

Month 3 Finance Report**Governing Body meeting****6 August 2020**

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Purpose of Paper	
This report provides information on the financial arrangements in place for the period April-July 2020 and the financial position at Month 3 (April to June 2020).	
Key Issues	
<p>Governing Body approved the financial plan for 2020/21 at its meeting on 5 March 2020.</p> <p>In response to COVID-19, a temporary financial regime has been put in the place nationally to cover the period 1 April 2020 to 31 July 2020. This means that the CCG only has an allocation for the first four months of 2020/21. The allocation has been calculated nationally based on historic spend in 2019/20.</p> <p>This report provides an assessment of forecast for the four months allocation received from NHS England/Improvement, as well as the year to date position.</p> <p>The overall year-to-date (YTD) position shows a deficit of £4.7m, which it is expected will be funded retrospectively by NHSE/I under the financial arrangements currently in place.</p>	
Is your report for Approval / Consideration / Noting	
<p>Governing Body is asked to note the following:</p> <ul style="list-style-type: none"> • Changes to the NHS financial regime and the impact to the CCG's allocation • CCG's year to date and forecast spend (M1-4) • There is an expectation that retrospective funding will be received for COVID and non COVID additional expenditure however only funding for April – May's COVID costs has been received to date 	
Recommendations / Action Required by Governing Body	
Governing Body is asked to note the items listed above.	

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 4.1 and 4.7 in the Assurance Framework.</p>
Are there any Resource Implications (including Financial, Staffing etc)?
Not specifically
Equality Impact Assessment
<p>Please attach if completed. Please explain if not, why not Not applicable</p>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
Not applicable

Month 3 Finance Report

Governing Body meeting

6 August 2020

1. Introduction

The NHS financial regime was suspended from April 1st 2020 with the onset of COVID-19 and replaced initially with a new regime covering the period 1 April to 31 July. The key points of this new regime are;

- Suspension of 'payment by results' for NHS Providers and replaced by nationally set block payments based on 2019/20 April-December payments between CCGs and Providers with 2.8% growth for cost inflation. There is a minimum annual block value of £200k.
- NHS Providers have received a top up from NHS England/Improvement (NHSE/I) to cover expected costs, net of any savings made and there is a retrospective top up process from monthly financial reporting (including reporting COVID related costs) so that providers costs are covered in this period.
- In the new regime the CCGs original allocation has been replaced by a new Revenue Resource Limit for this 4-month period.
- NHSE/I based the total allocation on each CCG's expenditure in April-February of 2019/20, forecast forward for a full year and reduced on a straight line basis to 4/12ths. This was then replaced by NHS block values for spend with NHS Providers and adjusted by a growth % to reflect inflation/demand growth pressures for non NHS spend.
- The calculation includes non-recurrent allocation and spend within 2019/20 and is therefore technically included at a similar level for April-July. No additional non-Recurrent allocations will be receive for this period, this includes for South Yorkshire & Bassetlaw Integrated Care System (SY&B ICS) which the CCG hosts.
- The guidance to the CCG is that NHSE/I will retrospectively adjust the allocation for reasonable variances for COVID and non-COVID related spend. All CCGs are therefore expected to breakeven each month. However at the time of writing this report, CCG's have only received an additional allocation for COVID costs for April and May. We are expecting to receive confirmation of the retrospective allocation at Month 3 (covering all costs of April-June) on w/c 27th July, and a verbal update will be provided to this meeting.

- Strong financial governance must be maintained throughout the period and all expenditure will be subject to audit using a test of 'reasonableness'. As part of the monthly reporting process NHSE/I have benchmarked spend across CCG's for COVID and non COVID spend at a detailed level. Additional information has been provided to evidence reasons for high comparative spend, this has only been the case in the small number of cases and very small financial values.

The aim of the new regime is to provide certainty for all organisations providing NHS-funded services that they will continue to be paid for the period April to July 2020.

Table 1 below shows a reconciliation of the Governing Body approved budgets, adjusted for the changes from the new regime guidance, compared to the actual allocation that the CCG has received. This shows a £1.6m shortfall.

Table 1 : Reconciliation of Governing Budget approved budgets to NHSE/I allocation	£000	£000
20/21 Approved Budget	938,540	
Less drawdown - not approved by NHSE/I	(2,000)	
20/21 Revised opening budget	936,540	
4/12ths of opening budget		312,180
<u>Adjustments to Budgets required due to new financial regime</u>		
SY&B ICS - additional allocations not received	2,570	
QIPP not achieved	5,878	
Investments not made	(4,250)	
NHS Provider blocks compared to plan	(3,517)	
Other Adjustments	(297)	
Required adjustments to budgets		383
Budget required		312,563
NHSE/I Allocation - Month 1 - 4		310,923
Shortfall against revised budget		(1,640)

2. Summary of the reported position

The overall position is summarised in Table 2 below against the NHSE/I allocation the CCG has received for Month 1-4. A retrospective allocation for COVID costs of £3.9m was received after Month 2 increasing the CCGs allocation from £310.9m to £314.8m.

Information presented in this report is categorised slightly differently to previous years. This is due to the new regime and NHS provider blocks which mean that spend cannot be broken down based on contract monitoring eg we can no longer split spend between acute/community; planned/unplanned. More detail can be found in the new Appendices A and B.

Table 2 : Summary Position at 30 June 2020	Budget for M1-4 £000's	Variance (M1-M3) £000's	Forecast Variance (M1-M4) £000's	Forecast Var %
Acute & Community NHS Services	177,715	(18)	1	0.0%
Other Acute & Community	1,356	1,007	1,352	99.7%
Mental Health	30,207	489	703	2.3%
Other Primary & Community services	10,962	2,547	3,872	35.3%
Primary Care Co-Commissioning	25,651	763	1,017	4.0%
Locally Commissioned Primary Care	6,192	1,055	1,508	24.3%
Continuing Care	19,370	1,292	1,693	8.7%
Prescribing	32,886	1,503	1,820	5.5%
Collaborative Working	2,704	(191)	(269)	-9.9%
Reserves	4,721	(4,479)	(4,721)	-100.0%
TOTAL PROGRAMME SPEND	311,764	3,966	6,976	2.2%
Running Costs	3,028	753	826	27.3%
TOTAL (UNDER)/OVER SPEND	314,792	4,719	7,803	2.5%

We are reporting an overall year-to-date (YTD) deficit of £4.7m and a forecast deficit of £7.8m for Month 1 – 4, after receiving £3.8m which funded M1 – M2 COVID expenditure (shown in Table 2 within the Reserves line). These variances are expected to be met with further retrospective allocations to ensure that the CCG delivers a balanced position for the 4 months, as described above under the new financial regime.

Table 3 below shows the Forecast variances at a summary level split into COVID and non COVID spend. The non COVID variance is analysed further into:

- variances that are as a result of the allocation change and
- variances that are due to actual spend differing from the assumptions in the approved financial plan, adjusted for the new financial regime.

Table 3 : Summary Variances at 30 June 2020	Forecast Variance (M1-M4) £000's	Forecast Var - COVID £000's	Forecast Var - Non COVID (Allocation change) £000's	Forecast Var - Non COVID (Actual) £000's
Acute & Community NHS Services	1	0	0	1
Other Acute & Community	1,352	1,444	0	(91)
Mental Health	703	95	806	(199)
Other Primary & Community services	3,872	4,077	0	(205)
Primary Care Co-Commissioning	1,017	28	996	(7)
Locally Commissioned Primary Care	1,508	1,322	0	186
Continuing Care	1,693	1,419	0	274
Prescribing	1,820	1	0	1,819
Collaborative Working	(269)	29	0	(298)
Reserves	(4,721)	(3,869)	(852)	(0)
TOTAL PROGRAMME SPEND	6,976	4,546	950	1,481
Running Costs	826	262	690	(125)
TOTAL (UNDER)/OVER SPEND	7,803	4,807	1,640	1,356

Section 3 below provides a breakdown of the types of expenditure incurred by the CCG in relation to specific COVID spend. Section 4 provides more information about the variances which do not relate to COVID expenditure.

3. COVID Expenditure

Table 4 below shows the breakdown of the total £8.7m forecast expenditure on COVID for Month 1 – 4 related services/equipment.

Table 4: COVID expenditure	Forecast Expenditure (M1-M4) £000's	Details
Remote management of patients	534	Primary care support for care homes and the hubs
Support for stay at home models	224	Provision of taxi service to transfer vulnerable patients to healthcare settings
Hospital Discharge Programme	6,702	Including hospital discharge pool with SCC; CHC packages; community beds; support for food bank and voluntary sector support
Remote working for non-patient activities	75	Technology solutions to support staff working at home
National Procurement Areas	255	PPE
Bank Holidays	326	GP Easter Bank Holiday work
Internal and external communication costs	8	
Other Covid-19	552	Including IT capital costs not yet formally approved by NHSE/I; staff overtime; schemes to support mental health & variety of schemes to support primary care deliver services
TOTAL	8,676	

4. Further Information on Key Budgets and related risks

Acute & Community NHS Services:

The current financial arrangements are that CCGs pay a fixed (NHSE/I defined amount) block to NHS providers. As noted in table 1, these block payments for the 4 months are £3.5m lower than our original planned spend with NHS providers, excluding QIPP and investments. Providers make returns to NHSE/I to identify their total costs, with information relating to COVID spend and costs over and above their fixed CCG income and there are arrangements in place to ensure they are fully funded during this period.

STHFT have reported that referrals are significantly down when compared to pre-covid levels, outpatient appointments have been conducted as non face to face wherever possible and appropriate and as a result the outpatient queue has fallen overall. The position varies by specialty depending on the impact of COVID on demand and ability to carry out appointments. The inpatient waiting list has gone up as there has been a bigger impact on the ability to carry out the activity. This obviously impacts on how long patients

are waiting and work is currently underway to assess what capacity is available and how demand may change in the coming months.

Mental Health: The £0.7m overspend relates mainly to the full year effect of early implementer programmes, especially the Primary & Community Mental Health service for which the CCG would have received a non recurrent allocation under the previous arrangements. These costs are not accounted for in the baseline allocation as there were minimal costs in 2019/20.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): The Department of Health and Social Care announced a retrospective increase to the 2019/20 FNC rate at the end of April 2020, backdated to 1 April 2019. As a result the additional payments due, amounting to £0.6m, have been made in the current financial year. An additional allocation to cover this specific issue has been promised. We have confirmed the uplift to the 2020/21 standard CHC nursing home rates (6.55%), which is higher than was assumed when the budget was approved. However, the level of activity is lower than planned, offsetting this increase, acknowledging that some costs that previously would be recorded as CHC are now recognised in the accelerated discharge COVID costs.

Primary Care Co-Commissioning and Locally Commissioned Primary Care: More detail is available within the Finance Report presented to the Primary Care Commissioning Committee on 23 July 2020. The position at month 3 shows an overspend of £763k due to:

- Premises Developments – £21k overspend on premises due to COVID-19 expenditure
- Unfunded cost pressures of £236k, offset by unutilised reserves of £104k.
- Overspend of £610k which is the budget reduction we had to make to match the revised allocation for delegated budgets as part of the new financial regime, as well as non-receipt of the additional allocations previously announced.

The forecast position after 4 months is an overspend of £1,017k.

Prescribing: The £1.5m overspend is as a result of increased costs shown in March and April's data. £0.5m relates to the additional items prescribed in March 20 compared to the year end accrual based on normal levels of spend. April's spend continued at a high level, with 3% increase in average price per item and 6% increase in items prescribed compared to 2019/20 levels. Within these figures is around £0.2m QIPP which it has been unable to achieve due to the focus on COVID, the forecast position is based on April's levels of item and price continuing for Month 2-4.

Collaborative Working: Sheffield CCG is the host organisation for both the SY&B Integrated Care System (ICS) and the Sheffield Accountable Care Partnership (ACP). Funding for these partnership arrangements normally comes from national allocations as well as a small level of funding contributions from partners. Under the current financial regime, this funding is not available. As a result, indicative budgets have been set based on estimated expenditure commitments for the first 4 months.

We will work closely with the Director of Finance of the ICS and with NHSE/I to understand when the funding is likely to be received and to ensure plans are in place confirming how and when this funding will be utilised, including mitigating actions for any movements from breakeven.

Running Costs: The original allocation of £11.1m was a decrease of £1.5m on that received in 2019/20. This reduction was long planned and running costs had been reduced to ensure the allocation was not exceeded in 2020/21. However the revised allocation from NHSE/I included a further of £0.7m. The position against the £3.0m running cost allocation is summarised in the table below. Some small savings on pay have been identified, whilst the overspend on non pay relates to the cost of IT equipment, for which a capital allocation is expected to be received, removing the cost pressure.

Table 5: Running Costs	Budget for M1-4 £000's	Variance M1-M3 £000's	Forecast Variance M1-M4 £000's
PAY	3,023	(12)	(99)
NON-PAY	1,188	115	236
INCOME	(404)	66	0
Running Cost Reserve	(779)	584	690
	3,028	753	826

5. Financial arrangements August to March

NHSE/I have recently confirmed that the current financial arrangements, comprising nationally-set block contracts between commissioners and NHS providers, and prospective and retrospective top-up funding issued by NHSE/I, will be extended to cover August and possibly September 2020. After this point we expect to move to a revised financial framework for the remainder of 2020/21 which retains elements of block funding but with a level of funding allocated at system level to support anticipated covid costs, address priorities and deliver overall system financial balance.

We are anticipating that NHSE/I will be issuing a short planning letter in the near future setting out the priorities for the remaining months of the current financial year. The phase three planning letter is likely to signal that the service needs to maximise the use of available capacity and in particular restoring the number of people waiting for cancer diagnosis or treatment; funding for enhanced discharge arrangements will continue in line with the Government's recent announcement, with care provided for six weeks following discharge; we need to plan for winter, including the delivery of an expanded seasonal flu vaccination programme; we need to address health inequalities that have been exposed by the pandemic; we should continue to increase investment in mental health services in line with the mental health investment standard as well as reducing the number of children, young people and adults with a learning disability, autism or both in a specialist inpatient setting.

A verbal update will be provided to the meeting if further information has been released.

6. Delivery of Cash Position

The CCG was notified of a maximum cash drawdown limit of £937.7m at month 3. The total cash used to the end of June was £301.6m against a requested cash drawdown of £272.4m, prescribing & home oxygen of £24.8m, other income of £4.9m and a brought forward balance of £0.3m. The cash balance at bank at the end of the month was £0.8m.

7. Better Payment Practice Code

The Better Payment Practice Code requires the CCG 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 June is reported in Table 6 below:

Table 6: Measure of compliance	12 months to June 2020 (Number)	12 months to June 2020 £000's
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the year	17,019	210,866
Total Non-NHS Trade Invoices paid within target	16,745	209,922
Percentage of Non-NHS Trade invoices paid within target	98.39%	99.55%
NHS Payables		
Total NHS Trade invoices paid in the year	3,956	732,794
Total NHS Trade invoices paid within target	3,923	731,689
Percentage of NHS Trade invoices paid within target	99.17%	99.85%

In addition to the Better Payment Practice Code, the latest Procurement Policy Note guidance states that Suppliers should be paid within 7 days to ensure they can keep operating during the current challenging economic circumstances. The finance team continue to ensure that payments are processed as speedily as possible.

8. Action/Recommendations for Governing Body

Governing Body is asked to note the following:

- changes to the NHS financial regime and the impact to the CCG's allocation
- CCG's year to date and forecast spend (M1-4)
- There is an expectation that retrospective funding will be received for COVID and non COVID additional expenditure however only funding for April – May's COVID costs has been received to date

Paper prepared by: Chris Cotton, Deputy Director of Finance,
Diane Mason, Jayne Taylor and Pat Lunnness, Senior Finance Managers

On behalf of: Jackie Mills, Director of Finance

July 2020

NHS Sheffield Clinical Commissioning Group
Finance Report 2020/21 - Financial Position for Period Ending 30 June 2020

	Year to Date: June				Forecast Out-turn			
	Budget	Expenditure	Variance		Budget	Expenditure	Variance	
	£'000	£'000	Over (+)/ Under(-)	%	£'000	£'000	Over (+)/ Under(-)	%
Revenue Resource Limit	234,790	234,790	0	0.0%	311,764	311,764	0	0.0%
EXPENDITURE								
Sheffield Teaching Hospitals	112,094	112,094	0	0.0%	149,458	149,458	0	0.0%
Sheffield Children's Hospital	10,229	10,229	0	0.0%	13,638	13,638	0	0.0%
Yorkshire Ambulance Service	7,207	7,207	0	0.0%	9,609	9,609	0	0.0%
Other NHS Trusts	3,757	3,739	(18)	-0.5%	5,009	5,011	1	0.0%
Acute & Community NHS Services	133,286	133,268	(18)	0.0%	177,715	177,716	1	0.0%
ISTC & Extended Choice	304	261	(42)	-13.9%	405	405	0	0.0%
Ambulance Services	270	474	204	75.5%	360	584	224	62.3%
Non Contract Activity	293	244	(49)	-16.8%	390	299	(91)	-23.4%
Other Community	0	923	923		0	1,219	1,219	
Individual Funding Requests	151	121	(30)	-19.7%	201	201	0	0.0%
Other Acute & Community	1,017	2,024	1,007	98.9%	1,356	2,709	1,352	99.7%
Sheffield Health & Social Care	21,182	21,182	(0)	0.0%	28,242	28,242	0	0.0%
Other Mental Health	655	1,268	613	93.5%	873	1,631	757	86.7%
Sheffield Local Authority (MH)	355	273	(82)	-23.2%	473	473	0	0.0%
Voluntary Sector (MH)	315	423	108	34.4%	420	564	144	34.4%
Individual Funding Requests (MH)	149	0	(149)	-100.0%	199	0	(199)	-100.0%
Mental Health	22,655	23,145	489	2.2%	30,207	30,910	703	2.3%
Sheffield Local Authority	6,233	8,934	2,701	43.3%	8,310	12,087	3,777	45.5%
St Lukes Hospice	728	819	90	12.4%	971	1,120	149	15.3%
Voluntary Sector	61	163	102	167.9%	81	221	140	172.6%
Other Commissioning	1,111	771	(340)	-30.6%	1,443	1,261	(183)	-12.7%
Development Nurses (Directly Employed)	117	111	(6)	-5.4%	156	145	(11)	-7.3%
Other Primary & Community services	8,250	10,797	2,547	30.9%	10,962	14,834	3,872	35.3%
Core Contract	13,353	13,353	(0)	0.0%	17,804	17,804	0	0.0%
Premises	2,669	2,689	21	0.8%	3,558	3,586	28	0.8%
QoF	1,947	1,947	0	0.0%	2,596	2,596	0	0.0%
Enhanced Services	1,415	1,495	80	5.7%	1,886	1,993	107	5.7%
Primary Care Other Services	(145)	517	662	-456.5%	(193)	689	882	-456.6%
Primary Care Co-Commissioning	19,238	20,001	763	4.0%	25,651	26,668	1,017	4.0%
Locally Commissioned Services	4,018	5,164	1,146	28.5%	5,357	6,921	1,564	29.2%
Other Locally Commissioned Primary Care	626	535	(91)	-14.6%	835	779	(56)	-6.7%
Locally Commissioned Primary Care	4,644	5,699	1,055	22.7%	6,192	7,700	1,508	24.3%
Adults Continuing Care	11,601	12,409	808	7.0%	15,469	16,644	1,175	7.6%
Children's Continuing Care	816	857	41	5.0%	1,088	1,209	121	11.1%
Continuing Healthcare Assessments	680	686	7	1.0%	906	922	16	1.7%
Funded Nursing Care	1,430	1,867	436	30.5%	1,907	2,289	381	20.0%
Continuing Care	14,527	15,819	1,292	8.9%	19,370	21,063	1,693	8.7%
Prescribing	24,168	25,686	1,518	6.3%	32,224	34,066	1,842	5.7%
Medicines Optimisation	496	481	(15)	-3.1%	662	640	(22)	-3.3%
Prescribing	24,664	26,167	1,503	6.1%	32,886	34,706	1,820	5.5%
Accountable Care Partnership	43	69	25	58.4%	58	62	4	6.9%
Better Care Fund	35	18	(18)	-49.4%	47	57	10	21.1%
Integrated Care System	1,928	1,702	(226)	-11.7%	2,570	2,287	(283)	-11.0%
Other Collaborative Working	22	49	27	127.9%	29	29	0	0.0%
Collaborative Working	2,028	1,837	(191)	-9.4%	2,704	2,435	(269)	-9.9%

Sub total Programme before reserves	230,311	238,756	8,445	3.7%	307,043	318,740	11,697	3.8%
Reserves								
Allocation Adjustment	610	0	(610)	-100.0%	852	0	(852)	-100.0%
COVID Retrospective Funding	3,869	0	(3,869)	-100.0%	3,869	0	(3,869)	-100.0%
Planned Surplus	0	0	0		0	0	0	
Reserves	4,479	0	(4,479)	-100.0%	4,721	0	(4,721)	-100.0%
TOTAL EXPENDITURE - COMMISSIONING	234,790	238,756	3,966	1.7%	311,764	318,740	6,976	2.2%

(UNDER)/OVER SPEND - COMMISSIONING	0	3,966	3,966		0	6,976	6,976	
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RUNNING COSTS ALLOWANCE								
Revenue Resource Limit	2,271	2,271	0	0%	3,028	3,028	0	0%
Accountable Officer	536	496	(41)	-7.6%	715	696	(20)	-2.7%
Commissioning & Performance	842	948	106	12.6%	1,133	1,132	(1)	-0.1%
Delivery (Care Outside of Hospital)	316	272	(44)	-14.0%	421	382	(39)	-9.3%
Finance & Corporate Services	708	858	150	21.3%	934	1,145	211	22.6%
Nursing & Quality	453	450	(2)	-0.5%	603	588	(15)	-2.5%
Running Cost Reserve	(584)	0	584	-100.0%	(779)	(89)	690	-88.6%
Running Costs	2,271	3,024	753	33%	3,028	3,854	826	27%

(UNDER)/OVER SPEND - Running Costs	0	753	753		0	826	826	
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TOTAL (UNDER)/OVER SPEND	0	4,719	4,719	-	0	7,803	7,803	-
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NHS Sheffield Clinical Commissioning Group
Finance Report 2020/21 - Financial Position for Period Ending 30 June 2020

	Variance Over (+)/ Under(-)			Variance Over (+)/ Under(-)		
	to June	COVID	non COVID	Forecast	COVID	non COVID
	£'000	£'000	£'000	£'000	£'000	£'000
Revenue Resource Limit	0	0	0	0	0	0
EXPENDITURE						
Sheffield Teaching Hospitals	0	-	0	0	-	0
Sheffield Children's Hospital	0	-	0	0	-	0
Yorkshire Ambulance Service	0	-	0	0	-	0
Other NHS Trusts	(18)	-	(18)	1	-	1
Acute & Community NHS Services	(18)	0	(18)	1	0	1
ISTC & Extended Choice	(42)	-	(42)	0	-	0
Ambulance Services	204	204	(0)	224	224	0
Non Contract Activity	(49)	-	(49)	(91)	-	(91)
Other Community	923	923	0	1,219	1,219	0
Individual Funding Requests	(30)	-	(30)	0	-	0
Other Acute & Community	1,007	1,127	(121)	1,352	1,444	(91)
Sheffield Health & Social Care	0	-	0	0	-	0
Other Mental Health	613	54	559	757	68	689
Sheffield Local Authority (MH)	(82)	-	(82)	0	-	0
Voluntary Sector (MH)	108	20	88	144	27	117
Individual Funding Requests (MH)	(149)	-	(149)	(199)	-	(199)
Mental Health	489	74	415	703	95	607
Sheffield Local Authority	2,701	2,716	(15)	3,777	3,797	(20)
St Lukes Hospice	90	90	(0)	149	149	0
Voluntary Sector	102	83	19	140	117	23
Other Commissioning	(340)	9	(349)	(183)	12	(195)
Development Nurses (Directly Employed)	(6)	5	(12)	(11)	2	(14)
Other Primary & Community services	2,547	2,903	(356)	3,872	4,077	(205)
Core Contract	(0)	-	(0)	0	-	0
Premises	21	21	(0)	28	28	(0)
QoF	0	-	0	0	-	0
Enhanced Services	80	-	80	107	-	107
Primary Care Other Services	662	-	662	882	-	882
Primary Care Co-Commissioning	763	21	742	1,017	28	989
Locally Commissioned Services	1,146	763	383	1,564	1,322	242
Other Locally Commissioned Primary Care	(91)	-	(91)	(56)	-	(56)
Locally Commissioned Primary Care	1,055	763	291	1,508	1,322	186
Adults Continuing Care	808	931	(123)	1,175	1,405	(230)
Children's Continuing Care	41	7	33	121	5	116
Continuing Healthcare Assessments	7	4	3	16	8	8
Funded Nursing Care	436	1	435	381	1	380
Continuing Care	1,292	944	348	1,693	1,419	274
Prescribing	1,518	0	1,518	1,842	0	1,842
Medicines Optimisation	(15)	1	(16)	(22)	1	(23)
Prescribing	1,503	1	1,502	1,820	1	1,819

Accountable Care Partnership	25	2	23	4	4	(0)
Better Care Fund	(18)	4	(22)	10	10	(0)
Integrated Care System	(226)	15	(241)	(283)	15	(298)
Other Collaborative Working	27	-	27	0	-	0
Collaborative Working	(191)	21	(212)	(269)	29	(298)
Sub total Programme before reserves	8,445	5,855	2,591	11,697	8,415	3,283
Reserves						
Allocation Adjustment	(610)	-	(610)	(852)	-	(852)
COVID Retrospective Funding	(3,869)	3,869	0	(3,869)	3,869	0
Planned Surplus	0	-	0	0	-	0
Reserves	(4,479)	(3,869)	(610)	(4,721)	(3,869)	(852)
TOTAL EXPENDITURE - COMMISSIONING	3,966	1,986	1,980	6,976	4,546	2,431
(UNDER)/OVER SPEND - COMMISSIONING	3,966	1,986	1,980	6,976	4,546	2,431

RUNNING COSTS ALLOWANCE						
Revenue Resource Limit	0	0	0	0	0	0

Accountable Officer	(41)	6	(46)	(20)	9	(29)
Commissioning & Performance	106	1	105	(1)	-	(1)
Delivery (Care Outside of Hospital)	(44)	7	(51)	(39)	7	(46)
Finance & Corporate Services	150	248	(98)	211	246	(34)
Nursing & Quality	(2)	1	(3)	(15)	-	(15)
Running Cost Reserve	584	-	584	690	-	690
Running Costs	753	263	490	826	262	565

(UNDER)/OVER SPEND - Running Costs	753	263	490	826	262	565
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TOTAL (UNDER)/OVER SPEND	4,719	2,249	2,471	7,803	4,807	2,996
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