



Northern, Eastern and Western Devon
Clinical Commissioning Group



NHS NEW Devon CCG – Western Locality

Finance Report – Month 3 2015/16

Introduction

This report sets out the financial performance of the Western Locality to the end of month 3 (June 2015). The report is in three sections with the first reflecting the devolved financial management responsibilities of the Locality as approved by the CCG Governing Body. This reflects the position based on the pragmatic reporting of where contracts are managed.

The second section reflects the population based report for the Locality. This represents the expenditure on contracts for the GP registered population of the Western Locality. A subset of this information (for Plymouth only practices) forms the CCG contribution towards the Plymouth Integrated Fund.

The third section of the report sets out the performance of Plymouth Integrated Fund. It therefore includes summarised Plymouth City Council (PCC) expenditure across both Pooled and Aligned funds, and the associated risk share arrangements.

Due to timing of both Governing Body and Cabinet meetings, this report remains **DRAFT** until the CCG Governing Body and PCC Cabinet receives these figures.

SECTION 1 – LOCALITY MANAGED CONTRACTS

1. Western Locality Finance Position

The Budget for the contracts managed in the Western Locality has been set at £280m for 2015/16. As agreed by the Governing Body, for pragmatic reasons, the budget, spend and forecast figures are CCG wide. The Locality is therefore responsible for performance against the entirety of these individual contracts and liaises with other teams as necessary where corrective action is required.

The detailed analysis is included at **Appendix 1**. The Year to Date performance shows a £227k overspend against plan, with a forecast outturn of £494k over plan. The key areas contributing to the forecast overspend are South Devon Healthcare Foundation Trust, and the Care Co-ordination Team. These two variances are explored in more depth below.

Acute Care Commissioned Services

Plymouth Hospitals NHS Trust

The acute contract with Plymouth Hospitals NHS Trust has been agreed at a value £173.1m, which is fully variable. There are a number of significant challenges in the contract this year, and these are reflected in the budget. The performance in these challenged areas are summarised in the report.

Contract value:	£173.1m
Penalties:	-£1.7m
QIPP:	-£3.6m
Capacity Constraint:	£2.2m
Total Budget	£170.0m

Penalties

The CCG has funded contracts that exceed its resource limit to the extent that assumed penalties are applied and re-invested in the contract value. For the Plymouth Hospitals NHS Trust contract the assumed penalties is £1.7m and this has been invested in the RTT backlog value of the contract at £3.6m. The performance to date is as follows:

Month	1	2
Never Events - Original Spell	-	6,432
Never Events - Corrective Spell	-	-
Eliminating Mixed Sex Accommodation	-	-
Cancer (62 days)	- 2,163	- 2,345
Cancer (31 days)	- 541	- 2,110
Cancer (2 Week Waits)	- 7,569	- 4,098
RTT (Admitted, Non-Admitted & Incomplete)	- 228,663	- 225,517
RTT (Over 52 Week Waits)	- 5,000	5,000
Diagnostic Waits	- 24,413	- 33,452
A&E	- 42,240	- 68,839
Ambulance Handovers	- 11,534	- 12,620
Cancelled Operations (28-Day Breaches)	- 24,418	- 19,135
Cancelled Operations (Multiple Cancellations)	- 10,000	- 5,000
Clostridium Difficile	-	-
Duty of Candour	- 30,162	16,876
Venous Thromboembolism (VTE) Risk Assessment	-	-
Total	- 386,703	- 357,672

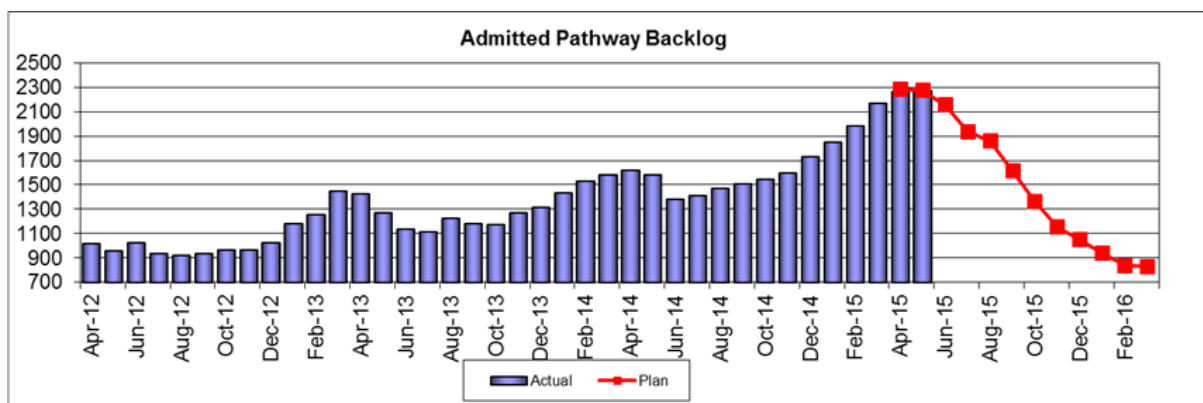
Since the calculation of the month 2 penalties NHS England have announced a change to the RTT penalty regime. This is expected to result in the CCG refunding approximately £180k of recovered penalties to the Trust in M03.

Capacity Constraint

There are a number of specialities that the Trust has been unable to provide sufficient capacity to deliver RTT and match the demand in the system. The agreed level of capacity shortfall was excluded from the contract, and the locality has been soft testing the market for the capacity required to deliver RTT compliance in these specialities. To date the capacity has not been secured and there is a year to date underspend on this element of budget. The locality plans to issue contracts for the capacity towards the end of July / early August. The forecast, therefore, is that this budget will be spent during the balance of the year in delivering RTT compliance.

RTT Compliance

£3.6m has been invested in securing capacity to deliver RTT compliance by reducing the backlog. Performance to month 2 is summarised in the following table, but is explored in greater depth in the Integrated Governance Report.



QIPP

The most significant issue with the contracts financial performance this year will be the requirement to deliver QIPP Savings (Quality, Innovation, Productivity and Prevention) to the value of £6.4m. £2.8m of this is reflected in the opening contract with the Trust, a further £3.6m is reflected in the Locality’s budget for this contract, with an expectation that it will be delivered by year end.

It is our intention to vary the contract value through contract variation orders as QIPP schemes’ financial and activity impacts are agreed, however where the impact is driven solely by the CCG and has not received agreement from the Trust we would expect the contract to underperform. The locality is currently negotiating a contract variation for the planned impact of Robin Ward.

QIPP delivery is a key focus for our work and will also form a key part of financial reporting as the year progresses. A section on the delivery of QIPP is included later in the report.

At the time of writing the month 3 data for this contract had not been received and the performance is reported based on month 2 data. The month 2 performance information shows an underperformance against the contract plan of £467k. In addition to this underperformance there is also a year-to-date underspend on the funds withheld for the Capacity Constrained Specialties of £551k as these funds are not yet committed. The year to date position has also been adjusted to account for the RTT penalty adjustment noted in the penalty section above of £180k and for the non-delivery of unidentified QIPP of £231k. This results in a total year to date position of £607k under plan.

The main reasons for the underperformance are explored in greater detail in the contracts section of the Integrated Governance Report, and are summarised below for context.

Year to Date	Planned Activity	Actual Activity	Variance	Planned Spend £000s	Actual Spend £000s	Variance £000s	Variance Activity	Variance £
Elective	4,896	5,084	188	5,401	5,396	- 5	4%	0%
Non Elective	5,773	5,896	123	9,849	9,607	- 241	2%	-2%
A&E	12,230	12,083	- 147	1,424	1,409	- 15	-1%	-1%
Outpatients	43,294	45,368	2,074	4,965	5,229	264	5%	5%
Excluded Services				5,576	5,863	287		
Penalties				-	- 744	- 744		
CQUIN				629	617	- 12		
QIPP, Headroom & Investments				-	-	-		
Total				27,843	27,376	- 467		-1.7%

The underperformance in elective is largely due to Orthopaedics (-£124k). This underperformance reduced from month 1 due to plan being re-profiled to reflect the loss of Stannon Ward. Upper GI (-£90k) is under plan in month 2 due to surgery cancellations caused by HDU bed and theatre staff availability.

Non Elective is under plan by £241k, which is summarised by a higher than planned level of admissions for children which was offset by lower than planned levels of surgical, medical, women's and other admissions. In A&E, the Trust have seen 147, or 1%, fewer patients than planned so far this year. We know 2014/15 saw a considerable growth in A&E attendances and non-elective admissions and so the underperformance in these areas is very positive.

The overall position of an over-performance of 5% on outpatients masks a wide variation in performance at individual specialty level. Dermatology, Chronic Pain and Endoscopy are over-performing whilst Gastroenterology, Orthopaedics and ENT are under plan.

The major contributors to the penalties are RTT (£454,180), A&E (£111,079) Cancelled Operations (£58,553) and diagnostics (£57,865).

Overall the month 2 position on the PHNT contract is encouraging from a financial perspective given the £0.5m underspend. A number of errors have also been noted in the month 2 reporting, which once corrected will improve this position further.

Referral information for the first 3 months of 2015/16 shows an overall reduction of 0.3% compared to the same period last year with GP referrals 2.2% below 2014/15 levels.

PHT Referrals		Month 3		
Referral Source	2014/15	2015/16	Variance	% Variance
A&E	736	857	121	16.4%
Consultant	7,194	7,324	130	1.8%
Dentist	822	690	-132	-16.1%
GP	17,506	17,129	-377	-2.2%
Other	5,289	5,463	174	3.3%
Grand Total	31,547	31,463	-84	-0.3%

This table is based on Plymouth Hospitals NHS Trust's data, and we are working with the Trust to reconcile and validate this data to the information flows through DRSS to ensure we have a consistent joint view of referral activity.

For context, DRSS data reveals that, for the Western Locality, there has been a Year to Date on Year to Date drop in GP referrals to all secondary care providers through DRSS of 12.7%.

South Devon Healthcare Foundation Trust

South Devon Healthcare Foundation Trust have reported an overspend position of £61k against a plan of £833k to month 2 which is an overperformance of 7%. The key areas are elective inpatients that are £28k or 41% over plan, Non Elective admissions that are £33k or 15% over plan, Excluded Devices £13k over plan whilst Outpatients are £17k or 13% under plan.

There is also an adverse variance of £35k which has been caused by non delivery of contractualised QIPP. These positions are extrapolated forward to forecast an overspend of £289k.

Independent Sector

The Independent Sector position as at month 3 remains underspent overall, primarily as a result of underspends with both the Plymouth Nuffield and Care UK, both of which have seen lower than expected activity levels so far this year. Amongst the smaller contracts

activity values are broadly in line with expectations at this point in the year, though there is a notable underspend at Alliance Medical and an overspend at Bodmin Treatment Centre.

London Trusts

The performance of the London trusts so far this year is broadly in line with expectations, though with only 2 months data received so far there is a potential for the position to change in the coming months. The notable exception to this is the Royal Brompton which is showing a considerable variance against contract value. Months 1 and 2 at the Royal Brompton both contained very high cost critical care stays which were not planned and this combines with a significant overspend on patient transport to produce a total overspend of circa 50% so far this year.

Non Acute Commissioned Contracts

Plymouth Community Healthcare CIC

The key action to note for this month was the successful transition of the community services from Torbay and Southern Devon Health and Care Trust to Plymouth Community Healthcare CIC. This included the successful conclusion and signing of a Variation Order to the present contract for a further £8.6m (full year effect) to reflect the future delivery of these services.

For some services this represents a 'hosting' arrangement whilst service reviews and /or procurement is concluded whilst for others this is the completion of the strategy to bring adult complex care services together for the whole practice population of the western locality under one provider.

The variances in the Year to Date position are the result of budget profiling issues from the Variation Order and will be smoothed out for the next report, they do not reflect true over and underspends year to date. The true year to date position for these two contracts is break-even.

Care Co-ordination Team

The Care Co-ordination Team (CCT) issue is detailed in Section 3, the Plymouth Integrated Fund, and is not duplicated here.

QIPP Savings Delivery

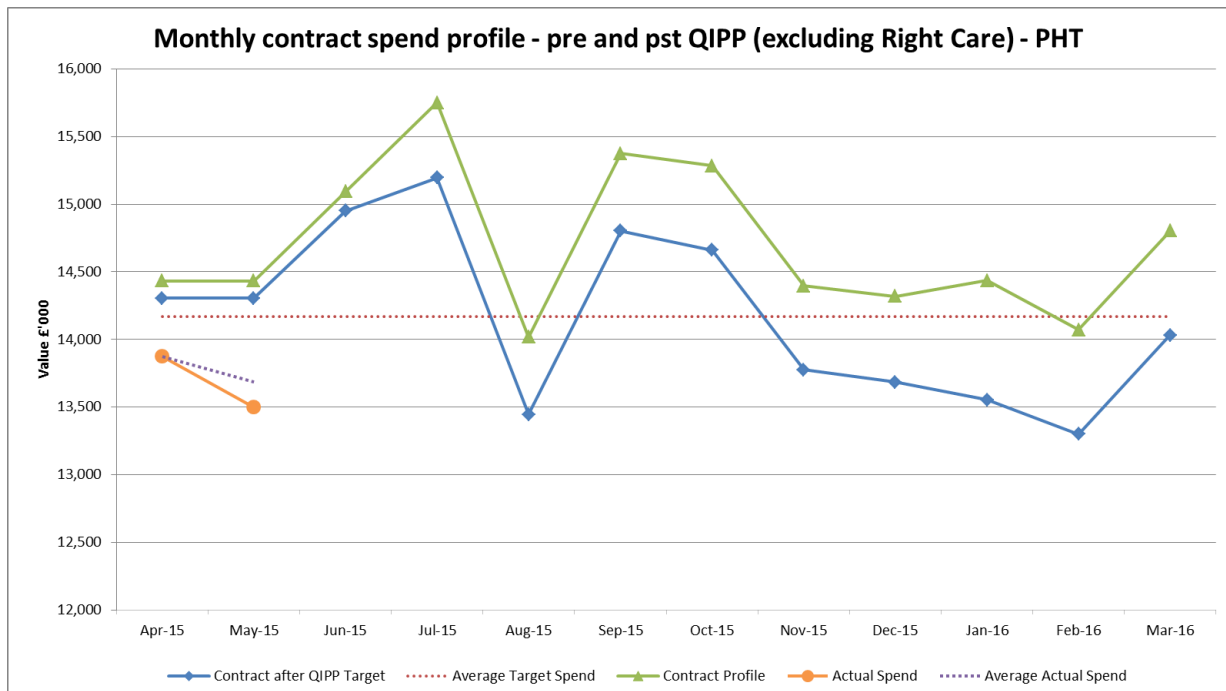
The locality has a target of £7.3m of savings to be made in 2015/16 predominantly in relation to spend within the acute contract with Plymouth Hospitals NHS Trust. The majority of the QIPP savings schemes are being managed through CCG wide control centres for urgent care and planned care to which the locality makes a significant contribution. The control centres are in place to deliver savings across the CCG footprint. The initial assessment of targeted saving (worked up through CCG planning process) for the Western Locality can be summarised under the following themes:

Summary	£000's	£000's	£000's
	PHNT	Other	Total
Planned Care	3,106	900	4,006
Urgent Care	1,253		1,253
Contracting Changes	1,639		1,639
Right Care	403		403
	6,401	900	7,301

In addition, the Western Locality Board will be interested in the delivery of schemes that are managed elsewhere but will have a significant impact into this Locality. These include Primary Care Prescribing, Continuing Healthcare and Right Care. As described to the board previously this represents a further £6.7m as set out in the table below. The Western element is estimated, and the exact amounts will be refined as the detailed opportunities and implementation of the schemes is finalised.

Summary	£m's		£m's
	CCG	WL	WL Total
Primary Care Prescribing	3.1	40%	1.2
Continuing Healthcare	3.2	40%	1.3
Right Care	10.6	40%	4.2

Plotted against the contract value and compared to actual spend the profile to date the trajectory for the Plymouth Hospitals NHS Trust schemes can be presented pictorially as follows:



The first 2 months results show the contract performing under contract and budget after the profiled QIPP target. As can be seen in the increasing gap between contract before and after QIPP target the challenge increases significantly from July. The position is being closely monitored on a weekly basis through the control centre data feeds and will be summarised monthly to inform the Localities response to the actual contract performance.

SECTION 2 – GP REGISTERED POPULATION BASED EXPENDITURE

2. Western Locality Population Based Finance Position

The total commissioning budget for the GP registered population of the Western Locality has been set at £435.7m for 2015/16. This is a different analysis to that reported to the Locality previously, and represents the entirety of the CCG commissioning responsibilities as applied to the Western Locality GP registered population.

The detailed report is provided at **Appendix 2**, and shows a Year to Date underspend of £104k, and a forecast outturn that exceeds budget by £293k. The key drivers for the forecast overspend are similar to those identified for the contract managed in the Western Locality. The key driver of variance is the Care Co-ordination Team, which is local to the Western Locality and does not therefore have an impact into other localities.

Contracts that are managed by other localities, but which have any significant impact on the Western population, include Continuing Healthcare, Primary Care Prescribing and Enhanced Services. Continuing Healthcare is managed by Partnerships and is forecast to underspend, whilst Primary Care Prescribing (Eastern) and Enhanced Services (Partnerships) are both currently forecast to break-even.

A subset of this population based budget and expenditure is the basis of the CCG contribution to the Plymouth Integrated Fund. This is based on the GP registered population for Plymouth GP practices and is explored in greater depth in the next section of the report.

SECTION 3 – PLYMOUTH INTEGRATED FUND

3. Plymouth Integrated Fund Finance Position

The Plymouth Integrated Fund is a construct of the resources and commissioned services that fall within the scope of the Section 75 agreement between NEW Devon CCG and Plymouth City Council.

Appendix 3 sets out the summarised financial performance of the Fund for both the CCG and the Local Authority. The Health budgets are forecasting an overspend of £351k before the application of the risk share. The Local Authority budgets are forecasting an overspend of £397k prior to the application of the risk share.

The Section 75 sets out the methodology for the application of the risk share and this indicates a requirement for a contribution from Health to the Local Authority of £153k based on those forecasts, but this will change as the performance does throughout the year. In total the Plymouth Integrated Fund is currently forecast to overspend by £0.7m.

Health Contribution to the Fund

For the Health elements of the Fund the key driver of the forecast overspend is the Care Co-ordination Team.

For Year to Date, there is a budgetary profile error that is causing a distorted variance, and this will be corrected for future month's reports.

Care Co-ordination Team

The Care Co-ordination Team (CCT) is jointly commissioned by the CCG and the City Council from Plymouth Community Healthcare as health and social care provider. The team is a multi-disciplinary team made up of nurses, therapists and social care staff. The team provide a single point of access community crisis response to reduce the risk of admission to the acute hospital and offer wrap-around support to maintain people in crisis at home or in a care home setting. The team are set up to manage the crisis and then refer back to longer term community services where needed. The team also provide a discharge response to facilitate discharge from PHT and PCH in-patient beds. This can include a re-ablement package of care or interim placement for further assessment.

The current forecast for health expenditure on the CCT for 2015/16 is for £9.6m if no actions are taken to reduce the weekly spend. This compares to an outturn spend of £5.7m in 2014/15 and represents a significant increase and risk to the financial position of the Integrated Fund. An immediate action plan has been put in place and includes the following actions to reduce spend:

- Weekly meeting between all providers has been implemented until further notice
- Definitive list of all patients is being constructed by the provider – this has been received
- Project leads and a further action plan is being developed by commissioners and the provider will report on actions taken weekly
- Commissioners have outsourced 20 assessments to an independent provider to assist with the reduction in the backlog
- Provider to prioritise and allocate backlog to accountable worker
- Attempt to re-allocate/remove inappropriate cases (Learning & Physical Disability clients)

A more detailed and robust action plan is being developed jointly with the City Council to ensure there is a rigorous management plan to include milestones and detailed trajectories for recovery.

The forecast has been amended with the planned impact of the current set of actions as follows, and has reduced forecast spend to £6.5m:

- The removal and re-allocation of Learning & Physical Disability clients should save £500k pro rata
- Reduce average length of stay to 10 weeks by the end of October will save £2.10m

There is an expectation that the formal action plan will deliver a turnaround and return to at least 2014/15 outturn levels, but until this is approved the forecast will not reflect that level of recovery.

QIPP Delivery

Within the Plymouth Integrated Fund, there is a requirement for the CCG to deliver QIPP savings of £12.4m. This represents the GP registered population share of QIPP plans and delivery across all of the CCG contracts. The Year to Date performance is ahead of plan by £110k, although the forecast outturn is to under deliver by £22k at year end.

This is a combination of over and under delivering contracts, but the key variances are Continuing Healthcare ahead of plan and Primary Care Prescribing falling slightly behind plan.

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

PLYMOUTH INTEGRATED FUND

2015/16 QIPP DELIVERY REPORT

FOR THE PERIOD FROM 01 APRIL 2015 TO 30 JUNE 2015

Month 3	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
CCG COMMISSIONED SERVICES						
NHS Royal Devon & Exeter Foundation Trust	-1	-2	-1	-17	-17	0
NHS Plymouth Hospitals NHS Trust	-323	-330	-8	-5,182	-5,181	0
NHS Northern Devon Healthcare Trust	-0	-0	-0	-1	-1	0
NHS South Devon Healthcare Foundation Trust	-0	-	0	-10	-7	2
NHS Taunton and Somerset	-0	-	0	-1	-1	0
IS Nuffield Plymouth	-75	-3	72	-211	-176	35
IS Nuffield Exeter	-0	-0	0	-2	-1	0
IS Care UK	-32	-20	12	-331	-336	-5
Continuing Healthcare	-520	-903	-382	-1,809	-1,809	0
Section 117	-	-	-	-99	-85	15
Primary Care Prescribing	-252	-76	176	-1,008	-1,008	-
Stretch QIPP	-6	-	6	-3,653	-3,679	-27
Subtotal	-1,209	-1,333	-125	-12,323	-12,302	22
Running Costs & Technical	-14	-	14	-58	-58	-
CCG Net Operating Expenditure	-1,223	-1,333	-110	-12,381	-12,360	22

Local Authority Contribution to the Fund

People Department Context

Like the rest of the Council, services in the People Directorate are facing significant external challenges from welfare reform, the introduction of the Care Act, the Cheshire West Supreme Court judgement in respect of Deprivation of Liberty Safeguards, the general state of the economy and the changing structure of the population which will see a continually ageing population with more complex needs on the one hand and for the foreseeable future, higher levels of young children. These demographic changes place unsustainable demands on statutory social care services.

In response Plymouth Health and Wellbeing Board has adopted a system's leadership approach that has set down a vision of system integration based around Integrated Commissioning, Integrated Health and Care Services and an integrated system of health and wellbeing. This has led Plymouth City Council and NEW Devon CCG to embark on a three

transformation programme that aims to create an integrated population based system of health and wellbeing.

The single commissioning function will focus on developing joined up population based, public health, preventative and early intervention strategies and adopt an asset based approach to providing an integrated system of health and wellbeing, focusing on increasing the capacity and assets of people and place. Health and Wellbeing Commissioning will be delivered through four interconnected strategies

- Wellbeing
- Children and Young people
- Community Based Care
- Enhanced and Specialist Care

Integrated commissioning will provide the opportunity to commission an integrated provider function stretching across health and social care providing the right care at the right time in the right place. Integrated commissioning will also have a key role in ensuring that every Child in the City achieves the Best Start to Life. In doing so it is recognised that similar whole system approach to Children's and Young Persons Services needs to be adopted. Co-operative commissioning principles and integration will be central to the Children's Services System redesign.

All these changes will be underpinned by high quality statutory services aimed at protecting the most vulnerable in society from harm and neglect and ensuring services are focused on delivering better outcomes for individuals.

Overall, the Directorate has plans to deliver £8.045m with detailed plans currently totalling £7.051m. Further plans are in development to deliver the remaining £0.807m.

Children Young People & Families

The Children Young People and Families Service is reporting a budget pressure of £0.419m at the end of the first quarter.

The Care Leavers Service are currently running with a significant pressure relating to placement costs with regard to staying put arrangements, supported lodgings and supported accommodation. The full pressure has been reduced by £0.500m through existing delivery plans. These include activity to minimise costs by ensuring all benefits are applied for directly following the young person's 18th birthday. A further delivery plan is currently being worked on to address the remaining pressure in the cost of care leavers' placements. As part of the transformation project for 2015/16, the CYP&F budget will need to make savings of over £1.5m (in order to contribute to the £8.045m Directorate target) with the activities and actions that will drive delivery forming part of the transformation programme.

There are risks that will require close monitoring and management during the year:

- Starting point in April of 86 Independent Foster Care (IFA's) placements with budget for only 68 achieving savings from interim and transformation wrap-around placements.
- Lack of availability of the right in-house foster care placements creating overuse of IFA's.
- High number of placements in Welfare Secure, there are currently 3 in situ.
- Unexpected court ordered spend on Parent & Child Assessment placements.
- Spend on Staying Put arrangements . The change in legislation in 2014 formalises this arrangement for young people until the age of 21 and which local authorities must support with little financial support.

The overall number of children in care at the end of June has reduced by 3 to now stand at 380.

The number of children placed with independent fostering agencies reduced by 5 to 75 which is above the budgeted target of 68. Residential placements have decreased by 1 to 22 against a target of 26 budgeted placements with a significant number of these placements being high cost due to the complex nature of these children's needs. The number of young people placed in 'welfare' secure placements remains the same with 3 young people currently in situ. The In-House Foster Care placements have increased by 1 to 198 placements against a target budget of 209 placements, with 4 placements in 'Other Local Authority' Foster Care. There is currently 1 In House Parent & Child Assessment Placement, 4 court ordered Independent foster care placement and 1 high cost Residential placement. The number of young people 16+ placed in supported living remains at 20 placements against a target budget of 22.

The service has received 414 referrals in June 2015 which was 20.8% less than June 2014 (523). The YTD figure for referrals is 1453 compared to 1363 for the same period in 14/15. This is an increase of 6.6% for quarter 1.

The performance target against single assessments has been revised to comply with national guidance and the target is now 45 working days compared to the previous 35. This has meant performance is now reported to be 94% for quarter 1 compared to 85% against 35 working days.

The number of child protection plans in June increased from 414 to 439 which is 9.8% higher than June 2014 (400).

Strategic Co-operative Commissioning

The Strategic Co-operative Commissioning (SCC) service is reporting to come in (£0.115m) under budget at the end of month 3. This is mainly shown by variations in the following areas:

- Leisure Management - mainly due to a saving on utilities, there is expected to be a saving of (£0.080m) against budget this year.
- Residential & Nursing - a net adverse variation of £0.200m is forecast. This includes an assumption for CCT clients that are currently being paid for by health but, once reviewed, are likely to be paid from SCC.

Salaries and related costs - we are forecasting an adverse variation of £0.288m, mainly around the In-House provision and a high cost client. Actions are in place to move the client on and will be monitored closely.

Direct Payments Income - currently there is a favourable variation of (£0.528m) which has arisen due to the change in the Fairer Charging policy and the income that is being collected as part of the Direct Payments income as a result.

As part of the transformation project for 2015/16, the SCC budget will need to make savings of over £5m (in order to contribute to the £8.045m Directorate target) with the activities and actions that will drive delivery forming part of the transformation programme. So far, SCC has achieved in the region of £2.2m of savings around reduced client numbers in residential and nursing, and contract savings, however there are £2m of delivery plans for 2015/16 that are currently showing as RAG rated red or amber, ie reviews to care packages, and further use of ECH housing instead of higher cost placements, that will need to be reviewed and, if necessary, alternative plans put in place to make the savings.

There are also two emerging risks that will require close monitoring and management during the year:

- DOLs assessments - over the past year there has been a very significant increase in Deprivation of Liberty Safeguard (DOLs) applications. Official data from the Health and Social Care Information Centre (HSCIC) show that there has been a ten-fold increase on previous activity levels. A DOLS action plan has now been developed and will be monitored through the year.
- Continuing Care Team clients - there are currently a large number of clients that are waiting for an assessment which could result in the costs being charged to SCC - see monitoring variations above. A working group has been established to ensure reviews are completed in a planned and managed way.

From April 1st 2015, Social Care delivery staff were transferred into Plymouth Community Healthcare (PCH) as part of the Health and Social Care Integration project. At the same time the Integrated Commissioning project established a pool budget and shadow commissioning arrangements with the CCG. This will involve us working with our partners to take a joined-up approach to the way services are commissioned and delivered in order to reduce costs, improve the experience of patients and service users and improve the health of Plymouth residents, along with investing in preventative and early intervention services to reduce demand on higher cost services, particularly acute services. As such, the outcomes, both financial and performance, will need to be monitored to ensure that we are achieving system sustainability.

Performance update for June

Deprivation of Liberty Safeguard assessments

At the end of June we have 458 DOLs assessments that are outstanding. Although the numbers of overdue DOLs assessments has increased in June, the number of overdue high risk assessments has dropped slightly, from 45 in May to 43 in June.

A report has been provided previously that outlines that this list is likely to continue to rise with 50% of new referrals being assessed per week. We will now monitor on a monthly basis outstanding DOLs with the creation of a performance dashboard.

Increased demand of DOLs assessments is a national issue, evidenced regionally via intelligence received that states that other LA's in the South West also have growing lists of outstanding assessments. Examples include; Somerset (840), Bath & NE Somerset (280) and Poole (300).

Delayed Transfers of Care

There were 24 people delayed in May (last Thursday of the month snapshot), these are delays attributed to Adult Social Care. Across the whole system 38 people were delayed.

This represents a significant drop in performance that has resulted in performance against the target now reported as red. In May 15 acute hospital delays were attributable to ASC (PHNT), this represented an increase of 10 on the previous month. There were 9 community hospital delays attributable to ASC, an increase of 7 on the previous month. At the end of May the rate/100,000 for people delays attributable to ASC is 7.39 against a target of 4.8.

Self-Directed Support

At the end of June the proportion of clients on self-directed support held at 84%, the same performance as at the end of May. The previous drop in May is likely due to the closing down of self-directed support packages. Performance against this indicator should improve

as a result of outstanding reviews being undertaken. Plymouth Community Healthcare have a plan in place to clear priority outstanding reviews.

Learning and Communities

Learning and Communities is reporting to come in on budget at the end of quarter 1. As part of the transformation project for 2015/16 the Learning and Communities budget will need to make savings of £0.600m (in order to contribute to the £8.045m Directorate target) with activities and actions that will drive delivery forming part of the transformation programme. The department is reviewing any potential pressures with the intention of mitigating these with off-setting actions.

Housing Services

The Housing Service is reporting a £0.093m budget pressure for year at end of quarter 1.

This is mainly shown by variations to:

Emergency accommodation £0.063m, budget set for 33 weekly placements compared to average for quarter of 38 placements per week.

Forecast impact of Devonport fire £0.050m.

Offset by management action with vacant posts (£0.020m).

Total of category 1 hazards being removed

In quarter 1 there were 89 category one hazards removed, meaning that performance against target is amber. The annual target is 400 so at the end of quarter one we are short 11 category one removals from the level required to be on target.

People helped to live in their own homes through the provision of a major adaptation

In quarter 1 34 people have had their homes improved through provision of a major adaptation, meaning that performance against target is amber. The annual target is 171 so at the end of quarter one we are short 9 adaptations from the level required to be on target.

Number of households prevented from becoming homeless

In quarter one 286 households have been prevented from becoming homeless, meaning that performance against target is red. The annual target is 1,500 so at the end of quarter one we are 89 short compared to the level required to be on target.

Conclusion

The Plymouth Integrated Fund is forecast to overspend by £0.7m at year end if further action is not put in place to manage the overspend. This is due to a number of factors

across both Health and Social Care but mainly focussed on pressures in the Care Co-ordination Team and the Care Leavers Service. Action plans are being developed and put in place to mitigate both of these risks.

APPENDIX 1

LOCALITY MANAGED CONTRACTS FINANCIAL PERFORMANCE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2015/16 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2015 TO 30 JUNE 2015

Month 03 June	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	43,562	42,955	-607	170,009	170,010	0
NHS South Devon Healthcare Foundation Trust	1,275	1,336	61	5,073	5,362	289
NHS Guys & St Thomas London	88	91	3	351	364	12
NHS Imperial London	58	43	-15	233	174	-59
NHS University College London	142	46	-96	570	564	-6
NHS Royal National Orthopaedic	64	67	3	255	267	12
NHS Royal Brompton & Harefield	93	138	45	373	550	177
Non Contracted Activity (NCA's)	1,964	1,963	-1	7,855	7,855	-0
Independent Sector	3,250	2,994	-256	13,168	12,562	-606
AQP	25	12	-13	98	59	-39
Other Acute	5	-20	-25	20	-	-20
Winter Resilience	-	4	4	-	-	-
Subtotal	50,525	49,629	-896	198,005	197,767	-238
COMMUNITY & NON ACUTE						
Plymouth Community Healthcare	16,894	15,752	-1,142	67,576	67,576	-0
Torbay and Southern Devon Health & Care Trust	651	2,101	1,450	2,605	2,606	0
Sentinel Healthcare	346	347	0	1,385	1,385	-0
Ultrasound (Sonarcare)	73	60	-13	292	298	6
Reablement	375	396	21	1,500	1,500	-
Subtotal	18,340	18,656	317	73,359	73,364	6
OTHER COMMISSIONED SERVICES						
Stroke Association	40	22	-18	159	159	-0
Hospices	643	566	-77	2,573	2,503	-70
Care Co-ordination Team	1,432	2,185	752	5,729	6,517	788
Patient Transport Services	151	151	0	605	618	13
Commissioning Schemes	54	54	0	218	218	-
All Other	-11	135	146	-45	-50	-4
Recharges	-	3	3	-	-	-
Subtotal	2,310	3,116	806	9,239	9,965	727
TOTAL COMMISSIONED SERVICES	71,175	71,402	227	280,603	281,097	494

APPENDIX 2
WESTERN LOCALITY GP REGISTERED POPULATION FINANCIAL PERFORMANCE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

WESTERN LOCALITY - GP REGISTERED POPULATION REPORT

2015/16 NET OPERATIONAL EXPENDITURE REPORT

FOR THE PERIOD FROM 01 APRIL 2015 TO 30 JUNE 2015

GP REGISTERED POP'N REPORT NET OPERATING COST STATEMENT MONTH 3 SUMMARY	Month 3 CCG - Year to Date			Month 3 CCG - Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
COMMISSIONED SERVICES						
Acute Care Service Agreements						
NHS Plymouth Hospitals NHS Trust	42,754	42,158	-596	166,856	166,856	0
NHS Royal Devon & Exeter Foundation Trust	315	310	-5	1,257	1,255	-2
NHS Northern Devon Healthcare Trust	17	17	0	69	69	0
Other Acute	8,736	8,502	-233	35,089	34,745	-344
Sub-total	51,822	50,988	-834	203,272	202,926	-346
Placements						
Continuing Healthcare	9,407	9,081	-326	35,240	35,030	-210
Other Placements	3,421	3,392	-28	13,569	13,485	-84
Sub-total	12,827	12,473	-354	48,808	48,515	-293
Community & Non Acute Services						
Plymouth Community Healthcare	16,894	15,752	-1,142	67,576	67,576	0
Virgin Healthcare	405	402	-2	1,619	1,619	0
Torbay and Southern Devon Health & Care Trust	651	2,101	1,450	2,605	2,606	0
Northern Devon Healthcare Community	0	0	0	0	0	0
Other Commissioned Services	6,908	7,623	715	27,634	28,275	642
Sub-total	24,858	25,879	1,020	99,433	100,075	642
Mental Health Services						
Devon Partnership NHS Trust	1,834	1,828	-6	7,337	7,323	-13
Other Mental Health	206	209	2	826	725	-101
Sub-total	2,041	2,037	-4	8,163	8,048	-115
Primary Care						
Prescribing	14,417	14,417	0	57,667	57,667	0
Enhanced Services	612	621	9	2,446	2,482	36
Other Primary Care	1,302	1,305	3	5,209	5,224	16
Sub-total	16,331	16,342	12	65,322	65,374	51
Earmarked Reserves & Contingencies	1,839	1,835	-4	2,834	3,188	355
TOTAL COMMISSIONED SERVICES	109,718	109,554	-164	427,832	428,126	294
RUNNING COSTS	1,977	2,037	60	7,909	7,909	0
TOTAL (GROSS) OPERATING COSTS	111,696	111,591	-104	435,742	436,035	293

APPENDIX 3

PLYMOUTH INTEGRATED FUND PERFORMANCE AND RISK SHARE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

PLYMOUTH INTEGRATED FUND

2015/16 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2015 TO 30 JUNE 2015

Month 3	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
CCG COMMISSIONED SERVICES						
Acute	41,345	40,671	-674	162,070	161,689	-380
Placements	10,553	10,265	-288	40,194	39,956	-239
Community & Non Acute	17,957	16,967	-990	71,828	71,835	7
Mental Health Services	153	148	-4	610	515	-95
Other Commissioned Services	2,690	3,275	584	10,762	11,340	578
Primary Care	13,018	13,066	48	52,073	52,269	196
Subtotal	85,716	84,392	-1,324	337,538	337,604	66
Running Costs & Technical	3,069	3,114	45	8,640	8,925	285
CCG Net Operating Expenditure	88,786	87,506	-1,279	346,177	346,528	351
Risk Share				153	153	
CCG Net Operating Expenditure (after Risk Share)	88,786	87,506	-1,279	346,177	346,681	504
PCC COMMISSIONED SERVICES						
Children, Young People & Families	8,443	8,548	105	33,771	34,190	419
Co-operative Commissioning & Adult Social Care	17,779	17,750	-29	71,116	71,001	-115
Learning & Communities				15,737	15,737	-
Housing Services	574	597	23	2,294	2,387	93
Subtotal	26,795	26,895	99	122,918	123,315	397
Public Health Commissioning	3,252	3,252	-	13,008	13,008	-
PCC Net Operating Expenditure	30,047	30,146	99	135,926	136,323	397
Risk Share				-153	-153	
PCC Net Operating Expenditure (after Risk Share)	30,047	30,146	99	135,926	136,170	244
Combined Integrated Fund	118,833	117,653	-1,180	482,103	482,851	748