Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Approval of Financial Plan and Initial Budgets 2021-22

G

Governing Body meeting

4 March 2021

Author(s)	Diane Mason , Senior Finance Manager;
Sponsor Director	Jackie Mills , Director of Finance

Purpose of Paper

The purpose of this paper is to update the Governing Body on the CCG's Financial Plan for 2021/22 prepared in the context of very limited national planning guidance and unconfirmed financial resources.

In the absence of national guidance and high levels of uncertainty regarding the financial regime for 2021/22 the financial plan has been developed based on a reasonable set of assumptions with regard to current and historical data, the underlying financial regime requirements and the limited financial parameters published for 2201/22. In this context the paper highlights the expected allocations, pre-commitments, investment requirements and likely substantial efficiency requirement to deliver a balanced plan.

Governing Body is being asked to approve the detailed initial budgets for 2021/22 which flow out of the plan as it currently stands to enable the CCG to commit expenditure from 1st April 2021.

Key Issues

- National planning guidance has been delayed due to the focus of national resources on the response to the COVID pandemic. It has been confirmed that for at least the 1st quarter of 2021/22 the current financial regime will continue as it has in 2020/21, there has been no guidance issued for Q1 yet.

- The financial resources for 2021/22 are not confirmed, the resources used for the purposes of this financial plan are the updated 5 year CCG allocations issued in January 2019 with additional expected adjustments to reflect the continuation of the current financial regime.

- The financial plan is under-pinned by a detailed financial model which draws from actual and historic financial and operational data sitting alongside various high level planning assumptions.

- While the headline increases in funding for 2021/22 are likely to be over £42m for the CCG , this is likely to come with significant national pre-commitments and likely investment requirements, which when taken with potential local priorities for investment, results in a substantial efficiency requirement of £14m. **Currently we have a £8.9m shortfall in schemes to deliver this efficiency requirement.**

- The CCG's Prime Financial Policies require that prior to the start of the Financial Year the Director of Finance will, on behalf of the Accountable Officer, prepare and submit commissioning and infrastructure (running cost) budgets for approval by the Governing Body. This enables the CCG to commit expenditure from 1st April 2021.

- An updated financial plan will be submitted to Governing Body during the financial year, once planning guidance and financial allocations have been confirmed.

Is your report for Approval / Consideration / Noting

Approval and consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Approve the initial 2021/22 budgets and budget holders as set out in Appendix A
- Note that the lack of planning guidance makes it difficult to set a meaningful financial plan for 21/22 and that the key assumptions set out in this paper are based on the underlying financial regime and the limited guidance published so far. An updated financial plan will be submitted to Governing Body during the financial year, once planning guidance and financial allocations have been confirmed.

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG's Objectives does this paper support?
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)?

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.

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

Not Applicable

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

Not applicable

NHS
Sheffield
Clinical Commissioning Group

Approval of Financial Plan and Initial Budgets 2021-22

Governing Body meeting

4 March 2021

1. Purpose of Paper and Introduction

1.1. NHS England/Improvement (NHSE/I) published a letter 'Operational Priorities for Winter' on the 24 December 2020. This outlined some expected features of the financial framework for 2021/22 whilst acknowledging that the full financial settlement was not yet known. On 13 January 2021, a further communication from NHSE/I confirmed that 'due to current pressures we are planning to roll-over current financial block contracts for Q1 2021/22 and therefore will not be initiating a planning and contracting round with a changed financial framework before the start of the year'. As a result, the underlying financial framework within which CCGs usually work has been delayed until at least quarter 2 of 2021/22. The draft financial plan therefore utilises the limited number of key features of the framework in the absence of detailed guidance on quarter 1 and beyond.

1.2. Considerable work has taken place to develop a financial plan and initial budgets for 2021/22 to support the delivery of the CCG's commissioning intentions and operational plan for 2021/22. Governing Body received an update on progress of the financial plan at the February private session which reviewed the key assumptions underpinning the initial financial plan

1.3. The purpose of this paper is to present for approval the initial budgets for 2021/22 which flow out from the financial planning to date in **Appendix A**. An updated plan will be brought back to Governing Body once financial planning guidance and resources are issued.

2. CCG Allocations

2.1 Financial allocations have not yet been confirmed for 2021/22 (either for the first quarter or beyond).

2.2 It has been confirmed that Revenue funding will be distributed at system level, continuing the approach introduced in 2020/21. These system revenue envelopes will be consistent with the LTP financial settlement. They will be based on the published CCG allocations and the organisational Financial Recovery Funding each system would have been allocated in 2021/22. There will be additional funding to offset some of the efficiency and financial improvements that systems were unable to make in 2020/21.

2.3 The table below summarises the allocations which have been utilised to enable us to draw up a financial plan. The allocation brought forward and the cash uplift was notified to the CCG in January 2019 and the anticipated allocations are in line with the expected changes consistent with the limited guidance available for 21/22.

Allocations	Allocation Brought forward £000	Cash Uplift £000	Anticipated Allocations *** £000	Total £000
Programme Confirmed Allocation	842,081	30,734		872,815
NCAs - reduction to reflect national adjustment*			-4,934	-4,934
Covid recovery - acute efficiency**			6,694	6,694
Sub total	**842,081**	**30,734**	**1,761**	**874,576**
Primary Care Delegated Confirmed allocation	83,347	4,240		87,587
Additional roles re-imbursement scheme			4,959	4,959
Sub total	**83,347**	**4,240**	**4,959**	**92,546**
Running Cost Confirmed Allocation	**11,153**	**0**	**0**	**11,153**
Total	**936,581**	**34,974**	**6,720**	**978,275**

* anticipated change to payment of Non contract activity which will be transacted through the host commissioner

** spending review confirmed £1.5bn to ease pressures on NHS caused by COVID. It is assumed part of this will cover non delivery of efficiency assumed in original 20/21 tariff uplift (1.1%)

*** does not include assumptions re LTP transformation funding, or additional spending review commitments other than 20/21 tariff efficiency offset noted above

3. Business Rules

3.1. The business rules for 2021/22 have not yet been confirmed. The financial plan has been developed to deliver the business rules applied in previous years to CCGs. These are summarised in the table below. Details of how we have planned to meet these business rules are considered further in section 7.

Business Rule	Comment
Minimum cumulative/ historic surplus	CCGs should have a minimum **1%** cumulative surplus at the end of each financial year, this can include the historic return of the previous year's surplus. At present it is unclear how historic surpluses will be dealt with in 2021/22 including the additional forecast £3m surplus in 2020/21 relating to system wide funding.
Minimum in-year financial position	All commissioners are required as a minimum to break even, subject to prior agreement of drawdown of historic underspends.
Local Contingency	CCGs should hold a minimum of 0.5% uncommitted general contingency at the start of the year to manage their in-year pressures and risks
Admin Costs	CCGs should remain within their Running Cost allocation
Mental Health Investment Standard	CCGs should increase spend by at least their overall programme allocation growth plus an additional 1.7%. Spend on Children's and Young People's (CYP) Mental Health must also increase as a percentage of each CCG's overall Mental Health spend.
Primary & Community Services Investment	Comply with requirement to increase investment in services at a minimum of % programme growth uplift.
Better Care Fund	CCGs should increase their minimum contribution to the Better Care Fund (BCF) in line with the guidance.

4. Financial Plan for 2020/21.

4.1. Governing Body received, in its private session on 4 February 2021, a presentation setting out the key issues and assumptions in support of delivery of the Commissioning Intentions.

4.2. The financial plan is based on the issues and assumptions discussed. Due to the lack of planning guidance it has been difficult to work through the most likely scenario in terms of inflation/efficiency requirements, cost pressures and investments required to uplift budgets and contracts.

4.3. An overview of the opening financial plan for 2021/22 is shown in Table 1 below.

Table 1

Financial Plan Overview 2021/22

20/21 additional resources and additional commitments		
	£m	**£m**
CCG Programme Allocation Uplift	(30.7)	
CCG Primary care Delegated Allocation Uplift	(4.2)	
CCG Programme and Primary Care Anticipated allocations	(6.7)	
Subtotal Allocation Growth		**(41.6)**
Underlying recurrent deficit from 20/21	**1.1**	
New Pressures/committed investments		
Recreate 0.5% contingency reserve to comply with Business Rules	4.4	
Price net tariff uplift/Other inflationary pressures	17.7	
GP contract uplift	4.2	
Demand (activity) pressures - Acute, Ambulance, CHC, Hospice etc	12.8	
Pre-committed investments	10.5	
Sub total additional spend before discretionary investments		**50.7**
Possible Investments		
Mental Health investment standard (note 1)	1.0	
Other	4.0	
		5.0
Net Pressure		**14.1**
Current QIPP plan including unidentified QIPP		**(14.1)**

Note 1: this level of new investment, taken with price/demand pressures/committed investments should allow the CCG to demonstrate compliance with the Mental Health Investment Standard

The summary shows based on these initial assumptions we can only meet the requirement for a balanced financial plan with the current need for cost pressures, investment etc if we can deliver QIPP efficiencies of c£14m. As it currently stands, in 2021/22 the bottom up QIPP plan would generate circa £5.2m of QIPP for the CCG, leaving a shortfall of at least £8.9m.

4.4. Why has such a large efficiency challenge arisen for 2021/22? The analysis in table 1 below provides a breakdown but essentially there are five main component elements:

- The need to address the underlying financial deficits which have historically been at a significant level. For each contract or service area the finance team have made an assessment of the recurrent baseline requirements using the latest

intelligence on 2020/21 spend. Opening budgets therefore reflect the recurrent underlying cost in 2021/22. This creates an opening **£1m** recurrent deficit based on the Month 9 forecast.

- The need to re-create the 0.5% contingency reserve of c**£4m** which we deploy recurrently each year to fund recurrent cost pressures.

- Inflation pressures of c£21.0m less £3.5m delivered through the tariff efficiency have been assumed, based on historic levels. In total, price changes equate to c**£18m**. National tariff inflation has been assumed at 2.5%, with a tariff efficiency of 1.1%, hence a net tariff uplift is 1.5%. Estimates of inflation increases have been made for budgets not covered by national tariff uplifts eg CHC, FNC, Prescribing etc.

- Activity pressures and other cost pressures are estimated at c**£13m.**

- The investments identified through the Long Term Plan pre-commitments alongside our local priorities of c**£10m** and a further **£5m** set aside for other potential investments to deliver our commissioning intentions.

The pressures outstrip the available cash increase of c**£42m**, even before discretionary investments.

5. QIPP Plan 2021/22

5.1. As noted above, the financial plan has set a target of £14m for the QIPP plan in 2021/22. This is based on the assessment of recurrent expenditure commitments, expenditure forecasts on a 'do-nothing basis', the likely level of investment required to support delivery of the Long Term Plan Commitments as well as local priorities as assessed through the Commissioning Intentions process.

5.2. Commissioning Intentions projects have not been fully quantified but minimal schemes have been identified to date that will deliver net savings. In addition, the lack of clarity regarding the financial frameworks means that it is extremely difficult to establish how the financial impact of schemes to improve system efficiency will be shared between partners. The lack of delivery of efficiency programmes will impact on the ability to fund the identified level of investments within the plan.

5.3. Table 2 below shows the breakdown of identified QIPP schemes.

Table 2 Area of Spend	**Value £m**
Continuing Healthcare	3.0
Prescribing (including Stoma)	1.7
Running Costs	0.5
Total	**5.2**

6. Investments

6.1 Investment has been set aside in the financial plan which reflects the level of pre-commitments already made at £10.5m and approved by the CCG and a reasonable assumption on investments that may be required to help deliver our Commissioning Intentions at £5m.

6.2 Within the pre-commitments is £1.9m to enable us to meet the investment requirements of the Mental Health Investment Standard, a further £1.0m not yet committed is required in addition to this to ensure that the required overall funding is made available. Although this is uncommitted at present Governing Body has previously confirmed the principle of committing this funding, despite not having confirmed allocations, in light of the requirement to deliver the mental health investment standard. In addition, the CCG has previously agreed to provide non-recurrent funding (£2.3m) to support the Primary and Community Mental Health Transformation programme, in recognition of slippage of transformation funding in previous years, as well as to bridge future expected increases in funding for this programme.

6.3 Other pre commitments include primary care funding for the Additional Roles Reimbursement Scheme (£5m), the cost of which is offset by an assumed increase in our allocation (as funding above CCG baseline increases is retained centrally).

6.4 The remainder of the uncommitted funding of £4m has been set aside to fund Commissioning Intentions although this must be considered alongside the high level of unidentified QIPP of £8.8m.

7. Key Assumptions

7.1. Minimum in-year financial position. As noted in section 3.1 our Business Rules are likely to ask us to deliver a breakeven position. The financial plan presented today demonstrates delivery of that. However there are a range of risks and potential mitigations to delivery of that position.

7.2. Minimum cumulative/ historic surplus. The financial plan makes no assumption of the return of our historic cumulative surplus from 19/20 of £21.8m, or addition of the additional £3m in-year surplus generated in 2020/21 (relating to the ICS). It also assumes no drawdown being agreed in 2021/22 i.e. access to our historic surplus in excess of the required 1%.

7.3. Local Contingency. As noted in section 4.3, we are holding a 0.5% contingency (c£4.4m) to deal with in year issues.

7.4. Acute & Community Spend. It should be noted that this is the area of spend most likely to be impacted by potential roll forward arrangements/ changes in year to a different financial regime. For the purposes of this draft plan, common assumptions have been made over the full 12 months of the financial year, we have not attempted to differentiate the impact of rolling over current block arrangements for a minimum of the first quarter. A range of assumptions have been made regarding Acute and Community spend as summarised below.

- The starting point for NHS providers is 19/20 recurrent outturn, uplifted by gross national tariff uplift (no efficiency element);
- The plan assumes that payments for contracts below the de minimis level of £500k will come back to the CCG and will no longer be managed nationally;
- Non-contract activity (NCA's) will be paid by host commissioner, not the responsible commissioner;

- Independent sector contracts will revert back to local control and be subject to CCG commissioning and contracting arrangements (at 19/20 levels);
- The plan assumes that elective activity above 19/20 levels will be funded from national elective incentive scheme (no assumption re impact of lost productivity re social distancing);
- It assumes some increases in non-elective and A&E activity as well as high cost drugs;
- Providers will be asked to deliver some efficiency but lower than normal (assumed 0.5%);
- Ambulance services historic growth levels have been assumed for the 999 service;
- For the 111 and PTS service an estimate for cost pressures has been included.

7.5. Continuing Healthcare and Hospital Discharge Programme (HDP). We have assumed that HDP funding will cease at March 2021 and CHC will revert back to pre COVID processes and payments. The plan assumes historic growth level for CHC and also for Funded Nursing Care, as well as historic inflation uplifts. Fee rate increases are to be agreed alongside Sheffield City Council rates, which may be higher than historic levels and so would result in an additional cost pressure not yet reflected in the plan.

7.6. Admin Costs. Whilst we historically underspent our running costs budgets, the reduction in the running costs allocation in 2020/21 means there is a recurrent cost pressure, based on the approved staffing structure. Draft running cost budgets for 2021/22 are being discussed with budget managers and once complete, will be presented to the Senior Management Team. Pay budgets have been inflated by 2.2% plus any incremental uplifts. The plan assumes that there will be no increase to the Running Cost Allocation – and so all pay uplifts will be a cost pressure that will need to be managed within the overall plan.

7.7. Mental Health Investment Standard. Previous planning guidance in 2019 has been used to model the Mental Health Investment Standard requirement. As more funding for Mental Health is being routed through the ICS as transformation funds, the guidance stated that the growth is in line with the CCG allocation uplift (3.66%). Increases in spend include inflation and cost pressures for baseline services as well as investments in new and improved services as summarised in the table 3 below.

Table 3: Planned Mental Health Spending Increase

£'000	20/21 Spend	Net Contract Inflation	QIPP	Investment/ Cost Pressure funding	21/22 Plan
Core	99,788	1,517	- 236	2,866	103,935
Non Core	19,746	471	- 243	0	19,974
Total	119,534	1,988	- 479	2,866	123,909
Planned Increase				3.66%	4,375

QIPP figures listed are a fair share split of CHC/Section 117 and Prescribing. Section 117 is included within Core, as per the MHIS guidance.

Work is ongoing to prioritise a number of current cost pressures and investments to meet long term plan expectations, the CCG's commissioning intentions and quality improvements. Cost pressures include additional spend relating to increased activity and acuity in mental health service across providers.

In addition to investing funding from our CCG allocation, we expect to receive additional ICS transformation funding of for programmes such as Primary and Community Mental Health service, Mental Health support teams in schools and Crisis alternatives (such as crisis cafes and peer support). Funding from these transformation funding streams are expected to be in the region of £2m for 2021/22.

Primary care. The plan makes a number of assumptions about the uplifts which may be agreed in the contract negotiations and assumes that the allocation uplift is sufficient to fund the GP contract settlement. All investment in primary care is to be consistent with the national GP contract framework. It also assumes the Additional Roles Reimbursement Scheme allocation is utilised in full including the element expected to be retained centrally. The initial budgets presented at Appendix A are currently based on utilising the totality of the allocation.

There will be a separate paper to the CCG's Primary Care Co-Commissioning Committee (PCCC) in March setting out the CCG's understanding of requirements for 2021/22, based on the latest available guidance. The paper to PCCC will also look in detail at the additional locally commissioned primary care services from within the CCG's main programme allocation.

7.8. COVID. The plan assumes no additional or on-going costs associated with COVID and that if they arise they will be funded separately as they have been in 220/21 i.e. in addition to the allocations shown in Section 2.

7.9. Better Care Fund (BCF). NHS England and Improvement has yet to confirm the minimum allocations for the Better Care Fund by CCGs for 2021/22. Initial feedback suggests that there will be a continuation of the 5.3% increase to the minimum contributions to the BCF as seen in the previous year. As Governing Body members are aware, in Sheffield our BCF contribution is far in excess of the minimum CCG contribution (c£276m in 2020/21 compared to the minimum BCF Social Care contribution of c£43m). As we develop our Joint Commissioning Intentions into plans there will be a review of the budgets and services included within the Better Care Fund to ensure consistency of approach which may change the overall value of the budgets within the Fund.

8. Risks

8.1. Given the high level of uncertainty and lack of planning guidance it is too early to assess the level of risk within the plan above that identified in the Sections above.

8.2. Once planning guidance is published significant further work will be required to agree contract values, firm up expenditure commitments, clarify investment priorities and confirm funding assumptions. The level of risk can then be quantified on this basis.

9. 2021/22 Initial Budgets

9.1. The CCG's Prime Financial Policies require that, prior to the start of the Financial Year, the Director of Finance will, on behalf of the Accountable Officer, prepare and

submit commissioning and infrastructure (running cost) budgets for approval by the Governing Body.

9.2. **Appendix A** sets out the initial budgets for 2021/22 which flow out of the financial plan and assumptions discussed. The budgets have been assigned to individual directors, and the Governing Body is asked to approve these opening budgets and the distribution to individual directors to enable expenditure to be committed and payments to be made. These will be the budgets to be uploaded into the CCG's general ledger at the start of the year, subject to any changes required by NHS England.

9.3. It is important to understand that the budgets have been set around a set of assumptions in the absence of any planning guidance. Budgets will be revised once the planning guidance is received and adjustments applied to the opening budgets to ensure an audit trail is maintained.

9.4. Appendix A seeks to provide Governing Body with a comprehensive overview of how the budgets have been set for each main budget line, starting with the opening recurrent funding brought forward from 2020/21 and then applying the various price and efficiency adjustments, the largely demand led activity cost pressures, the investments where these are agreed and then the QIPP as summarised in section 5. The columns at the end in various colours seek to summarise in % terms the different levels of uplift or efficiency required.

10. Recommendations

The Governing Body is asked to:

- Approve the initial 2021/22 budgets and budget holders as set out in Appendix A
- Note that the lack of planning guidance makes it difficult to set a meaningful financial plan for 21/22 and that the key assumptions set out in this paper are based on the underlying financial regime and the limited guidance published so far. An updated financial plan will be submitted to Governing Body during the financial year, once planning guidance and financial allocations have been confirmed.

Paper prepared by Diane Mason, Senior Finance Manager

On behalf of Jackie Mills, Director of Finance

February 2021

Initial Revenue Budgets for 2021/22

Appendix B

	Proposed Budget Holder	Budget b/f from 2020/21	Growth	Price			Cost Pressures - mainly activity demand	Investments		2021/22 Forecast Spend before QIPP			QIPP		2021/22 Forecast Spend AFTER QIPP			% change			
				Inflation	Efficiency	Net of Inflation & Tariff Efficiency		Rec	NonRec	Rec	NonRec	Total	Rec	NonRec	Rec	NonRec	TOTAL	TOTAL	Net 21/22 Uplift	Demand/ Invest	QIPP
		£'000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	%	%	%	%
ALLOCATIONS																					
Programme (Commissioning) Allocation		842,081	30,734	0	0	0	0	0	0	872,815	0	872,815									
Programme Anticipated allocations		0	1,761	0	0	0	0	0	0	1,761	0	1,761									
Primary Care Delegated Co-commissioning allocation		83,347	4,240	0	0	0	0	0	0	87,587	0	87,587									
Primary Care Delegated Co-commissioning anticipated allocation		0	4,959	0	0	0	0	0	0	4,959	0	4,959									
Running Cost Allocation		11,153	0	0	0	0	0	0	0	11,153	0	11,153									
Allocations		**936,581**	**41,694**	**0**	**0**	**0**	**0**	**0**	**0**	**978,275**	**0**	**978,275**									
Programme Budgets	**N.B. ALL BUDGETS ARE SHOWN NET OF INCOME AT THIS STAGE**																				
Acute & Community NHS Services	J Mills	535,475	0	13,387	(2,945)	10,442	10,124	0	0	556,040	0	556,040	0	0	556,040	0	556,040	#VALUE!	#VALUE!	1.9%	0.0%
Other Acute & Community	J Mills/A Windle	8,543	0	214	0	214	350	0	0	9,107	0	9,107	0	0	9,107	0	9,107	#VALUE!	#VALUE!	4.1%	0.0%
Mental Health	J Mills/A Windle	91,524	0	2,288	(503)	1,785	0	2,866	2,277	96,175	2,277	98,452	0	0	96,175	2,277	98,452	7.6%	#VALUE!	5.6%	0.0%
Other Primary & Community services	J Mills/A Windle	31,695	0	792	0	792	345	0	0	32,832	0	32,832	0	0	32,832	0	32,832	#VALUE!	#VALUE!	1.1%	0.0%
Primary Care Co-Commissioning	S Buchan	79,571	4,240	0	0	0	0	4,959	0	88,770	0	88,770	0	0	88,770	0	88,770	#VALUE!	#VALUE!	0.0%	0.0%
Locally Commissioned Primary Care	S Buchan/Z McMurray/ J Mills/C Tilney	17,598	0	0	0	0	0	0	0	17,598	0	17,598	0	0	17,598	0	17,598	#VALUE!	#VALUE!	0.0%	0.0%
Continuing Care	A Windle	59,112	0	1,419	0	1,419	1,050	0	0	61,581	0	61,581	(1,700)	0	59,881	0	59,881	#VALUE!	#VALUE!	1.8%	-2.9%
Prescribing	Z McMurray	100,695	0	3,021	0	3,021	0	1,000	0	104,716	0	104,716	(3,000)	0	101,716	0	101,716	1.0%	#VALUE!	1.0%	-3.0%
Collaborative Working	B Hughes/W Cleary-Gray	409	0	0	0	0	0	0	0	409	0	409	0	0	409	0	409	0.0%	#VALUE!	0.0%	0.0%
Reserves																					
Commissioning Reserves	J Mills	1,972	0	0	0	0	949	4,427	0	7,348	0	7,348	0	0	7,348	0	7,348				
0.5% General Contingency Reserve	J Mills	0	0	0	0	0	0	4,419	0	4,419	0	4,419	0	0	4,419	0	4,419				
Reserve for non recurrent investments	J Mills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Unidentified QIPP Reserve	J Mills	0	0	0	0	0	0	0	0	0	0	0	(8,949)	0	(8,949)	0	(8,949)				
Programme Budgets		**926,593**	**4,240**	**21,120**	**(3,448)**	**17,672**	**12,817**	**17,671**	**2,277**	**978,994**	**2,277**	**981,271**	**(13,649)**	**0**	**965,345**	**2,277**	**967,622**				
Running Costs																					
Budgets																					
Accountable Officer	L Smith/ B Hughes	2,662	0	0	0	0	0	0	0	2,662	0	2,662	0	0	2,662	0	2,662				
Commissioning Development	S Buchan	1,797	0	0	0	0	0	0	0	1,797	0	1,797	0	0	1,797	0	1,797				
Medical Directorate	Z McMurray	460	0	0	0	0	0	0	0	460	0	460	0	0	460	0	460				
Corporate Services	C Tilney	2,940	0	0	0	0	0	0	0	2,940	0	2,940	0	0	2,940	0	2,940				
Finance & Contracting	J Mills	1,859	0	0	0	0	0	0	0	1,859	0	1,859	0	0	1,859	0	1,859				
Nursing & Quality	A Windle	994	0	0	0	0	0	0	0	994	0	994	0	0	994	0	994				
Running Cost Reserve	J Mills	440	0	0	0	0	0	0	0	440	0	440	0	(500)	440	(500)	(60)				
Running Costs budgets		**11,153**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**11,153**	**0**	**11,153**	**0**	**(500)**	**11,153**	**(500)**	**10,653**				
Total		**937,746**	**4,240**	**21,120**	**(3,448)**	**17,672**	**12,817**	**17,671**	**2,277**	**990,146**	**2,277**	**992,423**	**(13,649)**	**(500)**	**976,497**	**1,777**	**978,274**				
Planned (Surplus)/deficit		**1,165**	**(37,454)**	**21,120**	**(3,448)**	**17,672**	**12,817**	**17,671**	**2,277**	**11,872**	**2,277**	**14,149**	**(13,649)**	**(500)**	**(1,777)**	**1,777**	**(0)**				