



Northern, Eastern and Western Devon
Clinical Commissioning Group



NHS NEW Devon CCG

Plymouth Integrated Fund

Finance Report – Month 4 2016/17

Introduction

This report sets out the outturn financial performance of the Plymouth Integrated Fund for the month of July 2016.

The report is in two sections. The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements. The second section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group.

In summary, the Integrated Fund is forecasting to deliver against budget with a nil risk share impact. The Western PDU is currently forecasting a marginally overspent position against plan.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Plymouth Integrated Fund Finance Position

The summarised financial performance of the Integrated Fund for both the CCG and the Local Authority is set out in **Appendix 1**. Both the Health and Local Authority budgets are forecasting to be marginally overspent at this stage in the year. However, in order to achieve this forecast in the Local Authority a recovery plan is being put in place.

The impact of the risk share at this stage in the year is minimal, at less than £50k. As this continues to fluctuate with the individual organisations forecasts, whilst it remains less than £50k either way, a zero impact has been reflected in the outturn forecast.

Health Contribution to the Fund

The financial plan for 2016/17 is not yet approved by NHS England. The delay is due to the continued development of a system control total with the CCG and Trust's

regulators across a sub-set of the organisations within Devon. For the purpose of the month 4 reporting the budget has been set based on our last CCG financial plan submission to NHS England and approved by the Governing Body.

Overall the Health contribution to the fund is forecast to be in line with the budget. Within this there are some pressures as identified, however as the financial plan and budgets are not yet finalised, these pressures are currently offset by an assumed release of contingencies or recovery plans:

Acute Care

There is a small overspend forecast at £0.2m, due mainly to the usage of the Independent Sector.

Community Services

There is a small overspend forecast at £0.3m, due mainly to the use of Minor Injuries Services.

Placements

There is an overspend currently forecast of £1.3m. This is due to a number of additional client packages agreed and for which there is a full year cost impact in 2016/17.

Contingency

The above pressures are generally offset by the use of the Clinical Commissioning Group contingency.

Local Authority Contribution to the Fund

Children Young People & Families

The Children Young People and Families Service are reporting a budget pressure of £1.151m for Month 4, a marginal improvement on the forecast last month. The Service is facing unprecedented pressures, care applications are up, and the service is struggling to purchase cost effective placements to adequately meet demand.

There are risks that continue to require close monitoring and management:

- Increased number of young people in care since budget setting autumn 2015.
- Lack of availability of the right in-house foster care placements creating overuse of IFA's.
- Court ordered spend continues on Parent & Child Assessment placements.
- There are still a small number of individual packages of care at considerably higher cost due to the needs of the young person.

- There are currently 27 Residential Placements with budget for only 20.
- There are currently 103 Independent Foster Care (IFA's) placements with budget for only 70.
- A region wide lack of placements due to an increase in demand.

Strategic Co-operative Commissioning

The Strategic Co-operative Commissioning (SCC) service is continuing to report a budget pressure of £0.498m with no change in month. There are a number of areas that are contributing to this pressure around increased costs and client numbers of care packages, with particular areas of pressure including Supported Living and Residential Care and a large increase of numbers in Nursing Care and a substantial amount of costs coming in from prior years.

As part of the transformation project for 2016/17, the SCC budget will need to make savings of over £5m (in order to contribute to the £9.214m Directorate target) with the activities and actions that will drive delivery forming part of the transformation programme. To date, SCC has plans for approximately £2.8m of savings around reduced client numbers, reviews of high cost packages and contract savings and will be working up plans for the remainder in the next few months.

Learning and Communities

Learning and Communities is reporting an overspend of £0.025m at the end of month 4.

Within the Home to School Transport service a pressure of £0.418m is being reported. In the main this is linked to the retendering exercise that took place in December 2015 which resulted in an increase to the price of services contracted in.

This pressure is being offset in part due to Star Chamber exercises that have taken place within the Service and these will continue to drive out savings during the year, to mitigate emerging pressures.

During 2016/17 the Learning and Communities budget will need to make savings of £1.269m (in order to contribute to the £9.214m Directorate target) with activities and actions that will drive delivery forming part of the transformation programme. Circa £0.840m has been saved to date through EVRS and the transformation of services.

For the Education Services Grant an in year pressure that has arisen as a direct result of schools converting to Academy status has been contained for 2016/17. There will be a future year pressure moving forward and this will be updated during next quarter's monitoring.

Housing Services

Housing Services is projecting a balanced budget for 2016/17.

Public Health

The public health ring-fenced grant budget cut for 2016/17 has increased to £1.293m for Plymouth City Council.

Plymouth City Council Delivery Plans

Overall, the Directorate has plans to deliver £9.124m of savings. In addition the directorate are developing recovery plans to bring back the overspend to balance.

Conclusion

The Integrated Fund is currently forecast a balance position against the 2016/17 budget of £490m, with a nil impact on the Section 75 risk share agreement.

SECTION 2 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 4

The financial plan for 2016/17 is not yet approved by NHS England but negotiations are nearing conclusion with the national Arm's Length Bodies of the CCG share of the system wide control total and the contractual arrangements to support this.

For the purpose of the month 4 reporting the budget has been set based on our last CCG financial plan submission to NHS England and approved by the Governing Body. This plan demonstrates an in year deficit of £29m with £11m of headroom intact and uncommitted as per the national guidance but is predicated on delivering a QIPP target of £60m which is above the current system wide plans and therefore is significantly risk assessed. .

The draft financial plan is to deliver an in year deficit of £29m. In addition to this the brought forward deficit from 2013/14 to 2015/16 of £78.4m is repaid bringing the CCG to a planned cumulative deficit position of £107.4m. The draft budget for the CCG is set on this basis

Month 4 Summary financial position

	Planned Deficit £'000	Actual Deficit £'000	Variance £'000	Movement from previous mth
Year To date in year position	9,278	9,278	0	0
B/fwd deficit	26,129	26,129	0	0
Total In year Position	35,407	35,407	0	0
Forecast in year deficit	29,006	29,006	0	0
B/Fwd deficit	78,386	78,386	0	0
Total Forecast Deficit	107,392	107,392	0	0

Year to date

The year to date financial position of the CCG is reported on plan. This results in an in-year deficit of £9.0m (prior to the repayment of brought forwards deficits). The material cost pressure emerging in month is the nationally agreed increase contribution from the NHS towards the cost of nursing care in residential homes. This has increased the price of funded nursing care impacting upon Continuing Health care, FNC and other coordinated care budgets. This was reported as a potential risk to the finance committee in month 3

Forecast

The forecast outturn of the CCG is in line with the draft financial plan but has been significantly risk assessed due to the need to align this with the overall system wide plan as described in the opening statement. In addition the CCG has had to absorb some emerging cost pressures, the material issue being £3.5m due to the impact of FNC as described above. This has been offset through the full release of contingency reserves in the forecast to meet the planned level of in year deficit.

System Wide Savings Plan

The CCG is reporting 78% achievement of the net CCG share of the System Wide Savings plan as at month 4. However, there is a significant assumption made on the year to date position on the system wide gap of £9m (forecast £27m). This is the value that moves our internal financial plan from the system wide savings plan to the current CCG plan and will be netted off against the solutions on the final control total being use of headroom, share of deficit with providers, revised control total or a combination of these issues. Therefore this system gap has been assumed as met to avoid a technical variance until such time as final plans are signed off and final budgets are set.

Risk

The CCG financial position has been significantly risk assessed against the worst case scenario of the system wide savings plan which would result in a significant element of the system wide gap to the required control total sitting with the CCG. The position has worsened by £5.7m from month 3 as the CCGs contingency reserves have been full utilise in the FOT position and therefore are not available as

risk mitigation. Overall the unmitigated risk is £31m. Should this risk fully materialise the CCG would end the year with an in-year deficit of £64m.

Western PDU Finance Position

Introduction

The initial draft budget (as described within the context above) for the contracts managed in the Western PDU is £306.5m. Adjustments to budgets this month reflect an increase as a result of rebasing issues with South Devon and Torbay Clinical Commissioning Group, but are matched with additional spend commitments. The total budget now stands at £306.8m.

The Locality is currently forecasting an overspend of £0.4m against the budgets for the contracts that are managed in the West. The most significant element of this is with Livewell Southwest and is resultant from the use of Minor Injuries Services for which we hold a variable contract.

The detailed analysis for the PDU is included at **Appendix 2**.

Acute Care Commissioned Services

Plymouth Hospitals NHS Trust

As explained in the context above, at the time of writing, the final contract value for Plymouth Hospitals NHS Trust is unconfirmed and the contract unsigned. The contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail can be provided in this report.

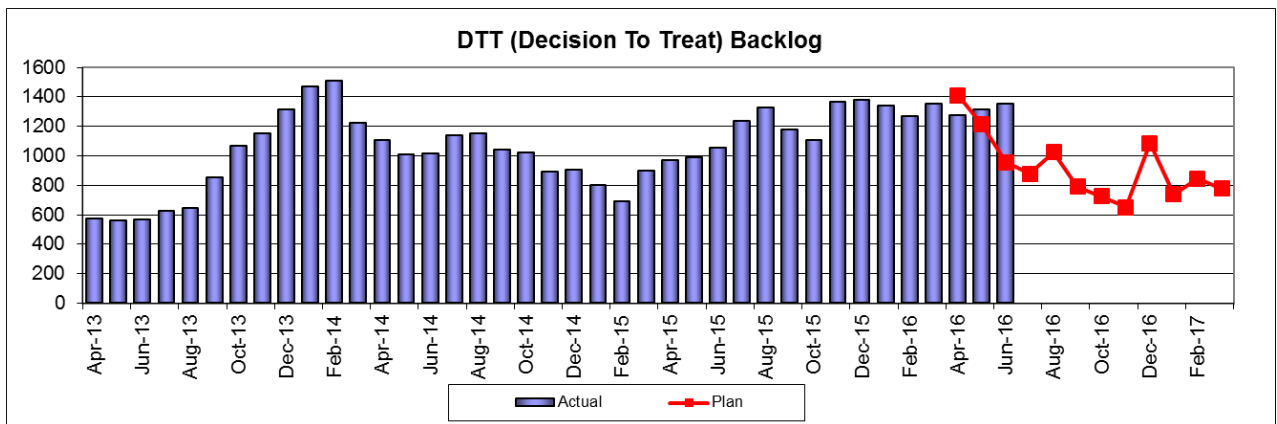
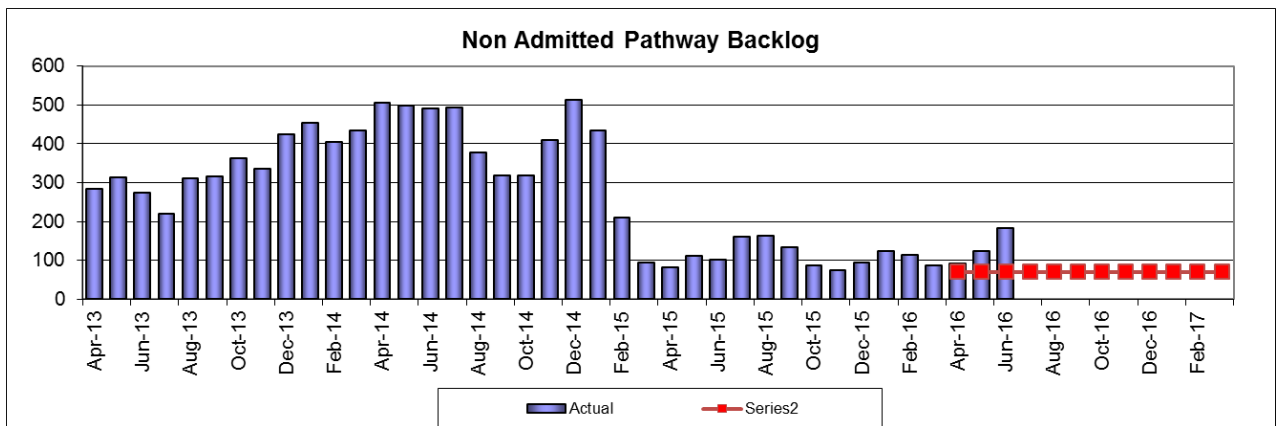
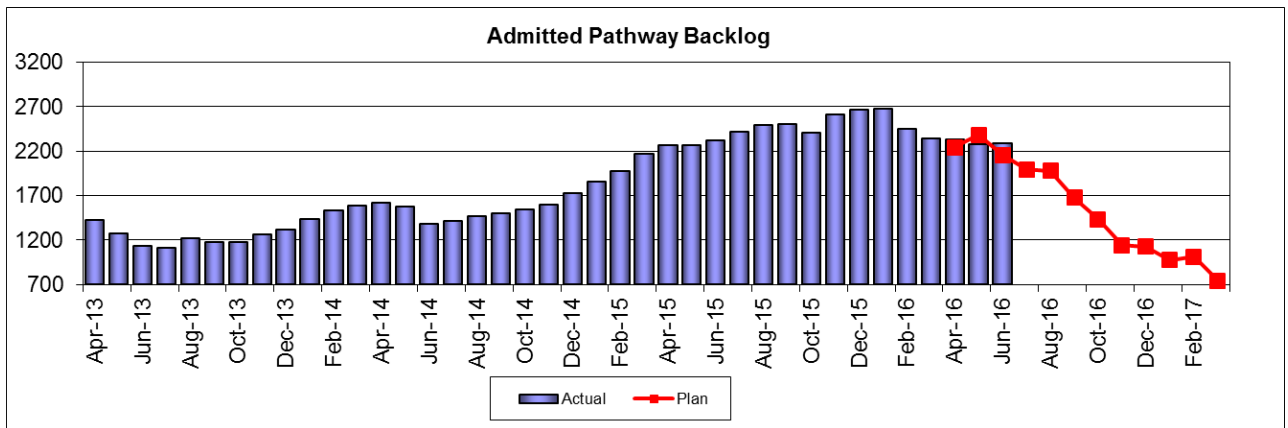
At this stage the budget allocation and forecast spend reflect the anticipated final contract value of £171.7m.

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 has been excluded from the contract, and the locality has been testing the market for the capacity required to deliver RTT compliance in these specialities. The forecast, therefore, is that this budget will be spent during the balance of the year in delivering RTT compliance.

RTT Compliance

Performance to month 2 is summarised in the following tables, but is explored in greater depth in the Integrated Governance Report.



Contract Performance

The month 3 performance information showed an overperformance against the contract plan of £0.97m.

The main reasons for the contractual underperformance are summarised below for context.

2016/17 M03	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	9,394	9,301	- 93	-1.9%	-1.0%
Non Elective	14,629	15,044	415	1.8%	2.8%
A&E	2,181	2,205	24	2.0%	1.1%
Outpatients	7,430	8,039	609	10.2%	8.2%
Excluded Services	9,283	9,279	- 4		
Penalties	-	-	-		
CQUIN	990	1,013	23		
Contract Adjustments			-		
Total	43,907	44,881	974		2.2%

The **Elective** underperformance is largely caused by Upper GI surgery, Cardiology and Urology where the Junior Doctor Strikes, theatre cancellations and bed availability have caused a reduction in capacity. This position is partially offset by over performances in Ophthalmology and Orthopaedics.

Non Elective has overperformed in medical and surgical specialties, whilst womens and support services were slightly under plan.

In **Accident and Emergency** the Trust have seen 24 (2.0%) more patients than planned for so far this year.

The overall position of an overperformance of £609k (8.2%) on **Outpatients** masks a wide variation in performance at individual specialty level with overperformances in Urology, ENT, Paediatrics, Dermatology and most significantly Ophthalmology. Clinical Haematology and Pain Management are behind the set plan. Within this position there is also variation in the type of outpatient attendance where follow ups account for £284k of the over performance, first attendances £276k and procedures £34k.

Referral Information

Referral information for month 3 of 2016/17 showed an overall decrease of 1.7% compared to the same period last year, with GP referrals being 0.3% above the 2015/16 volumes.

PHNT	Referral Source	2015/16	2016/17	Variance	%
Externally Generated	GP	14,185	14,225	40	0.3%
	Dentist	58	44	-14	-24.1%
<i>Sub Total</i>		14,243	14,269	26	0.2%
Internally Generated	Consultant	4,222	4,144	-78	-1.8%
	Other	2,116	1,948	-168	-7.9%
	A&E	983	842	-141	-14.3%
<i>Sub Total</i>		7,321	6,934	-387	-5.3%
Grand Total		21,564	21,203	-361	-1.7%

However this comparison against 2015/16 is impacted by the period Easter falls as this moves two working days. For this reason the following view of referrals has been created which is adjusted for the number of working days in each month. This gives a quite different view, with overall referrals being 4.8% below 2015/16 levels, with GP referrals being 2.9% below the same period last year.

PHNT	Referral Source	2015/16	2016/17	Variance	%
Externally Generated	GP	14,706	14,279	-427	-2.9%
	Dentist	60	44	-16	-26.5%
<i>Sub Total</i>		14,766	14,323	-443	-3.0%
Internally Generated	Consultant	4,377	4,160	-217	-5.0%
	Other	2,194	1,955	-238	-10.9%
	A&E	1,019	845	-174	-17.1%
<i>Sub Total</i>		7,590	6,960	-629	-8.3%
Grand Total		22,356	21,284	-1,072	-4.8%

The source data in this report is taken from the Provider data supplied under schedule 6 of the contract except where the Provider is stated as 'Other'. Other Provider data is taken from DRSS Bookings. Filters are applied to the Provider data to remove any non-consultant led activity, maternity activity and specialties which are not year on year comparable. NHS England (including Specialised) activity is also excluded to provide a NEW Devon CCG view.

Performance Measures

The Trust are appraised against a number of nationally and locally defined key performance indicators. A summary of the key measures is included below:

PHNT Month 3 key performance indicators			
Measure	Target	This month	YTD
RTT - Percentage seen within 18 weeks - admitted pathways	90%	71.9%	71.5%
RTT - Waits over 52 weeks	0	50	
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	3.8%	4.3%
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	93.9%	92.6%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	89.9%	83.2%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	96.0%	96.4%
Ambulance handovers - Number of handovers over 30 minutes	0	67	219
Ambulance handovers - Number of handovers over 60 minutes	0	5	9
A&E - Percentage of attendances seen within 4 hours	95%	87.1%	84.1%
Delayed transfers of care (acute) - bed days		815	1814
Clostridium difficile - Number of hospital infections	25	8	24
MRSA - Number of hospital infections	0	1	1
Cancelled operations - patients to be offered another binding date within 28 days	0	47	87
Cancelled operations - urgent operations cancelled a second time	0	0	0

South Devon Healthcare Foundation Trust

The 2016/17 South Devon Healthcare Foundation Trust contract value for acute services has been set at £5.24m on a variable PbR basis, with a further £0.92m fixed contract for community services.

At month 3 the contract is marginally under performing by £12k, with a £19k under performance in month. This is made up of underspends within elective activity and overspends within non elective admissions and high cost drugs.

The contract also has a QIPP target of £147k which is being reported as undelivered and so represents a £37k overperformance in month.

Independent Sector

The two main contracts within the Independent Sector – Care UK and Nuffield Plymouth – have had 2016/17 contract values set at £6,579k and £4,521k respectively. We have yet to receive sufficient data to build up a picture of

performance trends against these contract values. Elsewhere in the independent sector we are currently forecasting performance broadly similar to that achieved in the previous year pending the availability of enough data to derive a meaningful forecast.

London Trusts

At this point in the year there is no clear direction on activity volumes. Contract values for the four London trusts have been agreed for the year as follows – Guys and St Thomas £407k, UCLH £393k, RNOH £289k and Royal Brompton £534k. We hope to have an understanding of the contract performance trend versus contract value at Month 3.

Livewell Southwest

The Livewell Southwest (LSW) Contract is blocked, with a single variable service (the Minor Injuries Unit). LSW produce a monthly performance/finance databook which allows both parties to shadow monitor the block contract and review key performance metrics.

As at month 03 the minor injuries unit over performed by 2,870 contacts against plan, this equates to an additional charge of £166k.

We are currently validating activity data to understand the underlying activity position within this contract.

Care Co-ordination Team

We have continued to see a drop in CCRT numbers on the caseload, and are currently forecasting an outturn of £8.3m for 2016/17, which is in line with the budget.

Primary Care Enhanced Services

Whilst the budgets and expenditure are reported in the Western PDU report, this is to ensure that all lines of expenditure for the CCG are reported in a PDU and there is integrity to the reports produced. There is, however, a separate governance structure for Enhanced Services that sits outside and alongside the two PDU structures to ensure there is segregation of decision making in primary care investments. The forecast expenditure is in line with budgets.

QIPP Savings Delivery

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2016/17 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2016 TO 31 JULY 2016

Month 04 July	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	Adv / (Fav)			Adv / (Fav)		
	£000's	£000's	£000's	£000's	£000's	£000's
SAVINGS LEDGER REPORT						
NHS Royal Devon & Exeter Foundation Trust	-1,673	-424	1,249	-7,987	-7,987	-
NHS Plymouth Hospitals NHS Trust	-1,794	-108	1,686	-7,717	-7,717	-
NHS Northern Devon Healthcare Trust	-928	-80	848	-5,192	-5,192	-
Northern Devon Healthcare Community	-	-	-	-	-	-
NHS South Devon Healthcare Foundation Trust	-	-	-	-	-	-
NHS Taunton and Somerset	-	-	-	-	-	-
IS Nuffield Plymouth	-	0	0	-	-	-
Nuffield Taunton (NCA)	-	-	-	-	-	-
IS Nuffield Exeter	0	-	-0	-	-	-
Independent Sector (UKSH)	0	-	-0	-	-	-
Prescribing	-960	-932	28	-3,995	-3,995	-
Continuing Healthcare	-1,310	-1,494	-184	-10,000	-10,000	-
Section 117	-	-	-	-	-	-
Individual Patient Placements Adult	-150	-	150	-449	-449	-
Other Community Services	-325	-433	-108	-1,300	-1,300	-
Care Co-ordination Team	-83	-177	-94	-531	-531	-
Pay	-	-	-	-	-	-
System Gap	-9,396	-9,396	0	-28,190	-28,190	0
GROSS SAVINGS	-16,620	-13,044	3,576	-65,361	-65,361	0

Savings Investment Reserve	1,168	1,168	0	5,361	5,361	-
Investment released into budget positions			-			-
TOTAL INVESTMENT	1,168	1,168	0	5,361	5,361	-

System wide savings plan

The above savings report represents the current CCG plan submission of a £29m deficit. To deliver this the CCG has aligned to the CCGs share of the System Wide Savings Plan which would deliver £33m of CCG commissioning savings net of £5m of system investment for re-provision. To achieve the original savings target set by the CCG executive of £60m the budget therefore includes £27m of shortfall (i.e. system gap) within the reserve (plus some element of the system wide plan yet to be allocated to an individual budget).

As the budget moves from a draft position to a final agreed control total this system gap budget will be adjusted to reflect the agreement reached, for example written off against headroom, achieved through sharing an element of the deficit with providers or written off against an increased control total agreed by NHS England. Therefore for the purposes of month 4 reporting no variance in the year to date or forecast position has been assumed against this system gap line.

All other savings targets above are aligned to the system wide savings programme however the final profile had not yet been signed off and as such the budget profile is based on a draft version. The final budget profile will be amended with the final plan upload following sign off of the CCG control total by NHS England and the Governing Body. As such some of the variances reported above may be updated in the month 5 position

The above year to date position is an estimated position which is based on a number of assumptions as detailed below. A more robust and evidenced based year to date position and forecast will be available in subsequent months as the monitoring across the system wide plan is finalised. Overall the CCG is reporting 78% delivery of plan with 100% delivery forecast by yearend.

- Acute savings – evidence based on the month 3 activity data demonstrates that the schemes that were delayed from 2015/16 are now in implementation stage and having an impact on activity levels. This is particularly in hernia across all three acute providers, Cataracts (2nd eye) specifically at RDE and Micro suction at NDHT.

There are no evidenced savings yet reported against the demand management scheme. Referrals data has now caught up for the e-referrals transfer experienced in June 2015 and the provider total referrals data is supporting the reductions being seen through DRSS for Northern and Western but Eastern referrals continue to see overall. However, in order to report the savings the reductions need to be seen in the provider outpatient activity against the targeted specialties within the demand management programme of work.

High cost drug reductions are also impacting on the acute positions with the evidence provided through the CCG medicines optimisation team.

- Prescribing – only e-pact data has been received for month 2 and this does not provide enough evidence to demonstrate delivery and further months data is needed. National forecasting in prescribing does not commence until Q2. However, as all milestones have been met against the project the Medicines optimisation team are confident that the evidence will support the delivery and therefore have accrued as such in the position.
- CHC & Care Coordination Team – the year to date savings are based on evidence from the control centre based on actual client numbers and current costs.

- IPP – delays have been reported through the PMO of the delivery actions and no evidence is available therefore no savings have been assumed year to date.
- Other community Services – this relates to the mitigation for the living well tender in the domiciliary care market. The growth in client numbers is being contained below the planned level thus delivering the savings to mitigate the cost of the inflationary increases as planned.
- QIPP reserve - £27m of unidentified QIPP assumed in line with the commentary above. This will be reversed as the budget is aligned.

All plans are forecast to deliver. As part of the monitoring of the system wide savings plan each Senior Responsible Officer (SRO) for the 6 work streams will be required to sign off the forecast of the savings they are responsible for as a system. The CCG element of savings will be driven by and aligned to the SRO forecast. Any slippage from the plan will be managed as part of the overall risk management of the system to achieve the system wide control total.

Conclusion

In summary, the forecast outturn position for the Planning and Delivery Unit is marginally overspent against plan. This incorporates the impact of the Integrated Fund, for which the risk share forecast is currently zero.

Ben Chilcott
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David Northey
Head of Integrated Finance, PCC

APPENDIX 1

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 2016 TO 31 JULY 2016

Month 04 July	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
CCG COMMISSIONED SERVICES						
Acute	55,668	55,833	164	164,909	165,159	250
Placements	13,608	14,184	576	38,990	40,384	1,393
Community & Non Acute	24,648	24,739	91	73,946	74,219	273
Mental Health Services	407	382	-25	1,220	1,120	-100
Other Commissioned Services	4,583	4,645	62	13,531	13,637	106
Primary Care	16,276	16,186	-90	49,890	49,891	0
Subtotal	115,191	115,969	779	342,485	344,408	1,923
Running Costs & Technical	2,175	1,453	-722	10,681	8,789	-1,893
CCG Net Operating Expenditure	117,366	117,422	56	353,167	353,197	30
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	117,366	117,422	56	353,167	353,197	30
PCC COMMISSIONED SERVICES						
Children, Young People & Families	11,636	12,019	384	34,907	36,058	1,151
Co-operative Commissioning & Adult Social Care	25,176	25,342	166	75,527	76,025	498
Learning & Communities	3,365	3,373	8	10,094	10,119	25
Housing Services	750	750	-0	2,251	2,251	-0
Subtotal	40,927	41,484	558	122,780	124,453	1,673
Public Health Commissioning	4,740	4,740	-0	14,221	14,221	-0
Recovery Plans in Development					-1,600	-1,600
PCC Net Operating Expenditure	45,667	46,225	558	137,001	137,074	73
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	45,667	46,225	558	137,001	137,074	73
Combined Integrated Fund	163,033	163,647	614	490,167	490,271	104

APPENDIX 2

PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2016/17 FINANCE BOARD REPORT - Western Locality Finance Report

FOR THE PERIOD FROM 01 APRIL 2016 TO 31 JULY 2016

Month 04 July	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	58,244	58,244	0	171,711	171,711	-0
NHS South Devon Healthcare Foundation Trust	2,092	2,091	-0	6,353	6,353	0
NHS London Contracts	534	641	107	1,623	1,730	107
Non Contracted Activity (NCA's)	2,900	2,900	-0	8,813	8,813	0
Independent Sector	4,099	4,179	81	12,453	12,453	-0
AQP	33	33	-0	100	100	0
Other Acute	-	-26	-26	-	-	-
Winter Resilience	-	7	7	-	-	-
Subtotal	67,901	68,070	168	201,053	201,160	107
COMMUNITY & NON ACUTE						
Livewell Southwest	23,911	23,987	76	71,733	71,963	230
GPWSI's (incl Sentinel, Beacon etc)	604	641	37	1,812	1,921	110
Community Equipment	216	216	-0	648	648	-
Ultrasound (Sonarcare)	97	83	-14	292	292	-
Reablement	506	506	-	1,517	1,517	-
Other Community Services	-	32	32	-	-	-
Plymouth Integrated Fund - Risk Share	0	-89	-89	1	-	-1
Better Care Fund_Plymouth CC	2,782	2,782	0	8,346	8,346	-
Subtotal	28,116	28,158	42	84,348	84,688	340
OTHER COMMISSIONED SERVICES						
Stroke Association	51	65	14	153	153	-
Hospices	893	845	-48	2,679	2,684	4
Care Co-ordination Team	2,845	2,845	0	8,252	8,252	0
Patient Transport Services	119	119	-0	356	356	-0
Wheelchairs Western Locality	717	717	-	2,150	2,150	-
Commissioning Schemes	64	63	-1	191	191	-
All Other	103	143	41	308	308	0
Subtotal	4,790	4,797	6	14,088	14,093	5
PRIMARY CARE						
Enhanced Services	2,424	2,424	0	7,273	7,273	-
Subtotal	2,424	2,424	0	7,273	7,273	-
TOTAL COMMISSIONED SERVICES	103,232	103,448	216	306,762	307,213	451