



Northern, Eastern and Western Devon  
Clinical Commissioning Group



## **Plymouth Integrated Fund Finance Report – Month 11 2016/17**

### **Introduction**

This report sets out the forecast financial performance of the Plymouth Integrated Fund for the month of February 2017 (month 11).

The report is in several 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).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

In summary, the Integrated Fund is forecasting to deliver against budget with a marginal 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 elements of the Integrated Fund are forecasting to be overspent against budget by year end. There are risks in delivery of this position for both organisations.

The impact of the risk share in the year remains minimal, but the forecast at month 11 has exceeded the £50k tolerance and is now reflected at £88k. This is because there is an overspend forecast in each element of the fund and this triggers an adjustment relative to the risk share percentages.

## **Health Contribution to the Fund**

Overall the Health contribution to the fund is forecast to be overspent against budget at £0.4m. Within this there are some pressures as identified, and the forecast includes an assumption about further cost recovery actions and agreements in the latter part of the year.

### **Acute Care**

The CCG is forecasting an underspend of £0.4m for acute care for the Integrated Fund. This has improved slightly in month.

### **Community Services**

This position has improved by £0.2m since last month, and reflects the mitigation of the risk in capital resources that was previously identified.

### **Placements**

The overspend, as in previous months, is due to higher than planned numbers of clients and costs of care packages. The position has remained consistent and is forecast to be £0.6m over budget.

### **System Plan Agreement**

This adjustment reflects the issue of the CCG budget having been set on the original plan of £29.2m deficit, as compared to the agreed system plan outturn of £42.2m. This results from the lengthy process to finalise the plan with the regulators, as described in previous reports, and should not impact on the risk share agreement.

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

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

The Children Young People and Families Service are reporting a budget pressure of £0.306m a reduction of (£0.245m) in the month. The reduction is as a result of additional vacancy savings (£0.104m), reduced costs of legal agents (£0.015m) and a reduction in the cost of looked after children's placements (£0.126m).

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.

There are risks that continue to require close monitoring and management including the lack of availability of the right in-house foster care placements creating overuse of IFA's and the use of Residential Placements due to lack of foster care placement

sufficiency across the Peninsula. In addition, Court ordered spend continues on Parent & Child Assessment placements and there are still a small number of individual packages of care at considerably higher cost due to the needs of the young person.

The overall number of children in care at the end of February stands at 408 an increase of three in the month.

### **Strategic Co-operative Commissioning**

The Strategic Co-operative Commissioning (SCC) service is now reporting an overspend on budget of £0.200m at month 11 – a decrease of (£0.247m) from last month. The main reasons for the change to the forecast are:

- (£0.154m) – Additional income from client contributions;
- (£0.136m) – A further reduction of Direct Payment client numbers, as well as additional clawback;
- (£0.129m) – A reduction to some of the commissioned contracts, for example Carers Support and Telecare.
- £0.144k – Movement in other Care Packages

As part of the transformation project for 2016/17, the SCC budget is making 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 are reporting a breakeven position at the end of month 11.

During 2016/17 the Education Participation and Skills budget had 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. This has been achieved this year through EVRS, maximisation of grants and the transformation of services.

### **Community Connections**

Reported savings have increased by (£0.033m) to (£0.081m) as a result of further staff savings through recruitment to a new structure and additional income recharging staff to grant projects.

Demand for emergency accommodation has increased from January to an average of 72 placements per night, however this is within the forecast range of 75 set last month.

Action is ongoing to limit the overall cost pressure through lower placements and prevention work.

## Public Health

The Public Health department is on track to achieve a balanced budget and will continue to prepare plans to achieve the further reductions to the ring fenced grant in 2017/18.

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## SECTION 2 – WESTERN PDU MANAGED CONTRACTS

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### Context / CCG Wide Financial Performance at Month 11

This report sets out the financial performance of the CCG to the end of February 2017 (Month 11 management accounts).

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 11 budget position remains in line with previous months, the forecast outturn at month 11 has been reported in line with the system wide control total, this is a departure from previous months as the CCG has been instructed by NHS England to reflect the full position rather than just that of the CCG as had been the case last month. This is a deficit position of £42.1m for the year following the release of the non-recurrent headroom reserve and a cumulative deficit of £120.5m.

### Month 11 Summary financial position

	Planned Deficit £'000	Actual Deficit £'000	Variance £'000	Movement
Year to date in year position	25,747	37,806	12,059	1,097
B/fwd. deficit	71,854	71,854	0	0
<b>Total In year Position</b>	<b>97,601</b>	<b>109,660</b>	<b>12,059</b>	<b>1,097</b>
Forecast in year deficit	29,006	42,161	13,155	0
B/Fwd. deficit	78,386	78,386	0	0
<b>Total Forecast Deficit</b>	<b>107,392</b>	<b>120,547</b>	<b>13,155</b>	<b>0</b>

### Year to date

The year to date financial position of the CCG reflects the move to the system wide gap as described above. This results in an in-year deficit of £37.8m (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 full system wide gap now falling to the CCG, as agreed by NHS England this month. 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 58% achievement of the net CCG share of the System Wide Savings plan as at month 11 with a forecast achievement of 63%. 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 an improvement from month 9. The only remaining risk is £0.9m relating to capital funding but this is fully mitigated by expected capital from NHS England.

## **Western PDU Finance Position**

### **Introduction**

The total budget now stands at £317.6m which reflects of the system wide and individual NHS organisational control totals as described previously.

The Locality is currently forecasting an increased underspend against the budgets for the contracts that are managed in the West when compared to last month. This is a net position and includes some overspending and some underspending contracts. This represents an improvement from last month of £0.2m, and is mainly linked to an improvement in the Livewell Southwest position. The most significant variances to plan include:

- Acute Trusts. There has been a very limited movement in the Acute Trust forecasts in month 11 with the only movement being a £0.1m improvement in the forecast for South Devon Healthcare FT contract due to lower activity than expected.

- Community Contracts. The key risk identified previously for capital in the Livewell Southwest contract has now been mitigated, and there are no significant variances reported for Community and other categories.

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.

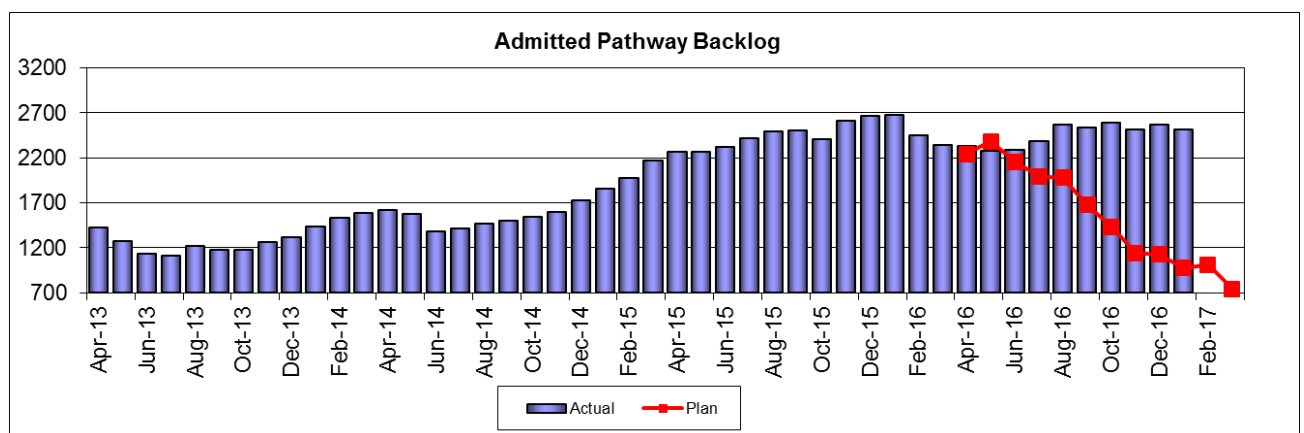
At this stage the budget allocation and forecast spend reflect the anticipated final contract value of £176.7m.

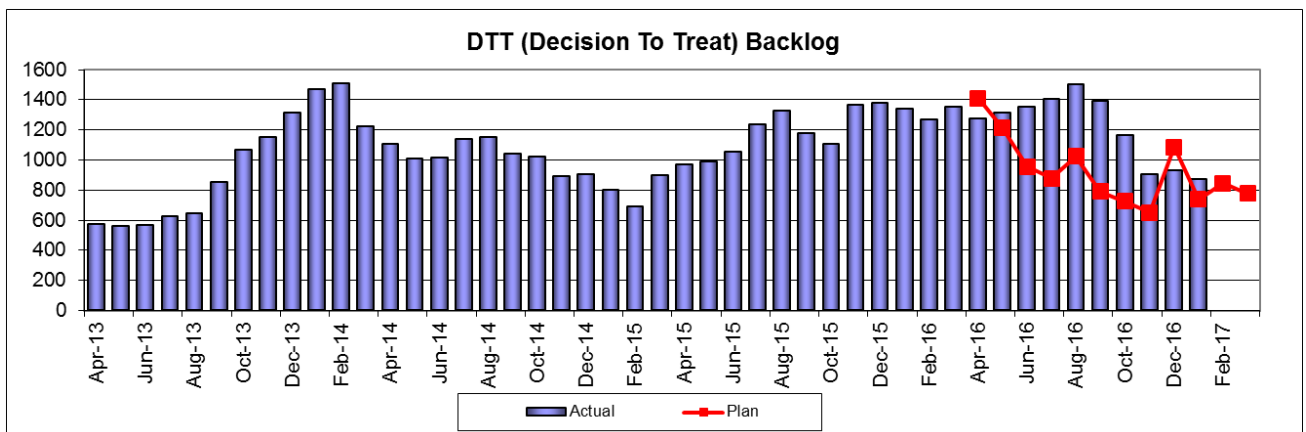
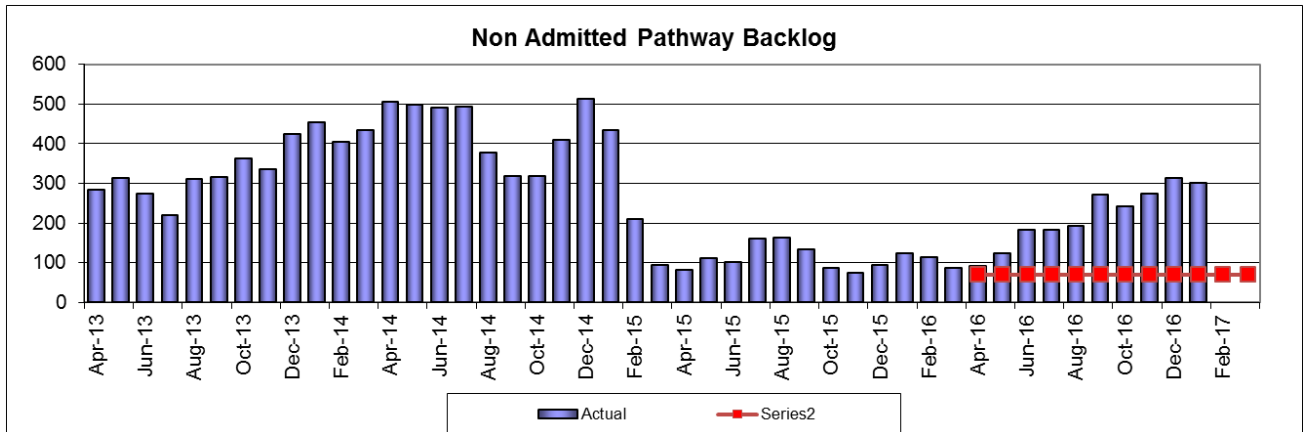
### Capacity Constraint

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 includes Care UK opening a 3rd theatre whilst they have already started providing General Surgery and Endoscopy, whilst PHNT have recently refurbished and increased the throughput of Tavistock theatre and have plans to bring modular theatres online in the coming months.

### RTT Compliance

Performance to month 10 is summarised in the following tables.





### Contract Performance

The month 10 performance information showed a year to date over performance against the contract plan of £0.44m.

The main reasons for the contractual underperformance are summarised below.

2016/17 M10	Planned Spend	Actual Spend	Variance	Variance	Variance
	£000s	£000s	£000s	Activity	Spend
Elective	31,765	30,483	- 1,282	-3.8%	-4.0%
Non Elective	49,587	50,331	744	1.8%	1.5%
A&E	7,232	7,431	199	4.0%	2.8%
Outpatients	25,508	26,445	937	4.2%	3.7%
Excluded Services	31,299	31,139	- 160		-0.5%
Penalties			-		
CQUIN	3,356	3,361	5		
Contract Adjustments			-		
<b>Total</b>	<b>148,747</b>	<b>149,190</b>	<b>443</b>		<b>0.3%</b>

The **Elective** position is £1.3m (4.0%) behind plan from a financial perspective but 3.8% behind plan in overall activity terms. The main contributors to this position are under performances within Upper GI surgery, Vascular Surgery, Orthopaedics, Cardiology, Clinical Oncology, Colorectal Surgery, Dermatology and General Surgery where the Junior Doctor Strikes, theatre cancellations and bed availability

have caused a reduction in capacity. The Trust have recently ceased to outsource activity to Care UK which has also resulted in a reduction of available capacity within elective, particularly in Orthopaedics. This position is marginally offset by over performances in Clinical Haematology and Endoscopy.

**Non Elective** has over performed overall, accountable to significant over performance demonstrated in Acute Medicine, Colorectal Surgery, General Medicine, Hepatobiliary & Pancreatic Surgery and Paediatrics. The extent of over performance witnessed is mitigated by material under performance within Diabetic Medicine, Geriatric Medicine, Nephrology and Upper GI Surgery. The year to date over performance is £0.74m which is over plan by 1.5% in financial terms and 1.8% in terms of activity.

In **Accident and Emergency** the Trust have seen 2,359 (4.0%) more patients than planned for so far this year. The majority of this over performance has occurred in month 7 and 8 and continued into months 9 and 10.

The overall position of an over performance of £0.94m (3.7%) on **Outpatients** masks a wide variation in performance at individual specialty level with over performances in ENT, Paediatrics, Dermatology, Colorectal Surgery, Orthopaedics and most significantly Ophthalmology. Clinical Haematology, Endoscopy and Pain Management, Trauma and Neurology are behind the year to date plan. Within this position there is also variation in the type of outpatient attendance where, first attendances account for £108k and procedures £886k. Follow ups have demonstrated an under performance amounting to £65k.

### **Referral Information**

Referral information for month 10 of 2016/17 showed an overall decrease of 3.5% compared to the same period last year, with GP referrals being 4.4% 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	47,196	45,108	- 2,088	-4.4%
	Dentist	140	155	15	10.7%
<i>Sub Total</i>		47,336	45,263	- 2,073	-4.4%
Internally Generated	Consultant	13,376	14,034	658	4.9%
	Other	6,905	6,121	- 784	-11.4%
	A&E	2,980	2,743	- 237	-8.0%
<i>Sub Total</i>		23,261	22,898	- 363	-1.6%
Grand Total		70,597	68,161	- 2,436	-3.5%

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

<b>PHNT Month 10 key performance</b>			
<b>Measure</b>	<b>Target</b>	<b>This month</b>	<b>YTD</b>
RTT - Percentage seen within 18 weeks - admitted pathways	90%	69.5%	
RTT - Waits over 52 weeks	0	92	
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	6.8%	
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	92.1%	93.9%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	75.0%	79.6%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	96.2%	95.5%
Ambulance handovers - Number of handovers over 30 minutes	0	161	842
Ambulance handovers - Number of handovers over 60 minutes	0	7	39
A&E - Percentage of attendances seen within 4 hours	95%	79.5%	84.2%
Delayed transfers of care (acute) - bed days		1,682	9,500
Clostridium difficile - Number of hospital infections (avoidable)	35	0	1
MRSA - Number of hospital infections	0	1	2
Cancelled operations - patients to be offered another binding date within 28 days	0	26	248
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 10 the contract is over performing by £12k, this demonstrates a decrease in overspend of £47k compared to the reported £59k overspend in month 9. This is made up of underspends within elective activity (£132k) and excluded devices (£21k) and overspends within non elective admissions (£48k) and high cost drugs (£75k).

The contract also has a QIPP target of £147k which is being reported as undelivered and so represents a further £123k over performance so far this year.

### **Independent Sector**

The IS performance remains in-line with the previous month.

### **London Trusts**

There remain no significant movements 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 Team**

Unfortunately an increase in referrals has resulted the PDU to amend its forecast underspend to a breakeven position. We are continuing to work with providers to reduce the overall number of spot purchased beds.

### **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 28 FEBRUARY 2017

Month 11 February	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
<b>SAVINGS LEDGER REPORT</b>						
NHS Royal Devon & Exeter Foundation Trust	-1,868	-861	1,007	-2,442	-1,657	785
NHS Plymouth Hospitals NHS Trust	-3,696	-1,419	2,277	-4,516	-2,986	1,530
NHS Northern Devon Healthcare Trust	-1,446	-728	718	-1,720	-1,254	466
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	-3,581	-3,630	-49	-3,995	-4,245	-250
Continuing Healthcare	-8,637	-9,893	-1,256	-10,000	-12,000	-2,000
Section 117	-	-	-	-	-	-
Individual Patient Placements Adult	-412	-460	-48	-449	-502	-53
Other Community Services	-1,192	-1,192	-0	-1,300	-1,300	-
Care Co-ordination Team	-474	-487	-13	-531	-531	-
Pay	-	-	-	-	-	-
System Gap	-17,772	-	17,772	-19,389	-	19,389
<b>GROSS SAVINGS</b>	<b>-39,077</b>	<b>-18,670</b>	<b>20,407</b>	<b>-44,342</b>	<b>-24,475</b>	<b>19,867</b>
<b>TOTAL INVESTMENT</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-0</b>	<b>-0</b>
Contractualisation of system position	-9,924	-7,527	2,397	-10,826	-8,211	2,615
<b>NET SAVINGS</b>	<b>-49,001</b>	<b>-26,197</b>	<b>22,804</b>	<b>-55,168</b>	<b>-32,686</b>	<b>22,482</b>
<b>IHAM Growth Mitigation</b>	<b>-12,833</b>	<b>-12,833</b>	<b>-</b>	<b>-14,000</b>	<b>-14,000</b>	<b>-</b>
<b>NHS England monitored QIPP</b>	<b>-61,834</b>	<b>-39,030</b>	<b>22,804</b>	<b>-69,168</b>	<b>-46,686</b>	<b>22,482</b>

### 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.

The stretch target required to recreate system reserves has now been mitigated through CCG and provider positions. 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 58% delivery of plan with 63% delivery forecast by yearend.

During month 11, the CCG share of the system wide savings plan has increased to £24.48m from £23.66m. This pressure is mitigated by an increase in the savings inherent in the contractualised block contract arrangements.

Also included in the contractualised savings are any additional benefits of the block contracts and also the fact that providers have absorbed the investment expenditure required for delivery. 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 underspent 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 28 FEBRUARY 2017

Month 11 February	Year to Date			Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Actual	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
<b>CCG COMMISSIONED SERVICES</b>						
Acute	157,031	156,523	-508	171,039	170,596	-443
Placements	38,517	38,926	408	41,786	42,384	598
Community & Non Acute	69,367	69,159	-208	75,679	75,820	141
Mental Health Services	1,150	1,160	9	1,255	1,223	-32
Other Commissioned Services	13,205	12,558	-647	14,344	13,701	-643
Primary Care	44,384	43,317	-1,067	48,353	48,124	-230
<b>Subtotal</b>	<b>323,654</b>	<b>321,642</b>	<b>-2,012</b>	<b>352,456</b>	<b>351,847</b>	<b>-609</b>
Running Costs & Technical/Risk	-2,704	3,220	5,923	-69	6,498	6,568
System Plan Agreement				5,340		-5,340
CCG Net Operating Expenditure	320,951	324,862	3,911	357,727	358,346	619
Risk Share				88		88
CCG Net Operating Expenditure (after Risk Share)	320,951	324,862	3,911	357,727	358,434	707
<b>PCC COMMISSIONED SERVICES</b>						
Children, Young People & Families	31,304	31,585	281	34,150	34,456	306
Co-operative Commissioning & Adult Social Care	69,445	69,628	183	75,758	75,958	200
Education Participation and Skills	9,197	9,197	-	10,033	10,033	-
Community Connections	2,901	2,827	-74	3,165	3,084	-81
<b>Subtotal</b>	<b>112,847</b>	<b>113,237</b>	<b>390</b>	<b>123,106</b>	<b>123,531</b>	<b>425</b>
Public Health Commissioning	13,346	13,346	-	14,559	14,559	-
Recovery Plans in Development						-
PCC Net Operating Expenditure	126,193	126,583	390	137,665	138,090	425
Risk Share				-88		-88
PCC Net Operating Expenditure (after Risk Share)	126,193	126,583	390	137,665	138,002	337
Combined Integrated Fund	447,144	451,444	4,301	495,392	496,436	1,044

## 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 28 FEBRUARY 2017

Month 11 February	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	163,562	163,341	-221	178,002	177,761	-241
NHS South Devon Healthcare Foundation Trust	5,808	5,954	146	6,353	6,495	142
NHS London Contracts	1,483	1,833	350	1,623	1,842	219
NHS Imperial London	0	-	-0	0	-	-0
Non Contracted Activity (NCA's)	8,056	7,097	-960	8,813	7,742	-1,071
Independent Sector	12,546	12,194	-352	13,721	13,342	-379
Other Acute	-	17	17	-	32	32
<b>Subtotal</b>	<b>191,456</b>	<b>190,435</b>	<b>-1,021</b>	<b>208,512</b>	<b>207,213</b>	<b>-1,299</b>
<b>COMMUNITY &amp; NON ACUTE</b>						
Livewell Southw est	67,902	67,681	-221	74,075	73,834	-241
GPw Sfs (incl Sentinel, Beacon etc)	1,617	1,657	40	1,764	1,808	44
Community Equipment	594	587	-7	648	640	-8
Ultrasound (Sonarcare)	234	214	-21	256	245	-11
Reablement	1,391	1,376	-15	1,517	1,500	-17
Other Community Services	235	234	-1	256	255	-1
Plymouth Integrated Fund - Risk Share	1	-89	-90	1	-	-1
Better Care Fund_Plymouth CC	7,384	7,378	-5	8,055	8,048	-7
<b>Subtotal</b>	<b>79,357</b>	<b>79,038</b>	<b>-319</b>	<b>86,572</b>	<b>86,331</b>	<b>-241</b>
<b>MENTAL HEALTH SERVICES</b>						
Mental Health Contracts	23	23	-	25	25	-0
Other Mental Health	912	909	-3	994	990	-4
<b>Subtotal</b>	<b>935</b>	<b>932</b>	<b>-3</b>	<b>1,020</b>	<b>1,015</b>	<b>-4</b>
<b>OTHER COMMISSIONED SERVICES</b>						
Stroke Association	140	146	6	153	159	6
Hospices	2,456	2,332	-124	2,679	2,551	-128
Care Co-ordination Team	7,064	7,064	0	7,692	7,692	0
Patient Transport Services	385	509	123	420	554	134
Wheelchairs Western Locality	1,970	1,720	-251	2,150	1,790	-360
Commissioning Schemes	175	178	3	191	191	-0
All Other	412	327	-85	449	338	-111
<b>Subtotal</b>	<b>12,602</b>	<b>12,276</b>	<b>-326</b>	<b>13,734</b>	<b>13,275</b>	<b>-459</b>
<b>PRIMARY CARE</b>						
Enhanced Services	6,942	6,942	-0	7,573	7,573	-
Other Primary Care	159	159	-	173	173	-
<b>Subtotal</b>	<b>7,100</b>	<b>7,100</b>	<b>-0</b>	<b>7,746</b>	<b>7,746</b>	<b>-</b>
<b>TOTAL COMMISSIONED SERVICES</b>	<b>291,450</b>	<b>289,781</b>	<b>-1,669</b>	<b>317,583</b>	<b>315,580</b>	<b>-2,003</b>

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**APPENDIX 3**  
**GLOSSARY OF TERMS**

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PCC - Plymouth City Council

NEW Devon CCG – Northern, Eastern, Western Devon Clinical Commissioning Group

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

PHNT – Plymouth Hospitals NHS Trust