



Northern, Eastern and Western Devon
Clinical Commissioning Group



NHS NEW Devon CCG

Plymouth Integrated Fund

Finance Report – Month 6 2016/17

Introduction

This report sets out the forecast financial performance of the Plymouth Integrated Fund for the month of September 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.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Plymouth Integrated Fund Finance Position

The summarised financial performance of the Integrated Fund for both the CCG and the City Council is set out in **Appendix 1**. Both the Health and Local Authority budgets, at this stage in the year, are forecasting to be balanced by year end. However, there are risks in delivery of this position for both organisations.

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 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 6 reporting the budget has been set based on a partial move towards the proposed system plan at PDU level.

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 £0.2m, due mainly to the use of Minor Injuries Services.

Placements

There is an overspend currently forecast of £1.2m. This is due to higher than planned numbers of clients and costs of care packages.

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 and Families

The Children, Young People and Families Service are continuing to report a budget pressure of £0.643m.

The Service continues to face unprecedented pressures, care applications are up, and the service are struggling to purchase cost effective placements to adequately meet demand. In the last 11 months, Plymouth has observed an increase in the number of children in care of 5.4%. The number of children in care has decreased by 1 in September 2016 to now stand at 406, however the overall increase in numbers of children in care is in line with national and regional trends.

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.

- Use of Residential Placements due to lack of foster care placement sufficiency across the Peninsula. The lack of availability of foster care is leading to a small number of children being placed in residential care as an alternative to fostering.
- 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. We are currently forecasting for 27 placements in line with young people's plans.
- There are currently 98 Independent Foster Care (IFA's) placements with budget for only 70. We are aiming to achieve savings from the transformation of our In House Foster Care Service.
- A region wide lack of placements due to an increase in demand for placements.

Strategic Co-operative Commissioning

The Strategic Co-operative Commissioning (SCC) service is again reporting a budget pressure of £0.542m. There are a number of areas that are contributing to this pressure around increased client numbers and costs of care packages, with particular areas of pressure including:

- Supported Living
- Residential & Nursing, and
- Day Care

being offset, in part, by underspends on Domiciliary Care and Direct Payments.

Although overall client numbers seem to be fairly static at the moment, the cost of the care packages is increasing significantly, and is currently being reviewed by commissioning officers.

Learning and Communities

Learning and Communities is reporting an overspend of £0.025m at the end of month 6.

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.

For the Education Services Grant, a pressure that has arisen as a direct result of schools converting to Academy status has been contained for 2016/17 however there may be a future year pressure moving forward.

Housing Services

The Housing Service is forecasting a budget saving of (£0.150m) from month 5 following a detailed budget review identifying saving options and maximising income to the service.

Emergency B & B placements average April - September is 30 per week, this exceeds the profiled budget of 28 placements per week and action is on-going to contain the overall cost pressure through lower placements and prevention work.

Public Health

Although the 16/17 Public Health ring-fenced grant was cut by £1.293m for Plymouth City Council, the Directorate is on track to achieve a balanced budget.

Through additional management activity, Public Health is able to make contributions of £0.400m towards schemes in other Council departments, and will continue to prepare plans to achieve the anticipated further reduction of approx. £0.400m in the ring fenced grant in 2017/18.

Plymouth Integrated Fund Delivery Plans

Between People Directorate and Public Health, there are plans to deliver £10.4m of savings, details shown below:

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP
2016/17 FINANCE BOARD REPORT
FOR THE PERIOD FROM 01 APRIL 2016 TO 31 AUGUST 2016

New Devon CCG	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	Adv / (Fav)	£000's	£000's	£000's
Month 05 August						
NHS Royal Devon & Exeter Foundation Trust	1	1	-	5	5	-
NHS Plymouth Hospitals NHS Trust	191	191	-	3,628	3,628	-
NHS Northern Devon Healthcare Trust	-	-	-	2	2	-
Continuing Healthcare	1,318	1,318	-	3,531	3,531	-
Patient Placements	128	128	-	256	256	-
Primary Care Prescribing	401	401	-	1,157	1,157	-
Stretch QIPP	3,055	3,055	-	6,110	6,110	-
GROSS SAVINGS	5,094	5,094	-	14,689	14,689	-
Plymouth City Council	Year To Date			Current Year Forecast		
Month 05 August	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	Adv / (Fav)	£000's	£000's	£000's
Packages of Care	500	500	-	1,000	1,000	-
Transformation of Childrens Servs	1,200	1,200	-	2,400	2,400	-
People Directorate Review	1,034	1,034	-	2,068	2,068	-
Contract Efficiencies	490	490	-	980	980	-
Grants Charges and income	1,384	1,384	-	2,767	2,767	-
Public Health Contract Savings	614	614	-	1,228	1,228	-
	5,222	5,222	-	10,443	10,443	-
New Devon CCG	5,094	5,094	-	14,689	14,689	-
Plymouth City Council	5,222	5,222	-	10,443	10,443	-
TOTAL	10,316	10,316	-	25,132	25,132	-

Conclusion

The Integrated Fund is currently forecasting a balanced position against the 2016/17 budget of £491m, with a nil impact on the Section 75 risk share agreement.

SECTION 2 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 6

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.

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 negotiated between the 4 main providers within the Devon footprint. The CCG budget has therefore been set on the draft financial plan 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.

Although the month 6 budget position remains in line with month 5 the forecast outturn at month 6 has been reported in line with the CCG share of the system wide control total. This is a deficit position of £34m following the release of the non-recurrent headroom reserve. This move to the system position has been made in agreement with NHS England. The ability to reach this position for the CCG is predicated on a non-recurrent movement of deficit between the CCG and provider organisations. This movement is still subject to a final agreement and therefore a risk remains on the reported deficit which is reflected in the CCGs risk position.

Month 6 Summary financial position

	Planned Deficit £'000	Actual Deficit £'000	Variance £'000	Movement from previous mth
Year To date in year position	14,543	16,820	2,277	2,277
B/fwd deficit	39,192	39,192	0	0
Total In year Position	53,735	56,012	2,277	2,277
Forecast in year deficit	29,006	33,561	4,555	4,555
B/Fwd deficit	78,386	78,386	0	0
Total Forecast Deficit	107,392	111,947	4,555	4,555

Year to date

The year to date financial position of the CCG reflects the move the CCG share of the system wide gap as described above. This results in an in-year deficit of £16.8m (prior to the repayment of brought forwards deficits). Within the commissioning budgets there are some under and over spends which are detailed in the report below and significantly the year to date impact of the FNC national price change and continued growth in Independent Patient Placement (IPP) spend.

Forecast

The forecast outturn of the CCG is in line with the CCGs share of the system wide gap proposed as part of the negotiation on a system wide control total and organisations relative share of the financial gap. In addition the CCG has had to absorb some emerging cost pressures, the material issue being £3.5m due to the impact of FNC and IPP as described above. This has been offset through the partial release of contingency reserves and benefit within the CHC forecast in the forecast to meet the planned level of in year deficit.

System Wide Savings Plan

The CCG is reporting 92% achievement of the net CCG share of the System Wide Savings plan as at month 6 with a forecast achievement of 78%. This is following alignment with the system wide savings plan and the release of the system wide gap budget offset by the headroom and increased deficit.

Risk

The CCG financial position has changed significantly between months 5 and 6 as risk has moved into the forecast position offset by headroom. A significant risk remains regarding the negotiated move of deficit between organisations to take a relative share of the overall system gap.

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 are minimal and reflect additional allocations, that are matched to additional commitments. The total budget now stands at £312.3m.

The Locality is currently forecasting an overspend of £0.3m against the budgets for the contracts that are managed in the West. The most significant elements of this include:

- Livewell Southwest, resultant from the use of Minor Injuries Services for which we hold a variable contract.
- London Trusts, resultant from the discharge of a low number of high cost patients
- Torbay & Southern Devon Foundation Trust – resultant from activity.

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.

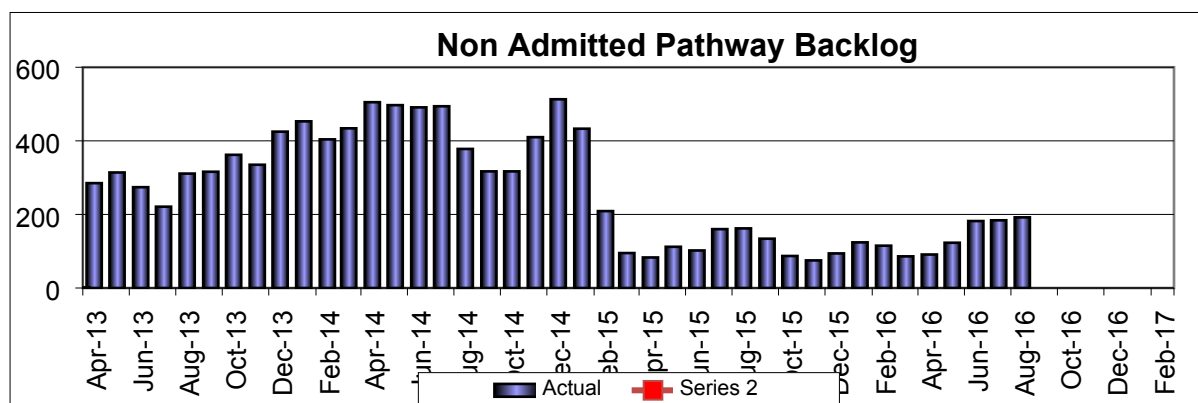
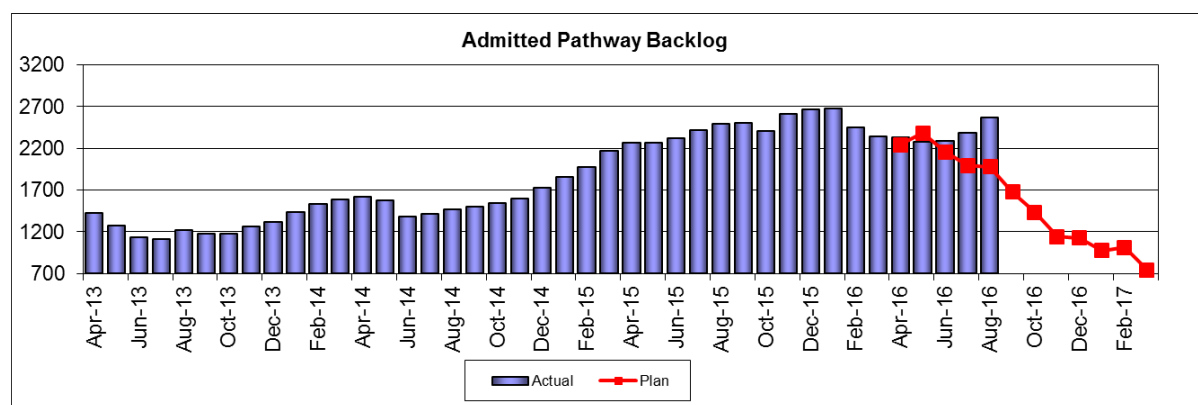
At this stage the budget allocation and forecast spend reflect the anticipated final contract value of £176.7m.

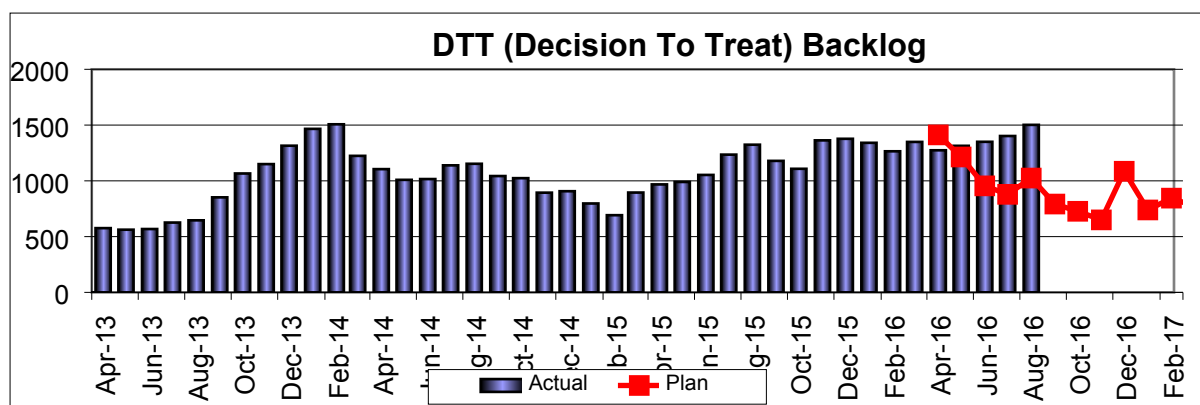
Capacity Constraint

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 working with the Trust and other providers to bring appropriate levels of additional capacity online. This currently includes plans with Care UK to open a 3rd theatre and for them to start providing Endoscopy capacity whilst they have already started providing General Surgery, with PHNT to refurbish and increase the throughput of Tavistock theatre and to bring modular theatres online.

RTT Compliance

Performance to month 5 is summarised in the following tables.





Contract Performance

The month 5 performance information showed an overperformance against the contract plan of £0.416m.

The main reasons for the contractual underperformance are summarised below.

2016/17 M05	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	15,577	15,281	- 296	-3.7%	-1.9%
Non Elective	24,525	24,863	338	0.4%	1.4%
A&E	3,667	3,677	10	1.2%	0.3%
Outpatients	12,410	13,211	801	8.1%	6.5%
Excluded Services	15,610	15,159	- 451		-2.9%
Penalties			-		
CQUIN	1,655	1,669	14		
Contract Adjustments			-		
Total	73,444	73,860	416		0.6%

The **Elective** position is £0.3m behind plan from a financial perspective but 3.7% behind plan in overall activity terms. The main contributors to this position are under performances within Upper GI surgery, Cardiology and General Surgery where the Junior Doctor Strikes, theatre cancellations and bed availability have caused a reduction in capacity. This position is offset by over performances in Clinical Haematology, Endoscopy and Hepatobiliary & Pancreatic Surgery.

Non Elective has overperformed in medical and surgical specialties, whilst womens and support services were slightly under plan. The value variance is greater than the volume variance which indicates that the average cost per admission is higher than had been planned for.

In **Accident and Emergency** the Trust have seen 375 (1.2%) more patients than planned for so far this year.

The overall position of an overperformance of £0.8m (8.1%) on **Outpatients** masks a wide variation in performance at individual specialty level with over performances

in Urology, ENT, Paediatrics, Dermatology, Colorectal Surgery and most significantly Ophthalmology. Clinical Haematology and Pain Management are behind the year to date plan. Within this position there is also variation in the type of outpatient attendance where follow ups account for £241k of the over performance, first attendances £293k and procedures £253k.

Referral Information

Referral information for month 5 of 2016/17 showed an overall decrease of 5.0% compared to the same period last year, with GP referrals being 5.6% below the 2015/16 volumes.

PHNT	Referral Source	2015/16	2016/17	Variance	%
Externally Generated	GP	24,718	23,322	- 1,396	-5.6%
	Dentist	80	67	- 13	-16.3%
<i>Sub Total</i>		24,798	23,389	- 1,409	-5.7%
Internally Generated	Consultant	6,913	7,020	107	1.5%
	Other	3,494	3,141	- 353	-10.1%
	A&E	1,623	1,436	- 187	-11.5%
<i>Sub Total</i>		12,030	11,597	- 433	-3.6%
Grand Total		36,828	34,986	- 1,842	-5.0%

Further analysis has been done that reflects the number of working days that have occurred this year compared to last year – this analysis shows a further improvement in the referral rates to 6.8% less than to the same point in 2015/16.

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 5 key performance indicators			
Measure	Target	This month	YTD
RTT - Percentage seen within 18 weeks - admitted pathways	90%	70.8%	
RTT - Waits over 52 weeks	0	57	
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	4.6%	
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	94.2%	93.1%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	79.5%	81.6%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	97.3%	96.3%
Ambulance handovers - Number of handovers over 30 minutes	0	51	333
Ambulance handovers - Number of handovers over 60 minutes	0	6	17
A&E - Percentage of attendances seen within 4 hours	95%	87.4%	84.4%
Delayed transfers of care (acute) - bed days		770	3562
Clostridium difficile - Number of hospital infections	15	5	11
MRSA - Number of hospital infections	0	0	1
Cancelled operations - patients to be offered another binding date within 28 days	0	20	122
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 5 the contract is marginally over performing by £36k, with a £7k under performance in month. This is made up of underspends within elective activity (-£69k) and overspends within non elective admissions (£62k) and high cost drugs (£32k).

The contract also has a QIPP target of £147k which is being reported as undelivered and so represents a £61k overperformance so far this year.

Independent Sector

Performance within the Independent Sector is broadly in-line with expectations at Month 6, with over performances at Care UK and Express Diagnostics offset by underperformances elsewhere in the sector, including a large underperformance this month at Nuffield Plymouth. The position also includes consideration of a prior year adjustment.

London Trusts

Significant over-performance due to a high cost critical care patient remains at Guys this month. There has also been a similar very high cost critical care patient at the Royal Brompton which has resulted in a similar overspend against contract value.

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 04 the minor injuries unit over performed by 2,953 contacts against plan, this equates to an additional charge of £171k.

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 30 SEPTEMBER 2016

Month 06 September	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	Adv / (Fav)	£000's	£000's	Adv / (Fav)
SAVINGS LEDGER REPORT						
NHS Royal Devon & Exeter Foundation Trust	-87	-279	-192	-2,442	-2,442	-
NHS Plymouth Hospitals NHS Trust	-351	-206	145	-4,516	-4,516	-
NHS Northern Devon Healthcare Trust	-122	-53	69	-1,720	-1,720	-
Prescribing	-1,588	-1,468	120	-3,995	-3,995	-
Continuing Healthcare	-3,125	-2,734	391	-10,000	-10,000	-
Individual Patient Placements Adult	-225	-246	-21	-449	-385	64
Other Community Services	-325	-650	-325	-1,300	-1,300	-
Care Co-ordination Team	-188	-266	-77	-531	-531	-
System Gap	-9,694	-7,417	2,277	-19,389	-3,502	15,887
GROSS SAVINGS	-15,705	-13,318	2,387	-44,342	-28,391	15,951

System wide savings plan

The above savings report has been aligned to the system wide savings plan with the balance of the system gap being held within the system gap reserve. In order to fund the opening system budget positions the System leaders agreed to utilise the non-recurrent RTT reserve and the system investment reserve in the opening position. The commitments to reach the opening position over drew these reserves by £4.8m.

In order to recreate the system reserves it was agreed that a £15m stretch target would be applied to the programmes of work to recover the position. This element is currently being worked on and will be contractualised once plans are signed off. This will then enable the CCG to recreate the RTT reserve, clear the negative investment reserve and recreate the system savings reserve to then be contractualised with providers once investment requirements are signed off.

The following summary relates this to the NHS England position reported above

Description	£'000	Previous Month £'000
CCG Share of System wide savings plan pre investments	-24,953	-24,953
Over drawn investment reserve – to be reinstated through system stretch target	-4,832	-4,832
CCG share of current system wide plan prior to contractualisation of stretch target	-29,785	-29,785
Contractualised movement of deficit and other reconciling items through agreed realignment of system deficit already reflected in provider budgets (subject to ALB sign off)	-10,826	-10,826
Remaining negative reserve through QIPP to be delivered on non block agreement contracts	-3,502	-19,389
CCG Original QIPP Target	-44,113	-60,000
IHAM activity growth mitigation	-14,000	-14,000
Final NHS England monitoring on CCG savings	-58,113	-58,113

Although the budget has not been amended the forecast outturn has now been adjusted to align to the CCGs share of the system wide gap. This is reflected in the movement from the CCGs original QIPP target of £60m to the revised value of £44m (currently overstated due to the negative investment reserve as described above). This is reflecting the reduction in the negative system wide gap reserve through the release of headroom and the increase in bottom-line deficit.

The above year to date position is aligned to the system wide plan savings report for the CCG element of the plan. Overall the CCG is reporting 93% delivery of plan with 78% delivery forecast by yearend.

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
Chief Finance Officer, Western PDU

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

2016/17 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2016 TO 30 SEPTEMBER 2016

Month 06 September	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	85,015	84,726	-289	168,986	169,158	172
Placements	20,061	20,652	591	38,949	40,113	1,164
Community & Non Acute	37,021	37,142	121	74,042	74,277	236
Mental Health Services	610	697	87	1,220	1,118	-102
Other Commissioned Services	6,964	6,793	-171	13,809	13,691	-118
Primary Care	24,613	24,548	-64	49,895	49,812	-84
Subtotal	174,284	174,559	275	346,901	348,170	1,269
Running Costs & Technical/Risk Assumed System Plan Agreement	1,580	1,681	101	7,121	6,939	-182
					-1,086	-1,086
CCG Net Operating Expenditure	175,865	176,240	376	354,022	354,023	0
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	175,865	176,240	376	354,022	354,023	0
PCC COMMISSIONED SERVICES						
Children, Young People & Families	17,455	17,777	322	34,910	35,553	643
Co-operative Commissioning & Adult Social Care	37,793	38,064	271	75,586	76,128	542
Learning & Communities	5,013	5,013	-	10,026	10,026	-
Housing Services	1,126	1,051	-75	2,251	2,101	-150
Subtotal	61,387	61,904	518	122,773	123,808	1,035
Public Health Commissioning Recovery Plans in Development	7,280	7,280	-	14,559	14,559	-
					-1,035	-1,035
PCC Net Operating Expenditure	68,666	69,184	518	137,332	137,332	-
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	68,666	69,184	518	137,332	137,332	-
Combined Integrated Fund	244,531	245,424	893	491,354	491,355	0

APPENDIX 2

PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2016/17 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2016 TO 30 SEPTEMBER 2016

Month 06 September	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	89,070	89,070	-0	176,700	176,700	-0
NHS South Devon Healthcare Foundation Trust	3,163	3,318	155	6,353	6,628	275
NHS London Contracts	808	924	117	1,623	1,881	258
NHS Imperial London	0	-	-0	0	-	-0
Non Contracted Activity (NCA's)	4,387	4,387	-0	8,813	8,813	0
Independent Sector	6,249	5,747	-503	12,553	12,428	-125
Subtotal	103,678	103,446	-232	206,042	206,450	408
COMMUNITY & NON ACUTE						
Livewell Southwest	35,985	36,099	114	71,970	72,200	230
GPwSI's (incl Sentinel, Beacon etc)	844	837	-7	1,688	1,674	-13
Community Equipment	324	324	-0	648	648	-
Ultrasound (Sonarcare)	128	120	-8	256	245	-11
Reablement	759	759	0	1,517	1,517	-
Better Care Fund_Plymouth CC	4,173	4,173	0	8,346	8,346	-
Subtotal	42,212	42,312	99	84,424	84,631	207
OTHER COMMISSIONED SERVICES						
Stroke Association	77	80	3	153	159	6
Hospices	1,340	1,254	-86	2,679	2,551	-128
Care Co-ordination Team	4,203	4,178	-24	8,252	8,204	-48
Patient Transport Services	210	198	-12	420	396	-24
Wheelchairs Western Locality	1,075	1,075	-	2,150	2,150	-
Commissioning Schemes	95	98	2	191	191	-0
All Other	345	209	-136	691	603	-88
Subtotal	7,345	7,091	-254	14,535	14,253	-282
PRIMARY CARE						
Enhanced Services	3,636	3,636	-0	7,273	7,273	-
Subtotal	3,636	3,636	-0	7,273	7,273	-
TOTAL COMMISSIONED SERVICES	156,871	156,485	-386	312,275	312,607	332