 3 year average. By using this intelligence the reported year end forecast is an underspend against budget of £1.8m. It should be noted that expenditure against this budget line has the potential to change significantly. A change by 10p on the average price has an impact of over £1m for a full year. Our overall financial risk assessment builds in a range of potential risk and benefit.

Collaborative Working: For 2018/19 a separate section has been included on Appendix A, to report spend on our collaborative working with partners, particularly as Sheffield CCG is the host organisation for both the SY&BL Integrated Care System (ICS) (incorporating the previous commissioner working together arrangements) and the Sheffield Accountable Care Partnership (ACP). This captures at summary level the expenditure against allocations from NHS England, which the CCG receives on behalf of the ICS and the contributions from Sheffield CCG. The CCG will collect income from all partner organisations to contribute to ICS and ACP costs and this income will be offset against relevant expenditure.

The net position is reported on Appendix A. The year to date position shows £857k overspend and relates mainly to ICS as the budget does not yet include the main transformation funding, which is yet to be received. Forecast outturn position shows breakeven at this point in the financial year for ICS, there is a small underspend within the Accountable Care System and Better Care Fund due to vacancies.

Section 75 Framework Partnership Agreement (Better Care Fund): Appendix E shows the citywide position in relation to the Better Care Fund. The year to date position shows an overspend of £1.7m in relation to CCG budgets, and an overspend of £8.95m in relation to council budgets, mainly in relation to Ongoing Care (Adult social care purchasing).

The overall forecast is an overspend of £9.3m; £3.1m which has been driven by CCG spend relating to Emergency Medical Admissions at Sheffield Teaching Hospitals. Sheffield City Council are reporting that even though the Ongoing Care and Mental Health overspend will reduce in proportion, in other areas they expect that some slippage currently reported will be utilised later in the financial year and/or there are additional activity pressures that will materialise. As a result, a forecast overspend of £6.2m is reported, the overspend in Ongoing Care (£8.3m) and Mental Health (£0.7m) are partially offset by slippage of £2.7m on capital grants, leaving a net overspend of £6.2m.

Running Costs: The forecast spend against the £12.8m running cost allocation is summarised in the table below. At planning stage Governing Body approved an underspend of £0.3m towards delivery of the overall surplus. Subsequently an additional QIPP target was identified which increased this figure to £0.4m. At month 6, the forecast saving has increased further to a total of £1.0m due to slippage in relation to recruitment to vacant posts.

Category	Annual Budget £'000s	YTD Variance £'000s	Forecast Variance £'000s
Pay	9,414	(209)	13
Non Pay	3,969	(323)	145
Income	(1,324)	(320)	(724)
Running Costs Reserve	319	0	(110)
Running Costs Planned Surplus	400	(167)	(400)
Running Cost Budget	12,778	(1,051)	(1,075)

Additional Income: Under the Financial Management principles previously 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. Appendix F details the current funding the CCG has been able to secure.

4. Delivery of Cash Position

The CCG was notified of a maximum cash drawdown limit of £863.2m at month 6. The total cash used to the end of September was £392.2m against a requested cash drawdown of £384.3m, other income of £8.2m and a brought forward balance of £181k. The cash balance at bank at the end of the month was £0.5m. A minimal cash balance at bank is planned for the year end.

5. Better Payment Practice Code

The Better Payment Practice Code requires the clinical commissioning group to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. A summary of the position for the 12 month period to the end of September is reported in the table below:

Measure of compliance	12 months to Sep-18 Number	12 months to Sep-18 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the year	16,232	191,851
Total Non-NHS Trade Invoices paid within target	16,007	191,178
Percentage of Non-NHS Trade invoices paid within target	98.61%	99.65%
NHS Payables		
Total NHS Trade invoices paid in the year	4,132	597,196
Total NHS Trade invoices paid within target	4,098	596,527
Percentage of NHS Trade invoices paid within target	99.18%	99.89%

6. Financial Control, Planning and Governance Self-Assessment

NHS England has required that all CCGs complete a Financial Control, Planning and Governance Self-Assessment on a quarterly basis. The purpose of the template is to provide 'early warning signs' of CCGs in financial distress and to provide assurance that there are adequately-designed and effective financial controls and governance processes in place to manage risk. The self-assessment is required to be signed off by the Accountable Officer or Audit Chair before submission. The outcome of the assessment will be used as an indicator of risk to the local office, among the other metrics the local office uses, as part of the CCG assurance process.

The initial Q1 submission was made to NHS England on 29th June. A report on this assessment was considered by the Audit and Integrated Governance Committee at its September meeting. A Q2 assessment was submitted to NHS England on 10th October. This showed that whilst the CCG was compliant in relation to the majority of indicators, further work was required in the following areas:

- Cash management – we have relied on supplementary cash drawdowns on 2 occasions in the last year, meaning that we did not request sufficient cash for our payments in those months. This will generally be due to the timing of additional

large payments where we have adhoc expenditure or following contract reconciliations. This flags the CCG as being only partially compliant with this indicator. The finance team are reviewing the cash forecasting arrangements to avoid the use of supplementary cash drawdowns where possible.

- Financial assessment of risks on the CCG risk register – the indicator requires that the finance risk register is fully triangulated with the corporate risk register. Further work is required to ensure that the CCG is in a position to do this in the future
- QIPP delivery plan – this indicator asks whether the all QIPP schemes have associated, risk assessed business cases with key milestones identified for delivery? Given the recent agreement of additional QIPP schemes, further work is required to ensure that all schemes have detailed delivery plans.

7. Key Budget Movements

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

In addition, in line with the section 75 agreement with Sheffield City Council (SCC), any proposed changes to Better Care Fund budgets in excess of £1m are required to be approved by the Governing Body (as well as by SCC). There have been no proposed changes over £1m in month 5 and 6.

8. Recommendations

Governing Body is asked to consider the risks and mitigations to deliver the planned position

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

On behalf of: Julia Newton, Director of Finance

October 2018

NHS Sheffield Clinical Commissioning Group
Finance Report 2018/19 - Financial Position for Period Ending 30 September 2018

	Year to Date: September				Year End Forecast Out-turn				Forecast Variance @ Month 5 £'000s	
	Budget	Expenditure	Variance		Budget	Forecast	Variance			Change from prev month*
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%		
PROGRAMME COSTS										
Revenue Resource Limit	431,820	431,820	0	0.0%	869,851	869,851	0	0.0%	→	0
EXPENDITURE										
Acute Hospital Care										
Elective	77,392	78,119	727	0.9%	153,534	155,722	2,188	1.4%	↓	2,377
Urgent care	78,300	79,764	1,464	1.9%	154,638	158,581	3,943	2.5%	↑	3,552
Other Acute Care / Ambulance Services	50,522	51,661	1,139	2.3%	101,000	103,178	2,178	2.2%	↑	1,868
	206,215	209,545	3,330	1.6%	409,171	417,480	8,309	2.0%	↑	7,797
Mental Health & Learning Disabilities										
Mental Health & Learning Disabilities	44,172	43,934	(238)	-0.5%	88,338	87,918	(420)	-0.5%	↓	(14)
Community Services										
Elective Community Care	19,625	19,624	(1)	0.0%	36,615	36,540	(75)	-0.2%	→	(75)
Urgent Community Care	1,375	1,375	0	0.0%	5,227	5,227	0	0.0%	→	0
Intermediate Care & Reablement	22,854	23,313	460	2.0%	45,646	46,131	485	1.1%	↑	478
Long Term Care and End of Life	31,658	31,233	(425)	-1.3%	63,601	62,820	(781)	-1.2%	↓	(879)
Prescribing	47,609	46,388	(1,221)	-2.6%	95,800	93,937	(1,864)	-1.9%	↓	(1,857)
Other Commissioning	1,601	1,635	34	2.1%	3,197	3,215	18	0.6%	↓	33
	124,722	123,568	(1,154)	-0.9%	250,085	247,869	(2,217)	-0.9%	↑	(2,301)
Primary Care										
Primary Care Co-commissioning	35,969	35,640	(329)	-0.9%	72,082	72,028	(54)	-0.1%	↓	0
Locally Commissioned Primary Care Services	8,712	8,633	(79)	-0.9%	20,458	20,319	(139)	-0.7%	↓	(4)
	44,681	44,273	(408)	-0.9%	92,540	92,347	(193)	-0.2%	↓	(4)
Collaborative Working										
Collaborative Working	1,698	2,555	857	50.5%	3,479	3,430	(49)	-1.4%	→	(49)
	1,698	2,555	857	50.5%	3,479	3,430	(49)	-1.4%	→	(49)
Reserves										
Reserves	10,332	0	(10,332)	-100.0%	26,237	3,878	(22,359)	-85.2%	↑	(22,520)
TOTAL EXPENDITURE - PROGRAMME COSTS	431,820	423,876	(7,944)	-1.8%	869,851	852,922	(16,928)	-1.9%	↑	(17,091)
(UNDER)/OVER SPEND - Programme Costs	0	(7,944)	(7,944)		(0)	(16,929)	(16,928)		↑	(17,091)
RUNNING COSTS ALLOWANCE										
Running Cost Funding	6,207	6,207	0	0.0%	12,778	12,778	0	0.0%	→	0
Total Running Cost Expenditure	6,207	5,155	(1,051)	-16.9%	12,778	11,703	(1,075)	-8.4%	↓	(913)
(UNDER)/OVER SPEND - Running Costs	0	(1,051)	(1,051)		0	(1,075)	(1,075)		↓	(913)
TOTAL										
Revenue Resource Limit	438,027	438,027	0	0.0%	882,629	882,629	0	0.0%	→	0
Expenditure	438,027	429,031	(8,996)	-2.1%	882,629	864,625	(18,004)	-2.0%	→	(18,004)
TOTAL (A)	0	(8,996)	(8,996)		(0)	(18,004)	(18,004)		→	(18,004)

* ↑ = deterioration, ↓ = improvement, → = no change.

Appendix A (cont)

RESOURCE LIMIT ALLOCATIONS	Revenue			Maximum Cash Drawdown incl Capital £'000s
	Recurrent	Non Rec	Total	
	£'000s	£'000s	£'000s	
Programme Costs - CCG				863,202
18/19 Opening CCG Recurrent Allocation	761,852		761,852	
2018-19 Additional Cash Uplift announced January 2018	5,867		5,867	
18/19 Opening Position - Primary Care Co Commissioning - Delegated	77,727		77,727	
18/19 Opening Position - Recurrent Change - Primary Care Access	3,496		3,496	
18/19 Opening Position Allocation adjustments b/f from 17/18	(2,945)		(2,945)	
2017/18 Brought Forward Surplus/Deficit		18,004	18,004	
SCH AMBER services	718		718	
18/19 Paramedic Allocations		147	147	
Health and Social Care Network		169	169	
Latent TB Qtrs 1 & 2 allocations		45	45	
Diabetes Transformation Fund		424	424	
2018-19 CYP IAPT Trainee staff salary support funding		18	18	
Learning Disabilities mortality reviews		34	34	
Adjustment for IR Changes, made recurrent M5	6		6	
Agenda for Change pay award uplift - Programme	60		60	
CYP Looked After Children Personalised Care		90	90	
Personalisation Level 2 demonstrator funding 2018/19		50	50	
GP WIFI maintenance year 2		46	46	
Patient Activation Mentor sites 2018/19		4	4	
National Diabetes Prevention Programme Q1 & 2		11	11	
Programme Costs - ICS				
Core Funding for South Yorkshire Cancer Alliance		275	275	
National Support Funding for South Yorkshire Cancer Alliance		372	372	
ED Revenue Funding for South Yorkshire Cancer Alliance		1,214	1,214	
Infrastructure funding for STPs		282	282	
Suicide Prevention - June/Sept allocation		417	417	
Perinatal Comm Services Development Fund 1st alloc		440	440	
Maternity Transformation Funding		762	762	
Medinces Optimisation in Care Homes Q1 - 3		266	266	
Month 6 Programme Costs Resource Limit	846,781	23,070	869,851	863,202
Running Costs				
Initial Running Costs allocation	12,612		12,612	
Market rents		28	28	
Health and Social Care Network		21	21	
Agenda for Change pay award uplift - Admin	117		117	
Month 6 Running Cost Resource Limit	12,729	49	12,778	
CLOSING LIMITS (B)	859,510	23,119	882,629	863,202

Memo Table: Planned Surplus

	£'000
Historic Surplus b/f	6,134
Plus release of 1% reserve in 2016/17	8,124
Plus release of 0.5% reserve in 2017/18	3,746
Cumulative surplus carried forward from 2017/18	18,004
Planned increase to surplus in 2018/19	0
Total planned surplus for 2018/19	18,004

Memo Table: Forecast In Year Financial Performance

Total Allocation 18/19 from the above table	882,629
Less cumulative surplus carried forward from 2017/18	-18,004
In Year Allocation	864,625

Expenditure:

Forecast Expenditure (Programme Spend plus Running Costs)	863,896
Forecast under/(over)-spend against in year allocation	729

NHS Sheffield Clinical Commissioning Group
Finance Report 2018/19 - Financial Position for Period Ending 30 September 2018

	Year to Date: September				Forecast Out-turn				Forecast Variance @ Month 5 £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
PROGRAMME COSTS									
Revenue Resource Limit	431,820	431,820	0	0%	869,851	869,851	0	0%	0
EXPENDITURE									
Acute Hospital Care									
Planned Care									
Sheffield Teaching Hospitals NHS FT	68,355	69,153	797	1%	135,384	137,683	2,299	2%	2,559
Sheffield Children's NHS FT	6,083	5,949	(134)	-2%	12,166	12,064	(102)	-1%	50
Other NHS Trusts	1,833	1,963	131	7%	3,618	3,803	185	5%	8
ISTC & Extended Choice	1,121	1,054	(66)	-6%	2,365	2,171	(194)	-8%	(239)
Planned Care	77,392	78,119	727	1%	153,534	155,722	2,188	1%	2,377
Urgent Care									
Sheffield Teaching Hospitals NHS FT	69,034	70,825	1,791	3%	136,234	140,566	4,332	3%	4,027
Sheffield Children's NHS FT	5,977	5,677	(300)	-5%	11,954	11,389	(565)	-5%	(651)
Other NHS Trusts	3,289	3,263	(26)	-1%	6,450	6,626	176	3%	176
ISTC & Extended Choice	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0
Urgent Care	78,300	79,764	1,464	2%	154,638	158,581	3,943	3%	3,552
Other Acute Care / Ambulance Services									
Sheffield Teaching Hospitals NHS FT	33,482	34,230	748	2%	66,965	68,490	1,525	2%	1,270
Sheffield Children's NHS FT	1,053	1,088	35	3%	2,105	2,199	94	4%	51
Other NHS Trusts	1,007	1,186	179	18%	1,860	2,032	172	9%	172
ISTC & Extended Choice	23	23	0	0%	54	54	0	0%	0
Ambulance Services	12,264	12,249	(15)	0%	24,588	24,591	3	0%	0
Other Acute Services	2,693	2,885	192	7%	5,428	5,813	384	7%	375
Other Acute Care	50,522	51,661	1,139	2%	101,000	103,178	2,178	2%	1,868
Mental Health & Learning Disabilities									
Sheffield Health and Social Care NHS FT	39,307	39,069	(237)	-1%	78,613	78,138	(475)	-1%	0
Sheffield Children's NHS FT	2,951	2,976	24	1%	5,897	5,945	48	1%	60
Local Authority	619	566	(53)	-9%	1,238	1,132	(106)	-9%	(224)
Other Mental Health Services	1,295	1,323	28	2%	2,590	2,702	112	4%	150
Mental Health & Learning Disabilities	44,172	43,934	(238)	-1%	88,338	87,918	(420)	0%	(14)
Community Services									
Planned Care									
Sheffield Teaching Hospitals NHS FT	7,607	7,641	33	0%	12,663	12,663	0	0%	0
Sheffield Children's NHS FT	2,051	2,058	7	0%	4,102	4,116	14	0%	14
Local Authority	9,377	9,408	31	0%	18,755	18,765	10	0%	7
Development Nurses	221	159	(62)	-28%	443	345	(98)	-22%	(96)
Other Community Services	368	358	(10)	-3%	651	651	0	0%	0
Planned Community Care	19,625	19,624	(1)	0%	36,615	36,540	(75)	0%	(75)
Urgent Care									
111	745	745	0	0%	1,449	1,449	0	0%	0
Out of Hours	630	630	0	0%	3,778	3,778	0	0%	0
Urgent Community Care	1,375	1,375	0	0%	5,227	5,227	0	0%	0
Intermediate Care & Reablement									
Sheffield Teaching Hospitals NHS FT	20,847	21,189	342	2%	41,633	41,883	250	1%	250
Local Authority	909	909	0	0%	1,817	1,817	0	0%	0
Community Equipment	1,098	1,216	118	11%	2,196	2,431	235	11%	228
Intermediate Care	22,854	23,313	460	2%	45,646	46,131	485	1%	478
Long Term Care and End of Life									
Continuing Care	23,734	23,656	(78)	0%	47,468	47,312	(156)	0%	(227)
Continuing Healthcare Assessments	1,307	1,266	(42)	-3%	2,899	2,864	(35)	-1%	(43)
Continuing Care - IFRs	31	20	(11)	-37%	63	48	(15)	-23%	(15)
Funded Nursing Care	3,840	3,690	(150)	-4%	7,680	7,379	(301)	-4%	(265)
St Lukes Hospice	1,180	1,169	(11)	-1%	2,360	2,351	(9)	0%	(9)
Sheffield Teaching Hospitals NHS FT	1,566	1,433	(133)	-8%	3,131	2,865	(266)	-8%	(320)
Long Term Care	31,658	31,233	(425)	-1%	63,601	62,820	(781)	-1%	(879)
GP Prescribing									
Prescribing	46,765	45,565	(1,200)	-3%	94,107	92,263	(1,844)	-2%	(1,844)
Medicines Management Team	844	823	(21)	-3%	1,693	1,674	(19)	-1%	(12)
Prescribing	47,609	46,388	(1,221)	-3%	95,800	93,937	(1,864)	-2%	(1,857)
Other Commissioning	1,601	1,635	34	2%	3,197	3,215	18	1%	33
Other Commissioning	1,601	1,635	34	2%	3,197	3,215	18	1%	33
Primary Care									
Co-Commissioning									
Core Contract	25,166	25,101	(65)	0%	50,332	50,332	0	0%	0
Premises	5,051	4,951	(100)	-2%	10,121	10,037	(84)	-1%	0
QoF	3,683	3,683	0	0%	7,501	7,501	0	0%	0
Enhanced Services	910	749	(161)	-18%	1,776	1,806	30	2%	0
Primary Care Other	1,159	1,157	(3)	0%	2,352	2,352	0	0%	0
Locally Commissioned Primary Care Services	8,712	8,633	(79)	-1%	20,458	20,319	(139)	-1%	(4)
Primary Care	44,681	44,273	(408)	0%	92,540	92,347	(193)	0%	(4)
Collaborative Working									
Accountable Care Partnership	39	(50)	(89)	-229%	78	46	(32)	-41%	(32)
Integrated Care System	1,531	2,476	945	62%	3,143	3,143	0	0%	0
Better Care Fund	85	87	2	2%	172	155	(17)	-10%	(17)
Other Collaborative Working	43	43	0	0%	86	86	0	0%	0
Collaborative Working	1,698	2,555	857	50%	3,479	3,430	(49)	-1%	(49)
Reserves									
Commissioning Reserves	(0)	0	0	-100%	3,798	2,797	(1,001)	-26%	(1,148)
General Contingency Reserve	1,530	0	(1,530)	-100%	4,301	0	(4,301)	-100%	(4,315)
Primary Care	0	0	0	0%	985	985	0	0%	0
Unidentified QIPP	0	0	0	0%	(752)	0	752	0%	752
0.5% Non Recurrent Reserve	0	0	0	0%	301	96	(205)	-68%	(205)
Planned Surplus	8,802	0	(8,802)	-100%	17,604	0	(17,604)	-100%	(17,604)
Reserves	10,332	0	(10,332)	-100%	26,237	3,878	(22,359)	-85%	(22,520)
TOTAL EXPENDITURE - PROGRAMME COSTS	431,820	423,876	(7,944)	-2%	869,851	852,922	(16,928)	-2%	(17,091)
(UNDER)/OVER SPEND - Programme Costs	0	(7,944)	(7,944)		0	(16,929)	(16,928)		(17,091)
RUNNING COSTS ALLOWANCE									
Funding net of £1.5m transfer to commissioning budgets	6,207	6,207	0	0%	12,778	12,778	0	0%	0
EXPENDITURE									
Accountable Officer	1,007	944	(63)	-6%	2,019	1,976	(43)	-2%	(46)
Commissioning & Performance	1,485	1,331	(153)	-10%	2,981	2,898	(83)	-3%	(102)
Finance & Facilities	1,589	1,286	(303)	-19%	3,182	3,084	(99)	-3%	(48)
Nursing, Quality & Workforce	1,415	1,176	(238)	-17%	2,841	2,596	(245)	-9%	(237)
Transformation & Delivery	511	417	(94)	-18%	1,034	940	(94)	-9%	(80)
Running Cost Reserve	0	0	0	0%	319	210	(110)	-34%	(0)
Running Cost Planned surplus	200	0	(200)	-100%	400	0	(400)	-100%	(400)
TOTAL EXPENDITURE - RUNNING COSTS	6,207	5,155	(1,051)	-17%	12,778	11,703	(1,075)	-8%	(913)
(UNDER)/OVER SPEND - Running Costs	0	(1,051)	(1,051)		0	(1,075)	(1,075)		(913)
TOTAL (UNDER)/OVER SPEND	0	(8,996)	(8,996)		0	(18,004)	(18,004)		(18,004)

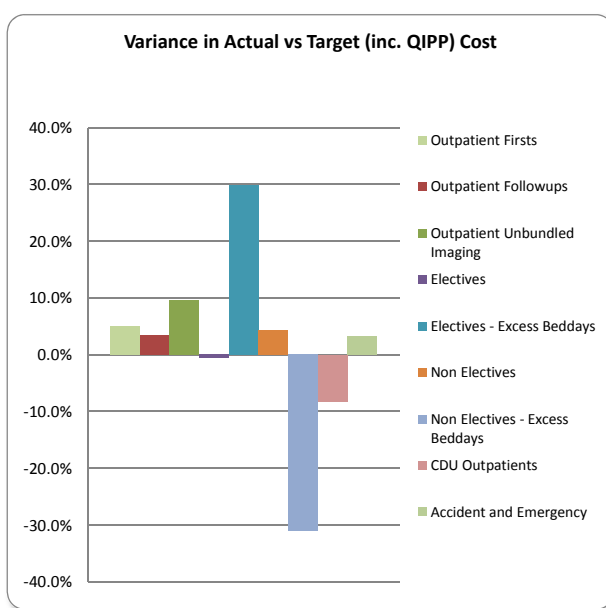
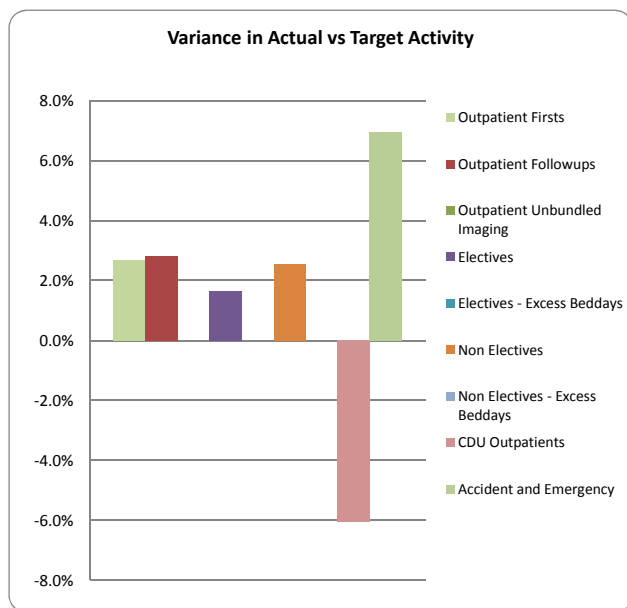
NHS Sheffield Clinical Commissioning Group
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Main Provider Contracts

	Year to Date: September				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	68,355	69,153	797	1.2%	135,384	137,683	2,299	1.7%
Urgent Care	69,034	70,825	1,791	2.6%	136,234	140,566	4,332	3.2%
Community Care	7,607	7,641	33	0.4%	12,663	12,663	0	0.0%
Other Acute	20,204	20,615	411	2.0%	40,408	41,328	920	2.3%
High Cost Drugs	7,685	8,169	484	6.3%	15,371	16,270	899	5.8%
Maternity Services	5,593	5,446	(147)	-2.6%	11,186	10,892	(295)	-2.6%
Primary Care - Out of Hours	630	630	0	0.0%	3,778	3,778	0	0.0%
Intermediate Care & Reablement	20,847	21,189	342	1.6%	41,633	41,883	250	0.6%
End of Life Care	1,566	1,433	(133)	-8.5%	3,131	2,865	(266)	-8.5%
<i>Sub Total</i>	201,522	205,100	3,578	1.8%	399,787	407,927	8,140	2.0%
Sheffield Children's NHS FT								
Planned Care	6,083	5,949	(134)	-2.2%	12,166	12,064	(102)	-0.8%
Urgent Care	5,977	5,677	(300)	-5.0%	11,954	11,389	(565)	-4.7%
Community Care	1,849	1,856	7	0.4%	3,698	3,712	14	0.4%
Mental Health Services	2,951	2,976	24	0.8%	5,897	5,945	48	0.8%
Other Acute	678	710	32	4.7%	1,356	1,412	56	4.2%
High Cost Drugs	375	378	4	1.0%	749	786	37	5.0%
Safeguarding	202	202	0	0.0%	404	404	0	0.0%
<i>Sub Total</i>	18,115	17,746	(369)	-2.0%	36,224	35,713	(511)	-1.4%
Sheffield Health and Social Care NHS FT								
Mental Health & Learning Disabilities	39,307	39,069	(237)	-0.6%	78,613	78,138	(475)	-0.6%
<i>Sub Total</i>	39,307	39,069	(237)	-0.6%	78,613	78,138	(475)	-0.6%
	258,943	261,915	2,972	1.1%	514,625	521,779	7,154	1.4%

Sheffield CCG Commissioned Activity and Costs - September 2018

Sheffield Teaching Hospitals NHS FT



Point of Delivery	Year to Date Activity Plan	Year to Date Actual Activity	Variance	
			Activity	%
Outpatient Firsts	58,685	60,261	1,576	2.7%
Outpatient Followups	141,587	145,572	3,985	2.8%
Outpatient Unbundled Imaging				
Electives	28,932	29,406	474	1.6%
Electives - Excess Beddays				
Non Electives	27,335	28,029	694	2.5%
Non Electives - Excess Beddays				
CDU Outpatients	16,742	15,725	-1,017	-6.1%
Accident and Emergency	65,024	69,549	4,525	7.0%
Total				

Year to Date Budget	Actual Expenditure	Variance	
		£'000s	%
£'000s	£'000s	£'000s	%
10,143	10,654	511	5.0%
11,544	11,931	387	3.4%
1,938	2,125	187	9.7%
23,836	23,495	-341	-0.6%
177	230	53	29.9%
55,822	58,199	2,377	4.3%
2,546	1,757	-789	-31.0%
822	755	-68	-8.2%
8,384	8,654	270	3.2%
115,213	117,801	2,588	2.2%

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 excludes the MSK contract activity

NHS Sheffield Clinical Commissioning Group
Finance Report 2018/19 - Financial Position for Period Ending 30 September 2018
Memorandum: Section 75 - Better Care Fund

Theme	Year to Date: September				Year End Forecast Out-turn				Forecast Variance @ Month 5 £'000s
	Budget	Expenditure	Variance		Budget	Forecast	Variance		
	£'000s	£'000s	£'000s	%	£'000s	£'000s	£'000s	%	
Citywide Position									
People Keeping Well in their local community	4,218	3,830	(388)	-9.2%	8,239	8,081	(158)	-1.9%	(50)
Active Support & Recovery	26,736	26,281	(455)	-1.7%	52,642	52,576	(66)	-0.1%	46
Independent Living Solutions	1,983	2,727	744	37.5%	3,966	4,498	532	13.4%	523
Ongoing Care	70,332	79,565	9,233	13.1%	139,124	147,137	8,013	5.8%	8,137
Emergency Medical Admissions - STH	32,492	33,949	1,457	4.5%	63,699	67,254	3,554	5.6%	3,258
Mental Health	53,463	54,257	794	1.5%	106,925	107,100	175	0.2%	898
Capital Grants	1,785	1,001	(784)	-43.9%	5,678	2,933	(2,745)	-48.3%	(2,644)
TOTAL EXPENDITURE	191,009	201,610	10,602	5.6%	380,274	389,579	9,305	2.4%	10,168
NHS Sheffield CCG									
People Keeping Well in their local community	872	825	(47)	-5.4%	1,778	1,711	(66)	-3.7%	(42)
Active Support & Recovery	21,756	22,098	342	1.6%	43,449	43,699	250	0.6%	250
Independent Living Solutions	1,098	1,216	118	10.7%	2,196	2,431	235	10.7%	228
Ongoing Care	23,412	23,248	(164)	-0.7%	46,824	46,519	(306)	-0.7%	(445)
Emergency Medical Admissions - STH	32,492	33,949	1,457	4.5%	63,699	67,254	3,554	5.6%	3,258
Mental Health	49,736	49,683	(54)	-0.1%	99,473	98,924	(549)	-0.6%	(169)
Capital Grants	0	0	0	0.0%	0	0	0	0.0%	0
CCG Total	129,367	131,018	1,652	1.28%	257,420	260,537	3,118	1.2%	3,080
Sheffield City Council (SCC)									
People Keeping Well in their local community	3,346	3,006	(340)	-10.2%	6,462	6,370	(92)	-1.4%	(8)
Active Support & Recovery	4,980	4,183	(797)	-16.0%	9,193	8,877	(316)	-3.4%	(204)
Independent Living Solutions	885	1,512	627	70.8%	1,770	2,067	297	16.8%	295
Ongoing Care	46,920	56,317	9,397	20.0%	92,299	100,619	8,319	9.0%	8,582
Emergency Medical Admissions - STH	0	0	0	0.0%	0	0	0	0.0%	0
Mental Health	3,726	4,574	848	22.7%	7,452	8,176	724	9.7%	1,067
Capital Grants	1,785	1,001	(784)	-43.9%	5,678	2,933	(2,745)	-48.3%	(2,644)
SCC Total	61,642	70,592	8,950	14.5%	122,854	129,042	6,187	5.0%	7,088

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.

Funding Name	Source	Provider	Description	Recurrent?	Funding £'000
CYP IPC Project	NHS England	Mainly CCG Costs	Integrated Personal Commissioning for Looked After Children and Young People with Mental Health Support Needs Project	Non- Recurrent	113
Diabetes Treatment & Care	NHS England	STH	Structural Education, Multi-Disciplinary Foot Team, Specialist Nursing	Non- Recurrent	848
	NHS England	CCG Internal	Currently determining plan for remainder		
Latent TB Initiative	NHS England	STH/Primary Care	Latent TB services for Sheffield	Non- Recurrent	88
CYPT IAPT Trainee staff support costs	NHS England	SCH	Funds backfill costs to release CAMHS staff to train in IAPT	Non- Recurrent	18
Health Led Employment Trial	Sheffield City Region	CCG	CCG Contract lead on Health Led Employment Trial Procurement	Non- Recurrent	58
Learning Disability Mortality Review Programme	NHS England	TBC	Map LeDeR maturity, capacity and capability across South Yorkshire & Bassetlaw as well as recommend developments and share best practice	Non- Recurrent	34
End of Life care Health Needs Assessment and Equity Audit	MacMillan	Mainly CCG Costs	Project to identify where development work is required to ensure equitable access to services for all Sheffield residents	Non- Recurrent	51
					1,210

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

Health and Social Care Network (HSCN)	NHS England	BT	Pays for rental on network link to each GP site	Non-Recurrent	190
					190