

Financial Plan and Updated Budgets for 2019/20

Governing Body meeting

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2 May 2019

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Purpose of Paper	
<p>Governing Body approved the initial budgets for 2019/20 at its 7 March meeting reflecting the CCG's draft financial plan submitted to NHS England in mid February. The CCG's final financial plan was submitted to NHS England as required on 4 April 2019. It was discussed and reviewed in private session on the same day by Governing Body.</p> <p>The purpose of this paper is to formally record the key changes made to the final financial plan and the impact on initial budgets for 2019/20. It asks Governing Body to approve the updated budgets. They will then be input into the CCG's ledger for financial reporting from Month 2.</p>	
Key Issues	
<p>Since the draft financial plan and initial budgets were approved, the following key events have occurred and needed to be fully reflected in the final plan and revised budgets:</p> <ul style="list-style-type: none"> • Agreement of contracts with all our main providers by national deadline of 21 March • Revision of the overall QIPP target including to be fully backed by agreed projects • Updated information on 2018/19 recurrent out-turn position • Update of allocations noting the significant reduction in the allocation for the primary care delegated budget which was notified at a late stage in the planning process • Update to the primary care budgets as approved by the Primary Care Commissioning Committee at its April meeting <p>The plan submitted to NHS England on 4 April demonstrates delivery of the required in year breakeven position and other financial duties such as starting the year with a 0.5% general contingency, a plan to achieve the Mental Health Investment Standard and a plan to increase spend on community services in line with planning guidance expectations.</p> <p>The plan has maintained investment in the key priority areas identified by Governing Body as part of its commissioning prioritisation for 2019/20, linked to our strategy for increasingly delivering care outside of hospital where this is most appropriate.</p> <p>The plan also includes no unidentified QIPP and no "uncovered risk". However, it is important to emphasize that despite this positive position, there are likely to be significant risks and issues to be managed during the year and as ever strong financial management throughout the year will be critical.</p>	

Is your report for Approval / Consideration / Noting
Approval
Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Endorse the key changes to the financial plan for 2019/20 which Governing Body previously considered in the private session on 4 April 2019, noting the overall financial risk assessment • Approve the updated 2019/20 budgets as set out in Annex A
Governing Body Assurance Framework
<p><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.</p>
Are there any Resource Implications (including Financial, Staffing etc)?
<p>None in respect of the plan submission, but there are significant staff resource implications for the CCG to be able to effectively deliver the service transformation requirements within the Long Term Plan and the QIPP plan.</p>
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i> Not applicable</p>
Have you involved patients, carers and the public in the preparation of the report?
<p>Not applicable</p>

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1. Introduction

Governing Body approved at its meeting in public session on 7 March 2019 the draft financial plan for 2019/20 as submitted to NHS England on 22 February and the related initial budgets to be “uploaded” into the CCG’s general ledger including the key assumptions used. Approval at that point was important as the CCG needs to have a set of budgets confirmed prior to the start of the new financial year.

The main purpose of this paper is to update Governing Body on the key changes made since 7 March 2019 and which have been incorporated into the final plan submission made to NHS England on 4 April 2019. This is particularly important because the draft plan submitted on 22 February included £3m of unidentified QIPP (reduced to £1.3m by 7 March) and £4.2m of uncovered or unmitigated risk which would put the CCG as having a red RAG rated financial plan. On 7 March, we noted that during March we would work to remove unidentified QIPP and to seek actions to manage risk so that we start the year with a balanced plan with mitigating actions sufficient to cover all known risks. I am pleased to report this has been achieved.

2. Key Changes to the Financial Plan

a) Agreement of provider contracts

NHS England set a deadline of 21 March 2019 for agreeing contracts for 2019/20. The contracts were all agreed within the resources approved by Governing Body, taking into account the contracting reserve of £3.5m, budgets for investments previously shown in reserves and some improvement in the 2018/19 financial out-turn position. The final 999 contract with YAS was slightly within the original envelope but we needed to deploy funding from the reserves to each of our 3 local foundation trusts to finalise contracts. In particular we increased our investment at Sheffield Children’s on CAMHs services and at SHSC on certain cost pressures, both of which consolidate our planned delivery against the national Mental Health Investment Standard. The contract agreement with Sheffield Teaching Hospitals (STH) incorporates the CCG’s full £8.1m QIPP plan, including £3m relating to urgent care which is in the scope of the new blended payment arrangement. This was partly achieved by agreeing a joint programme for investment in community services in line with our care out of hospital strategy and by working with STH to agree a mutually reasonable baseline contract value for acute urgent care. This is a significant achievement and is a good testament to the progress we have made in moving to a more integrated, system wide approach in the contract arrangements and joint management of system financial risk.

The final national tariff arrangements were confirmed on 20 March (the day before contract signature was required). These confirmed some late changes which will have

some financial impact for the CCG and the trusts. This confirmation came too late to be included in the contract value, and we continue to work with providers to finalise the impact. To date we have identified potential £0.4m risk re the STH contract which we have included in our overall risk assessment.

b) QIPP

The draft financial plan approved by Governing Body on 7 March included a QIPP target of £15.5m. This represented 1.8% of the CCG budgets. We have been able to reduce the QIPP overall target by c£0.3m by recognising this level of external income related to the Transforming Care programme, giving a revised QIPP target of £15.2m. We have also managed to eliminate all unidentified QIPP. **Table 1** below summarises the revised QIPP plan set against the opening recurrent budgets for 2019/20.

Table 1: Summary of 2019/20 Opening Recurrent Budgets and QIPP

Area of Spend	Opening Budget	Original QIPP Proposals	Revised QIPP Proposals	Revised QIPP as % of Budget
	Note 1 £'000	£'000	£'000	%
STH - Elective Care	98,378	1,894	1,894	1.9%
STH - Urgent Care including A&E	134,025	2,500	2,500	1.9%
STH - Excess Bed Days	3,966	500	500	12.6%
STH - Maternity, Direct Access, Critical Care & other acute	59,663	0	0	0.0%
STH - High Cost drugs (outside of MSK)	16,568	1,145	1,145	6.9%
STH - MSK contract	45,584	1,765	1,765	3.9%
STH - community and intermediate care services	54,473	300	300	0.6%
Other Hospital Providers - Acute Care (mainly elective)	20,788	0	0	0.0%
Children's Services incl. CAMHs, community & CHC	39,004	375	375	1.0%
Ambulance Services	24,718	0	0	0.0%
Acute Mental Health & LD services - mainly SHSC	80,618	320	365	0.5%
Adult Community Services including voluntary sector	5,207	0	0	0.0%
Adult Continuing Care and FNC	55,553	2,203	2,503	4.5%
Transfer to Local Authority incl historic iBCF	23,569	-105	-5	0.0%
Primary Care (co-commissioned and LCS)	89,981	0	0	0.0%
GP Prescribing	92,947	1,798	2,098	2.3%
Commissioning Reserves + 0.5% NR reserve	1,040	0		
In house teams/collaborative working/Other Commissioning	3,933	545	800	20.3%
Running Costs Allowance	12,729	1,000	1,000	7.9%
Unidentified QIPP	0	1,300	0	
TOTAL	862,742	15,540	15,240	0

Note 1: These are the opening budgets prior to any increase for activity and price pressures in 2019/20

c) Other issues

Primary Care Delegated Allocation. On 19 March 2019 NHS England notified CCGs of reductions to previously published allocations. This is to fund the revised indemnity scheme which will now be funded nationally as agreed as part of the national negotiations on the GP contract. In total £238m is required and this has meant that for Sheffield CCG our cash uplift becomes £2.4m (or 3.28%) instead of the £4.8m (or 6.16%) originally notified, a reduction of £2.4m or 2.88%. This is the standard % reduction across all CCGs.

NHS England Primary Care team maintain that if CCGs have had the average uplift (at 3.28% compared to the national average of 3.3% Sheffield is very close) and put aside the headroom reserves which they would expect us to have done (we have been able to in part), then we should be able to fund the new GP contract pressures and also pressures such as national average list size growth. However, they accept that we will all have local variations from the national average eg if our list size increases or our premises development pressures are higher than average. As reported in full to the CCG's Primary Care Commissioning Committee on 18 April 2019, the CCG has estimated that the net pressure is c£0.9m based on information currently available.

With the CCG committed to fully implementing the new GP contract arrangements, absorbing this level of pressure purely from within discretionary primary care budgets is arguably too high. As a result, as part of the Governing Body's responsibility for approving the overall financial plan for 2019/20 a potential way forward was proposed at its meeting in private on 4 April 2019. The table below gives an indication of how the pressure might be managed in year. A critical issue will be whether all of the £0.4m general contingency reserve for primary care can be used for this purpose as clearly this is a sensible first source of funding. Otherwise the actions will require slipping or reducing planned new investment. This approach is by no means ideal and can be kept under review as the year progresses and if for example activity pressures are lower or additional QIPP identified.

How will we fund the estimated c£0.9m pressure?	£'000
In year use of General Contingency within Primary Care Delegated Budgets	400
Slip/do not commit say £250k of CCG funded primary care developments eg GP IT enhancements	250
Transfer funding from CCG programme investment reserve currently earmarked for prevention	250
	900

Mental Health Investment Standard (MHIS): As previously reported, CCGs are required to increase their spend on Mental Health by at least their overall programme allocation growth plus an additional 0.7% increment and so 6% for Sheffield. During the contract negotiations we increased our planned investment at Sheffield Health & Social Care slightly and agreed an additional £420k for CAMHs services as part of the Children's contract discussions. The revised position against the MHIS is summarised in **Table 3** below, which also takes into account the updated 2018/19 baseline position. The CCG continues to demonstrate delivery of the MHIS for 2019/20.

Table 3: Mental Health Investment Standard: 2019/20 Delivery			
	£'000	£'000	% Increase against baseline
18/19 Outturn		140,964	
Price Inflation:			
Net Tariff Inflation funded at 2.7%	3,474		
CHC Inflation at average of 3%	1,204		
		4,677	3.3%
Activity:			
SHSC, SCH & CHC		1,065	0.8%
QIPP:			
CHC	- 972		
LD Inpatient Packages	- 321		
STH & Presc	- 386		
SCC	358		
		- 1,321	-0.9%
Confirmed Investments:			
CYP Future in Mind	616		
CAMHS	420		
Perinatal	451		
Autism	329		
SHSC - Decision Unit	327		
SHSC - Waiting List Reduction	100		
Voluntary Sector Investment	173		
		2,416	1.7%
Investments TBC:			
CYP - Home Intensive Treatment	374		
SMI Health Checks (note 1)	400		
Contribution to Social Care (note 2)	1,000		
		1,774	1.3%
19/20 Plan		149,576	6.1%
Increase		8,612	
Note 1: Estimated budget requirement. Provider(s) to be determined.			
Note 2: Spend on social care for clients with MH as part of overall investment in social care			

Other changes. There are a number of other small changes to the initial budgets approved in March including to the opening baseline position where M11 information has indicated changes in the underlying spend. We have actioned these so they have a net £nil impact on the overall position.

3. Summary of Financial Plan

A high level summary of the overall final position per the plan submitted to NHS England can be found in **Table 2** below. It shows that 48% of planned spend is for acute hospital services and 38% for out of hospital care, with 10% on mental health/learning disabilities which is a mix of hospital and community based care.

Table 2: Over view of 2019/20 Financial Plan			
	£'m	£'m	%
Acute Hospital Care			
Urgent including A&E	157.3		18%
Elective	170.6		19%
Other eg Maternity & high cost drugs	67.5		8%
Childrens Acute services	28.8		3%
		424.2	48%
Ambulance services		26.5	3%
Mental Health & Learning Disability services		91.7	10%
Care Outside of Hospital			
Continuing Care	54.3		6%
Social Care	19.3		2%
Community & intermediate care services	72.2		8%
Primary care services	95.1		11%
GP prescribing	91.7		10%
Other eg inhouse Meds Mgt and CHC teams	8.5		1%
		341.1	38%
Reserves		8.1	1%
TOTAL		891.6	100%

In summary, we have been able to maintain the investment funding approved by Governing Body on 7 March focussing in on primary care, community care (including social care) and mental health services. We have submitted a plan which commissions the activity which we and our main providers believe is reasonable based on underlying trends and to enable the delivery of the RTT targets for elective care. This does assume that we will deliver the updated £15.2m QIPP plan including where this will reduce hospital based activity which will be challenging. Strong financial and contract management will be needed across all our budget areas in 2019/20 to deliver the plan and this will need to include further progress on risk sharing and incentive approaches with our key partners.

4. Overall Risk Assessment

NHS England requires all CCGs to make an assessment of the level of financial risk to delivery of their plans. These are risks which are not yet certain to crystallise and hence should not be included in the figures in the plan but which have a reasonable level of probability of occurring. NHS England then requires all CCGs to set out in their plans how we might mitigate these risks; that is what actions we might take to cover the risks. We are expected to submit a plan which shows £nil un-mitigated risk.

The plan submission made to NHSE on 12 February was submitted with £12.5m of risks not included in the plan against which we had at that stage identified £3.8m mitigations in addition to the £4.5m contingency reserves, leaving a net uncovered risk of £4.2m. If we did not address this for our 4 April submission, the plan was likely to be rated RED and we

were likely to be required to take steps to reduce our expenditure/investment potentially via a financial improvement plan. As a result, exploring various ways to cover this uncovered risk has been a major priority for the last few weeks in conjunction with our contract negotiations.

The achievement of incorporating all of our QIPP to be delivered through the STH contract within the contract agreement, in particular the £3m on urgent care as part of the blended payment arrangement, the identification of additional QIPP and a small net improvement in the out-turn position for 2018/19 have all contributed to us reducing the risk assessment. The final plan has a revised gross risk assessment of £7.6m against which we have to date identified £3.1m mitigations in addition to the £4.5m contingency reserves leaving an overall net £NIL uncovered risk.

This is a good position to have achieved at this stage of the planning round, but as stated above, there will still need to be very strong financial management during 2019/20 as further risks, pressures and uncertainties will inevitably emerge in year. Also, as our transformation work progresses with our partners in both the Sheffield ACP and SY&BL ICS there are likely to be additional requests for investment. In addition, it is important to highlight that our plan makes no provision for contributing to any ICS wide financial risk pool arrangement and neither does it allow for additional funding to Sheffield Children's to help them manage their high level of efficiency requirements in 2019/20.

5. Updated 2019/20 Budgets

Annex A sets out the revised budgets for 2019/20 which flow out of the updated financial plan submission and which are attached for formal approval.

There have been no changes budget holder responsibilities.

6. Recommendations

The Governing Body is asked to:

- Endorse the key changes to the financial plan for 2019/20 which Governing Body previously considered in the private session on 4 April 2019, noting the overall financial risk assessment
- Approve the updated 2019/20 budgets as set out in Annex A

Paper prepared by Diane Mason, Senior Finance Manager and Julia Newton, Director of Finance

On behalf of Julia Newton, Director of Finance

April 2019

Proposed Budget Holder	Recurrent Budget brought forward from 2018/19 £'000	Virement - recycling of CQUIN £000	Growth £000	Price				Cost Pressures - mainly activity demand £000	Invest £000	2019/20 Forecast Spend before QIPP			QIPP £000	2019/20 Forecast Spend AFTER QIPP			% change					
				Inflation incl 18/19 Pay inflation £000	"Recycled" - ex PSF & CQUIN £000	Efficiency £000	Net of Inflation & Tariff Efficiency £000			Rec £000	NonRec £000	Total £000		Rec £000	NonRec £000	TOTAL £000	TOTAL	Net 19/20 Uplift	Other - mainly ex PSF	Demand/ Investments	QIPP	
				£000	£000	£000	£000			£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	%
ALLOCATIONS																						
Programme (Commissioning) Allocation	768,995	0	40,235	0	0	0	0	0	0	0	809,229	0	809,229									
Additional allocations Ambulance, Spec Comm & Agenda for Change	0	0	1,686	0	0	0	0	0	0	0	1,686	0	1,686									
Primary Care Delegated Co-commissioning allocation	77,727	0	2,372	0	0	0	0	0	0	0	80,099	0	80,099									
Running Cost Allocation	12,612	0	31	0	0	0	0	0	0	0	12,643	0	12,643									
Allocations	859,334	0	44,324	0	0	0	0	0	0	0	903,657	0	903,657									
Programme Expenditure																						
N.B. ALL BUDGETS ARE SHOWN NET OF INCOME AT THIS STAGE																						
SECONDARY CARE																						
Sheffield Teaching Hospitals																						
Acute Elective and Urgent Care	B Hughes	311,564	(4,126)	0	11,253	9,790	(3,311)	17,732	8,184	0	333,354	0	333,354	(6,040)	327,314	0	327,314	5.1%	2.5%	1.8%	2.6%	-1.9%
MSK contract	B Hughes	41,180	0	0	1,565	0	(452)	1,113	1,037	0	43,330	0	43,330	(1,765)	41,565	0	41,565	0.9%	2.7%	0.0%	2.5%	-4.3%
Sheffield Childrens	M Philbin	352,744	(4,126)	0	12,818	9,790	(3,763)	18,845	9,221	0	376,684	0	376,684	(7,805)	368,879	0	368,879	4.6%	2.6%	1.6%	2.6%	-2.2%
Ambulance Services	B Hughes	26,911	(449)	0	1,013	1,005	(359)	1,660	750	0	28,872	0	28,872	(113)	28,759	0	28,759	6.9%	2.4%	2.1%	2.8%	-0.4%
Patient transport services	B Hughes	21,585	(220)	0	815	181	(170)	827	908	0	23,100	0	23,100	0	23,100	0	23,100	7.0%	3.0%	-0.2%	4.2%	0.0%
Other NHS Trusts	B Hughes	3,133	(39)	0	126	39	(36)	128	200	0	3,423	0	3,423	0	3,423	0	3,423	9.2%	2.9%	0.0%	6.4%	0.0%
ISTC & Extended Choice	B Hughes	12,037	(156)	0	458	372	(132)	698	250	0	12,829	0	12,829	0	12,829	0	12,829	6.6%	2.7%	1.8%	2.1%	0.0%
IFRs	B Hughes	2,408	(29)	0	92	21	(26)	87	0	0	2,465	0	2,465	0	2,465	0	2,465	2.4%	2.7%	-0.3%	0.0%	0.0%
NCA's	M Philbin	500	0	0	19	15	(5)	29	0	0	529	0	529	0	529	0	529	5.8%	2.7%	3.1%	0.0%	0.0%
	B Hughes	5,781	0	0	207	168	(60)	315	0	0	6,096	0	6,096	0	6,096	0	6,096	5.4%	2.5%	2.9%	0.0%	0.0%
TOTAL Secondary Care		425,099	(5,019)	0	15,548	11,592	(4,552)	22,588	11,329	0	453,998	0	453,998	(7,918)	446,080	0	446,080	4.9%	2.6%	2.7%	2.7%	-1.9%
Mental Health and Learning Disabilities																						
Sheffield Health and Social Care NHS FT - LD	B Hughes	4,889	0	0	179	54	(52)	181	0	0	5,070	0	5,070	0	5,070	0	5,070	3.7%	2.6%	1.1%	0.0%	0.0%
Sheffield Health and Social Care NHS FT - MH	B Hughes	73,897	(839)	0	2,813	850	(813)	2,850	250	907	77,066	0	77,066	0	77,066	0	77,066	4.3%	2.7%	0.0%	0.3%	0.0%
Sheffield Health and Social Care	B Hughes	78,786	(839)	0	2,992	904	(865)	3,031	250	907	82,136	0	82,136	0	82,136	0	82,136	4.3%	2.7%	0.1%	0.3%	0.0%
Sheffield Childrens CAMHS	M Philbin	5,804	0	0	227	(0)	(66)	161	0	420	6,385	0	6,385	0	6,385	0	6,385	10.0%	2.8%	0.0%	0.0%	0.0%
IFRs MH	B Hughes	600	0	0	23	7	(7)	23	0	0	623	0	623	(40)	583	0	583	-2.8%	2.7%	1.2%	0.0%	-6.7%
Other Mental Health	B Hughes	2,104	0	0	71	16	(16)	72	0	789	2,965	0	2,965	(325)	2,640	0	2,640	25.5%	2.6%	0.8%	0.0%	-15.4%
TOTAL Mental Health		87,295	(839)	0	3,313	927	(953)	3,287	250	2,116	92,109	0	92,109	(365)	91,744	0	91,744	5.1%	2.7%	1.1%	-0.1%	-0.4%
Community Services																						
Other Community	J Newton	309	0	0	12	(0)	(3)	8	0	0	318	0	318	0	318	0	318	2.6%	2.7%	-0.1%	0.0%	0.0%
STH Community (excl MSK)	N Doherty	56,375	0	0	2,073	(0)	(599)	1,474	0	1,937	59,786	0	59,786	(300)	59,486	0	59,486	5.5%	2.6%	0.0%	0.0%	-0.5%
STH Community MSK	B Hughes	4,475	0	0	170	(0)	(49)	121	0	0	4,596	0	4,596	0	4,596	0	4,596	2.7%	2.7%	0.0%	0.0%	0.0%
Sheffield Childrens Community	M Philbin	3,693	0	0	141	0	(41)	100	0	0	3,793	0	3,793	0	3,793	0	3,793	2.7%	2.7%	0.0%	0.0%	0.0%
St Lukes Hospice	B Hughes	2,570	0	0	64	0	0	64	0	150	2,784	0	2,784	0	2,784	0	2,784	8.3%	2.5%	0.0%	0.0%	0.0%
Voluntary Organisations	B Hughes	233	0	0	6	0	0	6	0	0	239	0	239	0	239	0	239	2.5%	2.5%	0.0%	0.0%	0.0%
Local Authority																						
Section 75 BCF - People Keeping Well	N Doherty	696	0	0	0	0	0	0	0	0	696	0	696	0	696	0	696	0.0%	0.0%	0.0%	0.0%	0.0%
Section 75 BCF - Independent Living Solutions	N Doherty	2,205	0	0	0	0	0	0	0	0	2,205	0	2,205	(400)	1,805	0	1,805	-18.1%	0.0%	0.0%	0.0%	-18.1%
Section 75 BCF - Active Support & Recovery	N Doherty	1,818	0	0	0	0	0	0	0	0	1,818	0	1,818	0	1,818	0	1,818	0.0%	0.0%	0.0%	0.0%	0.0%
Community Subtotal		72,375	0	0	2,466	(1)	(692)	1,773	0	2,087	76,235	0	76,235	(700)	75,535	0	75,535					
Social Care																						
Section 256 - Grants	M Philbin	446	0	0	0	0	0	0	0	0	446	0	446	0	446	0	446	0.0%	0.0%	0.0%	0.0%	0.0%
Section 75 BCF - Mental Health	B Hughes	791	0	0	0	0	0	0	0	0	791	0	791	405	1,196	0	1,196	51.2%	0.0%	0.0%	0.0%	51.2%
Section 75 BCF - Support to Social Services	M Philbin	17,613	0	0	0	0	0	0	0	0	17,613	0	17,613	0	17,613	0	17,613	0.0%	0.0%	0.0%	0.0%	0.0%
Social Care Subtotal		18,850	0	0	0	0	0	0	0	0	18,850	0	18,850	405	19,255	0	19,255					
TOTAL Community & Social Care		91,225	0	0	2,466	(1)	(692)	1,773	0	2,087	95,085	0	95,085	(295)	94,790	0	94,790	3.9%	1.9%	0.0%	0.0%	-0.3%
Primary Care																						
Core Contract	N Doherty	51,174	0	391	0	0	0	0	0	0	51,565	0	51,565	0	51,565	0	51,565	0.8%	0.0%	0.0%	0.0%	0.0%
Premises	N Doherty	9,996	0	508	0	0	0	0	0	0	10,504	0	10,504	0	10,504	0	10,504	5.1%	0.0%	0.0%	0.0%	0.0%
QoF	N Doherty	7,635	0	0	0	0	0	0	0	0	7,635	0	7,635	0	7,635	0	7,635	0.0%	0.0%	0.0%	0.0%	0.0%
Directed enhanced Services	N Doherty	1,746	0	5	0	0	0	0	0	0	1,751	0	1,751	0	1,751	0	1,751	0.3%	0.0%	0.0%	0.0%	0.0%
Other GP Services	N Doherty	1,941	0	92	0	0	0	0	0	0	2,033	0	2,033	0	2,033	0	2,033	4.7%	0.0%	0.0%	0.0%	0.0%
GP Contract Reserve	J Newton	878	0	1,995	0	0	0	0	0	0	2,873	0	2,873	0	2,873	0	2,873	0.0%	0.0%	0.0%	0.0%	0.0%
0.5% contingency	J Newton	370	0	30	0	0	0	0	0	0	400	0	400	0	400	0	400	8.1%	0.0%	0.0%	0.0%	0.0%
Delegated Primary Care		73,740	0	3,021	0	0	0	0	0	0	76,761	0	76,761	0	76,761	0	76,761					
Locally Commissioned Services	N Doherty	14,514	0	288	0	0	0	0	0	1,848	15,702	948	16,650	0	15,702	948	16,650	8.2%	0.0%	0.0%	0.0%	0.0%
GPIT	B Hughes	1,715	0	0	0	0	0	0	0	0	1,715	0	1,715	0	1,715	0	1,715	0.0%	0.0%	0.0%	0.0%	0.0%

