



Northern, Eastern and Western Devon  
Clinical Commissioning Group



# **NHS NEW Devon CCG**

## **Plymouth Integrated Fund**

### **Finance Report – Month 8 2016/17**

#### **Introduction**

This report sets out the forecast financial performance of the Plymouth Integrated Fund for the month of November 2016 (month 8).

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 (CCG).

In summary, the Integrated Fund is forecasting to deliver against budget with a nil risk share impact.

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## **SECTION 1 – PLYMOUTH INTEGRATED FUND**

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### **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 8 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**

This position has now improved marginally from month 7? and is forecasting close to budget.

### **Community Services**

There is a small overspend forecast at £0.800m, due mainly to the inclusion of the risk in capital resources. A mitigation plan is being explored.

### **Placements**

There is an overspend currently forecast of £1.5m. This is due to higher than planned numbers of clients and costs of care packages, but has improved by £xxx since last month's report.

### **Contingency**

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

## **Local Authority Contribution to the Fund**

Overall the Local Authority contribution to the fund is forecast to be in line with the budget. Within this there are some pressures as identified, however, on top of the nearly £10.5m delivery plans that the Local Authority is due to achieve in 2016/17, recovery plans are being developed to contain these in year pressures by the year end:

### **Children, Young People and Families**

The Children Young People and Families (CYPF) Service are reporting a budget pressure of £0.653m - no change from month 7.

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 continued increase in numbers of children in care is in line with national and regional trends.

As part of the transformation project for 2016/17, CYP&F are expected to make savings of over £2.100m (in order to contribute to the £9.214m Directorate target). Circa £1.000m has been saved to date through EVRS and the Transformation of Services together with an anticipated £0.800m through review and commissioning of placements and a further £0.300m from an extensive piece of work across the peninsula to provide children's secure places. In addition Children's Improvement Board will be considering a project to address in year pressures including accelerating the In House Fostering Action Plan.

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 28 Residential Placements with budget for only 20
- There are currently 104 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.

The overall number of children in care at the end of November stands at 406 a reduction of 4 in the month.

The number of children placed with independent fostering agencies stands at 104 against a target budget of 70 placements. Residential placements stands at 28 against a target of 20 budgeted placements with a number of these placements being high cost due to the complex nature of these children's needs. There is currently one young person placed in 'welfare' secure. The In-House Foster Care placements have 179 including connected carer's placements against a target budget of 219 placements, and 3 placements in 'Other Local Authority' Foster Care. There is currently 2 In House Parent & Child Assessment Placement, 1 court ordered Independent foster care placement and 1 high cost Residential placements. There are 17 young people 16+ placed in supported living against a target budget of 20.

## Strategic Co-operative Commissioning

The Strategic Co-operative Commissioning (SCC) service is reporting a budget pressure of £0.705m – an increase of £0.200m from last month. There are a number of areas that are contributing to this pressure through increased costs and numbers of clients with care packages. These areas are now reporting the following forecast overspends:

	Month 8	Month 7	Month 6
Supported Living	£1.176m	£1.078m	£1.037m
Residential & Nursing	£0.752m	£0.567m	£0.793m
Day Care	£0.269m	£0.218m	£0.221m
External Short Stays	£0.481m	£0.345m	£0.243m

An increase in clients transferring from Health and new clients into the system has been a key factor, along with Short Stay & Respite clients being in place for a greater number of bed nights.

These pressures are currently being offset in part by underspends on Domiciliary Care and Direct Payments along with increases in client contributions and Joint Health Funding.

Although previously fairly static, client numbers have gone up significantly this month, as has the cost of the care packages. This is currently being reviewed by commissioning officers.

The SCC budget is on target 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. These have been achieved via savings around reduced client numbers, reviews of high cost packages and contracts.

## Education Participation and Skills

Education Participation and Skills (previously Learning and Communities) is still reporting a breakeven position at the end of month 8.

During 2016/17 the Education Participation and Skills 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 £0.999m has been saved to date through EVRS and the transformation of services.

Star Chamber exercises have taken place within the Service and these will continue to drive out savings during the year, to mitigate emerging pressures.

## **Community Connections**

Community Connections (previously Housing Services) is continuing to deliver (£0.097m) savings.

There is a pressure through higher demand for emergency accommodation of £0.105m, being contained by a number of actions including lower revenue project spend (£0.058m) identified at month 8.

The emergency B & B placements average between April and November is 34 per week, which exceeds the profiled budget of 28 placements per week. The forecast for the remainder of the year is for 35 per week average placements which reflects the current trend.

Action is ongoing to limit 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.

As part of this balanced budget, Public Health is making contributions towards schemes in other Council departments, and will continue to prepare plans to achieve the anticipated further reduction to the ring fenced grant in 2017/18.

## **Integrated Fund Delivery Plans**

Across the entire Integrated Fund (the People and Public Health Directorates and CCG), there are plans to deliver £25m of savings. These are currently reported on target to deliver in the current year.

## **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.

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## SECTION 2 – WESTERN PDU MANAGED CONTRACTS

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### Context / CCG Wide Financial Performance at Month 8

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 who are .....

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 8 budget position remains in line with previous months, the forecast outturn at month 8 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 is in line with the reporting treatment since month 6. 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 8 Summary financial position

	Planned Deficit £'000	Actual Deficit £'000	Variance £'000	Movement from previous mth
Year To date in year position	21,422	24,458	3,036	3,036
B/fwd deficit	52,257	52,257	0	0
<b>Total In year Position</b>	<b>73,679</b>	<b>76,715</b>	<b>3,036</b>	<b>3,036</b>
Forecast in year deficit	29,006	33,561	4,555	4,555
B/Fwd deficit	78,386	78,386	0	0
<b>Total Forecast Deficit</b>	<b>107,392</b>	<b>111,947</b>	<b>4,555</b>	<b>4,555</b>

### Year to date

The year to date financial position of the CCG reflects the move to the CCG share of the system wide gap as described above. This results in an in-year deficit of £24.5m (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 CCG's 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 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 78% achievement of the net CCG share of the System Wide Savings plan as at month 8 with a forecast achievement of 76%. 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 shows slight movement from month 7, following support from the NHSE Area Office for the revenue consequences of capital constraints to complete a 3 year IT project at Livewell. The remaining unmitigated risk is £11.8m and should it materialise would result in the CCG having a deficit of £45m. Work is ongoing with the system to mitigate this risk position.

## 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 include the remapping of Mental Health contracts into the Locality to better reflect where the contracts are managed. The total budget now stands at £314.1m.

The Locality is currently forecasting a marginal (0.05%) overspend against the budgets for the contracts that are managed in the West. This is a net position and includes some overspending and some underspending contracts. The most significant elements include:

- Livewell Southwest, resultant from the use of Minor Injuries Services for which we hold a variable contract. Also included this month is the risk that capital resources will not be received and for which the CCG is contractually committed. We continue to seek resolution to this risk.
- Acute Trusts, resultant from relatively small variances in activity on Payment by Results contracts.
- Wheelchair Services, resultant from a technical improvement due to a clarification on the application of VAT

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.

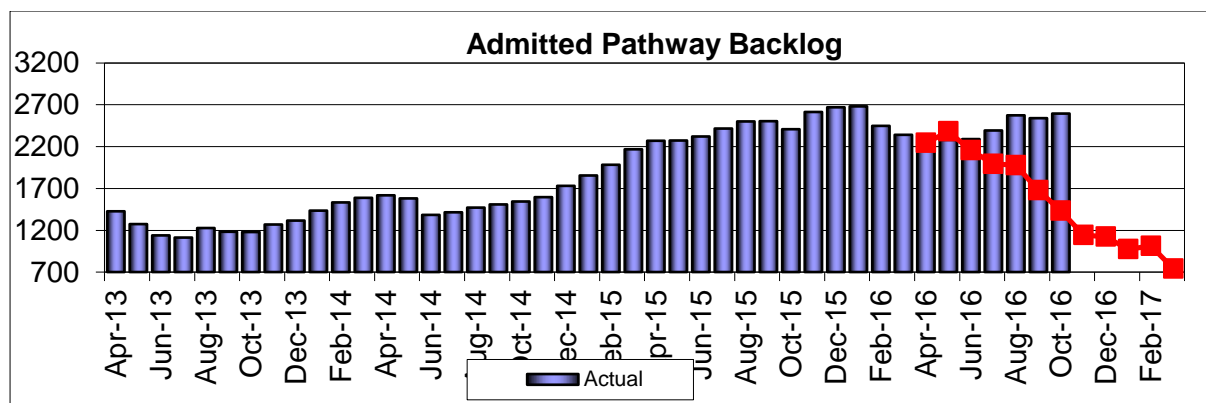
At this stage the budget allocation and forecast spend reflect the anticipated final contract value of £176.7m.

### Capacity Constraint

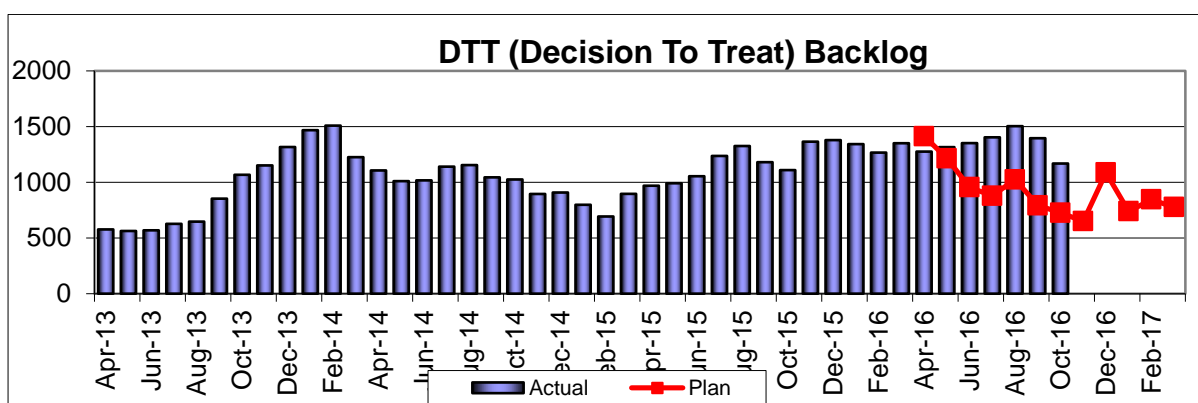
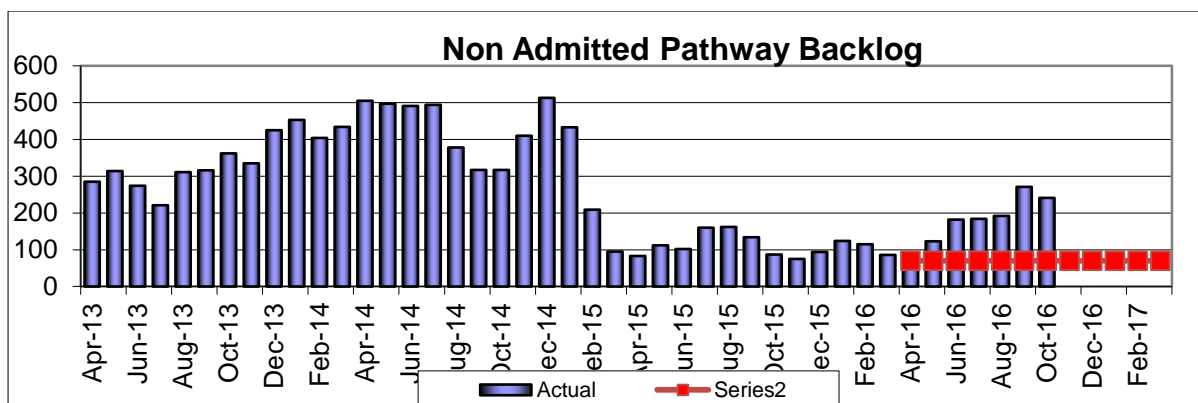
There are a number of specialities that the Trust has been unable to provide sufficient capacity to deliver RTT and match the demand in the system. The agreed level of capacity shortfall has been excluded from the contract, and the locality has been working with the Trust and other providers to bring appropriate levels of additional capacity online. This currently includes plans with Care UK to open a 3<sup>rd</sup> theatre whilst they have already started providing General Surgery and Endoscopy, with PHNT to refurbish and increase the throughput of Tavistock theatre and to bring modular theatres online.

### RTT Compliance

Performance to month 7 is summarised in the following tables.







### Contract Performance

The month 7 performance information showed an overperformance against the contract plan of £0.36m.

The main reasons for the contractual underperformance are summarised below.

2016/17 M07	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	22,149	21,721	- 428	-3.6%	-1.9%
Non Elective	34,497	34,934	437	0.8%	1.3%
A&E	5,118	5,198	81	2.9%	1.6%
Outpatients	17,742	18,536	794	5.4%	4.5%
Excluded Services	21,887	21,356	- 531		-2.4%
Penalties	-	-	-		
CQUIN	2,340	2,348	8		
Contract Adjustments			-		
<b>Total</b>	<b>103,732</b>	<b>104,094</b>	<b>362</b>		<b>0.3%</b>

The **Elective** position is £0.4m (1.9%) behind plan from a financial perspective but 3.6% behind plan in overall activity terms. The main contributors to this position are under performances within Upper GI surgery, Vascular 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 women's 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 1,225 (2.9%) more patients than planned for so far this year. The majority of this overperformance has occurred in month.

The overall position of an overperformance of £0.8m (4.5%) on **Outpatients** masks a wide variation in performance at individual specialty level with over performances in 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 £38k of the over performance, first attendances £249k and procedures £491k.

The overperformance occurred during months 1-5, with months 6 and 7 being largely on plan.

### **Referral Information**

Referral information for month 7 of 2016/17 showed an overall decrease of 4.8% compared to the same period last year, with GP referrals being 5.7% below the equivalent 2015/16 volumes.

<b>PHNT</b>	<b>Referral Source</b>	<b>2015/16</b>	<b>2016/17</b>	<b>Variance</b>	<b>%</b>
Externally Generated	GP	34,083	32,133	- 1,950	-5.7%
	Dentist	112	96	- 16	-14.3%
<i>Sub Total</i>		34,195	32,229	- 1,966	-5.7%
Internally Generated	Consultant	9,612	9,872	260	2.7%
	Other	4,823	4,373	- 450	-9.3%
	A&E	2,280	1,988	- 292	-12.8%
<i>Sub Total</i>		16,715	16,233	- 482	-2.9%
Grand Total		50,910	48,462	- 2,448	-4.8%

The first part of 2015/16 saw higher referrals than the latter part of the year as a step change reduction was noted mid-year. Therefore this measure is comparing the high part of 2015/16 with the continued low referral rates seen since mid 2015/16. So whilst this measure shows a reduction compared to the previous year, it is a continuation of the reduction that we experienced last year and not a significant further reduction.

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:

<b>PHNT Month 7 key performance indicators</b>			
<b>Measure</b>	<b>Target</b>	<b>This month</b>	<b>YTD</b>
RTT - Percentage seen within 18 weeks - admitted pathways	90%	74.3%	
RTT - Waits over 52 weeks	0	79	
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	2.4%	
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	95.1%	93.7%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	76.8%	81.2%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	93.1%	95.4%
Ambulance handovers - Number of handovers over 30 minutes	0	56	462
Ambulance handovers - Number of handovers over 60 minutes	0	1	20
A&E - Percentage of attendances seen within 4 hours	95%	87.6%	84.9%
Delayed transfers of care (acute) - bed days		773	5069
Clostridium difficile - Number of hospital infections	35	0	1
MRSA - Number of hospital infections	0	0	1
Cancelled operations - patients to be offered another binding date within 28 days	0	33	174
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 7 the contract is over performing by £137k, with a £78k over performance in month. This is made up of underspends within elective activity (-£72k) and overspends within non elective admissions (£75k) and high cost drugs (£40k).

The contract also has a QIPP target of £147k which is being reported as undelivered and so represents a further £86k overperformance so far this year.

## **Independent Sector**

The IS position at most providers remains constant this month however the performance at Nuffield Plymouth has worsened following a larger than expected volume of activity. This has reversed an underperformance rather than resulted in an over-performance against contract value.

## **London Trusts**

There are no significant movements from the previous month within the London trusts. Significant over-performance due to high cost critical care patients remains at Guys and the Royal Brompton.

## **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.

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

## **Care Co-ordination R.... Team**

We have continued to see a drop in CCRT numbers on the caseload, and are currently forecasting an outturn of £8.2m for 2016/17, which is in underspend of £48k

## **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 NOVEMBER 2016

Month 08 November	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
<b>SAVINGS LEDGER REPORT</b>						
NHS Royal Devon & Exeter Foundation Trust	-468	-443	25	-2,442	-1,408	1,034
NHS Plymouth Hospitals NHS Trust	-1,314	-739	575	-4,516	-2,633	1,883
NHS Northern Devon Healthcare Trust	-669	-289	380	-1,720	-1,287	433
Prescribing	-2,326	-2,342	-16	-3,995	-3,995	-
Placements	-4,690	-4,686	4	-10,000	-10,000	-
Individual Patient Placements Adult	-300	-396	-96	-449	-502	-53
Other Community Services	-867	-867	-	-1,300	-1,300	-
Care Co-ordination Team	-303	-355	-52	-531	-531	-
System Gap	-12,925	-1,956	10,969	-19,389	-	19,389
<b>GROSS SAVINGS</b>	<b>-23,861</b>	<b>-12,072</b>	<b>11,789</b>	<b>-44,342</b>	<b>-21,656</b>	<b>22,686</b>

<b>TOTAL INVESTMENT</b>	-3,533	-3,533	0	-4,832	-4,832	-
Contractualisation of system position	-7,217	-9,451	-2,233	-10,826	-14,176	-3,350
<b>NET SAVINGS</b>	<b>-34,612</b>	<b>-25,055</b>	<b>9,556</b>	<b>-60,000</b>	<b>-40,664</b>	<b>19,336</b>
<b>IHAM Growth Mitigation</b>	<b>-9,333</b>	<b>-9,333</b>	<b>-</b>	<b>-14,000</b>	<b>-14,000</b>	<b>-</b>
<b>NHS England monitored QIPP</b>	<b>-43,945</b>	<b>-34,389</b>	<b>9,556</b>	<b>-74,000</b>	<b>-54,664</b>	<b>19,336</b>

78%

74%

### 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.

Although the budget has not been amended the forecast outturn was adjusted to align to the CCG's share of the system wide gap last month. 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 78% delivery of plan with 76% delivery forecast by yearend.

The elective care forecast has reduced by £3.35m which is reflected in the shortfall in providers' delivery. This shortfall is mitigated by an increase in contractualised QIPP as a result of the block contract arrangements. This is being managed as part of the overall risk management of the system to achieve the system wide control total. As part of the monitoring of the system wide savings plan, each Senior Responsible Officer (SRO) for the 6 work streams is 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.

## **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 NOVEMBER 2016

Month 08 November	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	Adv / (Fav)
<b>CCG COMMISSIONED SERVICES</b>						
Acute	113,513	113,214	-299	168,953	168,889	-64
Placements	28,334	29,089	755	41,730	43,247	1,517
Community & Non Acute	49,561	50,108	547	74,373	75,219	846
Mental Health Services	837	861	24	1,255	1,226	-29
Other Commissioned Services	9,600	9,144	-456	15,092	14,572	-520
Primary Care	32,439	32,052	-387	48,574	48,006	-567
<b>Subtotal</b>	234,285	234,468	183	349,977	351,158	1,182
Running Costs & Technical/Risk System Plan Agreement	1,259	1,796	537	5,617	5,700	83
					-1,260	-1,260
CCG Net Operating Expenditure	235,544	236,264	720	355,594	355,598	4
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	235,544	236,264	720	355,594	355,598	4
<b>PCC COMMISSIONED SERVICES</b>						
Children, Young People & Families	23,273	23,708	435	34,910	35,562	652
Co-operative Commissioning & Adult Social Care	50,505	50,975	470	75,758	76,463	705
Education Participation and Skills	6,684	6,684	-	10,026	10,026	-
Community Connections	1,501	1,436	-65	2,251	2,154	-97
<b>Subtotal</b>	81,963	82,803	840	122,945	124,205	1,260
Public Health Commissioning	9,706	9,706	-	14,559	14,559	-
Recovery Plans in Development					-1,260	-1,260
PCC Net Operating Expenditure	91,669	92,509	840	137,504	137,504	-
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	91,669	92,509	840	137,504	137,504	-
Combined Integrated Fund	327,214	328,773	1,560	493,098	493,102	4

## 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 NOVEMBER 2016

Month 08 November	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
<b>ACUTE CARE</b>						
NHS Plymouth Hospitals NHS Trust	118,796	118,796	-0	176,700	176,508	-192
NHS South Devon Healthcare Foundation Trust	4,252	4,379	127	6,353	6,569	216
NHS London Contracts	1,086	1,214	127	1,623	1,836	213
Non Contracted Activity (NCA's)	5,900	5,500	-400	8,813	8,413	-400
Independent Sector	8,404	8,041	-363	12,553	12,518	-35
<b>Subtotal</b>	<b>138,438</b>	<b>137,928</b>	<b>-510</b>	<b>206,042</b>	<b>205,845</b>	<b>-197</b>
<b>COMMUNITY &amp; NON ACUTE</b>						
Livewell Southwest	47,980	48,647	667	71,970	72,970	1,000
GPwSI's (incl Sentinel, Beacon etc)	1,176	1,155	-21	1,764	1,733	-31
Community Equipment	432	427	-5	648	640	-8
Ultrasound (Sonarcare)	170	157	-14	256	245	-11
Reablement	1,012	1,001	-11	1,517	1,500	-17
Other Community Services	171	170	-0	256	255	-1
Better Care Fund_Plymouth CC	5,703	5,703	-0	8,555	8,555	0
<b>Subtotal</b>	<b>56,644</b>	<b>57,260</b>	<b>616</b>	<b>84,966</b>	<b>85,899</b>	<b>933</b>
<b>MENTAL HEALTH SERVICES</b>						
Mental Health Contracts	17	17	-	25	25	-0
Other Mental Health	663	663	0	994	994	-
<b>Subtotal</b>	<b>680</b>	<b>680</b>	<b>0</b>	<b>1,020</b>	<b>1,020</b>	<b>-0</b>
<b>OTHER COMMISSIONED SERVICES</b>						
Stroke Association	102	106	4	153	159	6
Hospices	1,786	1,685	-101	2,679	2,551	-128
Care Co-ordination Team	5,552	5,519	-33	8,252	8,204	-48
Patient Transport Services	280	323	42	420	475	55
Wheelchairs Western Locality	1,433	1,191	-242	2,150	1,790	-360
Commissioning Schemes	127	132	5	191	191	-0
All Other	335	266	-69	503	392	-111
<b>Subtotal</b>	<b>9,617</b>	<b>9,223</b>	<b>-393</b>	<b>14,348</b>	<b>13,762</b>	<b>-586</b>
<b>PRIMARY CARE</b>						
Enhanced Services	5,048	5,048	-0	7,573	7,573	-
Other Primary Care	115	115	-	173	171	-2
<b>Subtotal</b>	<b>5,164</b>	<b>5,164</b>	<b>-0</b>	<b>7,746</b>	<b>7,744</b>	<b>-2</b>
<b>TOTAL COMMISSIONED SERVICES</b>	<b>210,542</b>	<b>210,255</b>	<b>-287</b>	<b>314,121</b>	<b>314,268</b>	<b>147</b>