

Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 26 May 2016

Title: Finance Report 2015/16 1 April 2015 – 31 March 2016	Enclosure H
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Name of Originator/Author:	Alison Henly, Chief Finance Officer and Director of Performance
Name of Responsible Committee/Individual:	Alison Henly, Chief Finance Officer and Director of Performance
Name of Clinical Lead:	N/A
Name of Individual(s) Presenting to Meeting:	Alison Henly, Chief Finance Officer and Director of Performance

Rationale / Executive Summary:	<p>This report sets out the overall financial position for the Somerset Clinical Commissioning Group for the period 1 April 2015 to 31 March 2016, and provides an analysis of the financial performance across the following areas:</p> <ul style="list-style-type: none"> • Financial Framework • Clinical Commissioning Group • QIPP • Summary Financial Position 			
Recommended Action to be Taken by Meeting:	To Discuss <input checked="" type="checkbox"/>	To Note <input type="checkbox"/>	To Endorse <input type="checkbox"/>	To Approve <input type="checkbox"/>
Purpose:	The Somerset CCG Governing Body is asked to discuss the financial position.			
Links CCG Priorities:	<p>Core Values:</p> <ol style="list-style-type: none"> (a) a collaborative approach (b) to be people, patient and carer centred (c) ensuring best value (d) open and transparent processes (e) supporting innovation (f) continuously improving quality <p>Priorities:</p> <ol style="list-style-type: none"> (a) to use resources wisely – delivering the best possible value for service users 			

Links to the NHS Constitution:

- you have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.
- the NHS pledges to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered
- the NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution
- you have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you
- you have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS provided national immunisation programme
- the NHS commits to provide programmes as recommended by the UK Screening Committee
- the NHS pledges to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them
- you have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality
- you have the right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services
- you have the right to be cared for in a clean, safe, secure and suitable environment
- the NHS also pledges to identify and share best practice in quality of care and treatments

	<ul style="list-style-type: none"> • you have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you or your doctor feel would be right for you, they will explain that decision to you • you have the right to be treated with dignity and respect, in accordance with your human rights • you have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests • you have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits. • you have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure • you have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution • you have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this • the NHS pledges to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one
<p>Summary of Key Risks / Issues:</p>	<p>The Somerset Clinical Commissioning Group must ensure it delivers financial targets.</p>
<p>Financial / Resource Implications:</p>	<p>The Somerset Clinical Commissioning Group has a budget of £705,664,000 in 2015/16. The resource implications are included within the Finance Report.</p>
<p>Any Legal Implications or Links to Legislation:</p>	<p>Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.</p>

Equality and Diversity Considerations:	<p>Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including financial performance.</p>
Staff, Stakeholder, Clinical, Patient and Public Engagement History:	<p>No issues identified.</p>
Report History:	<p>The Somerset Clinical Commissioning Group receives a monthly report on the financial position.</p>
Next Steps:	<p>The Somerset Clinical Commissioning Group is asked to receive and discuss the financial position.</p>



Somerset
Clinical Commissioning Group

Finance Report 2015/16

1 April – 31 March 2016

SOMERSET CLINICAL COMMISSIONING GROUP

FINANCE REPORT 2015/16

1 APRIL – 31 March 2016

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Somerset Clinical Commissioning Group
April – March 2016 Finance Report
Executive Summary

Measure	Paragraph Ref.	Target £'000	Actual £'000	RAG Score
2015/16 National Support	2.7	(991)	(991)	
Year End Surplus	2.147	6,484	6,484	
Headroom	2.115	6,645	6,645	
Contingency	2.113	3,460	3,460	
Underlying (Deficit)/Surplus	2.9	-	(2,093)	
QIPP Delivery	2.141	21,967	18,785	
Areas of Overspend:				
Prescribing	2.81	-	2,359	

Summary of overall position

Programme	Year-end (under) / overspend £'000
Secondary Care Commissioning	(2,141)
Prescribing	2,359
Other Programmes	(804)
Running Costs	-
2015/16 Development Programme	-
Managed Programmes - Contingency	(883)
Managed Programmes – Headroom	(1,162)
Managed Programmes - Resilience	(62)
Managed Programmes - Surplus	(6,484)
QIPP not identified at plan	2,693
Year End Outturn Position	(6,484)
Risk mitigation strategy to deliver planned surplus	-
Total	(6,484)

Key:

Standard achieved (100%+)	
Standard marginally under-achieved (85%+)	
Standard under-achieved (<85%)	

2 FINANCIAL FRAMEWORK

2.1 This report sets out details of the financial framework and summarises the financial position of the Somerset Clinical Commissioning Group, outlining how revenue funding is allocated across the organisation, to deliver the organisation's key targets for 2015/16.

2.2 The publication of 'The Forward View Into Action: Planning for 2015/16' by NHS England in January 2014 signalled the importance for Clinical Commissioning Groups to have plans which are balanced, meet the business rules and are aligned across its strategic, operational and financial measures.

2015/16 Growth Allocation

2.3 In January 2014, the 2015/16 Clinical Commissioning Group allocations were published. Table 1 sets out the growth allocation for Somerset Clinical Commissioning Group.

Table 1: Growth Allocation 2015/16

Financial Year	Growth £'000	Allocation %
2015/16	21,499	3.36

Financial Health

2.4 The Somerset Clinical Commissioning Group delivered a surplus of £7,475,000 in 2014/15 against the portfolio of services it commissions. This included an additional £782,000 agreed to be delivered as the result of additional resource released from the Continuing Health Care risk pool managed by NHS England.

2.5 The Clinical Commissioning Group submitted a plan to deliver a surplus of £6,484,000 in 2015/16 representing 0.9% of the total funding allocation, to be reported as an underspend, in line with the Clinical Commissioning Group's commitment with NHS England.

2.6 This reduced surplus was agreed in conjunction with NHS England to create a financial incentive for the local acute providers to address underlying financial issues and secure the recovery of performance to deliver the constitutional performance targets.

2.7 Table 2 below highlights the Clinical Commissioning Groups In Year Financial Position, which analyses the total allocation between the in-year allocation and the drawdown of historic surplus of £991,000 for use in 2015/16.

Table 2: National Support 2015/16

	£'000
Total CCG allocation 2015/16	705,664
Total expenditure 2015/16	699,180
Surplus In Year	6,484
Less: Return of Prior Year Surplus	(7,475)
2015/16 Drawdown of previous surplus	(991)

* Total expenditure 2015/16 equals total allocation less surplus of £6,484,000

- 2.8 As part of its 2015/16 financial strategy the Clinical Commissioning Group reduced its surplus to support RTT recovery at Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. This has resulted in the Clinical Commissioning Group not achieving the full 1% surplus requirement for 2015/16.
- 2.9 Table 3 below highlights the Clinical Commissioning Groups underlying Financial Position.

Table 3: Underlying Financial Position

	£'000	£'000
Total CCG Allocation 2015/16	705,664	
Less: Non Recurrent Allocation	(20,960)	
Total Recurrent Allocation 2015/16		684,704
Total Expenditure 2015/16	699,180	
Less: 1% Headroom (non recurrent)	(6,645)	
Less: Other Non Recurrent Expenditure (including RTT)	(5,738)	
Total Recurring Expenditure 2015/16		686,797
Underlying Deficit Position		2,093

- 2.10 The reduction in the position noted above has been agreed in partnership with NHS England to more fully reflect the underlying position of the Clinical Commissioning Group in light of further guidance and the change in business rules for 2016/17. As part of the plan for 2016/17 the CCG will be required to detail the actions to bring the recurrent position back into recurring financial balance by March 2017.

Financial Framework

Key Objectives

- 2.11 The Financial Framework for 2015/16 details operational plans for the delivery of goals set out in 'NHS Somerset Clinical Commissioning Group's Two Year Commissioning Plan 2015-17' and 'Five Year Strategy 2014-2019'.
- 2.12 The Financial Framework for 2015/16 is underpinned by the vision of the Somerset Clinical Commissioning Group, namely:

- People in Somerset will be encouraged to stay healthy and well through a focus on:
 - building support for people in our local communities and neighbourhoods
 - supporting healthy lifestyle choices to be the easier choices
 - supporting people to self-care and be actively engaged in managing their condition

When people need to access care or support this will be through joined up health, social care and wellbeing services. The result will be a healthier population with access to high quality care that is affordable and sustainable.

2.13 Commissioning principles supporting this vision include:

- we will support people to be the best they can be through equitable and person-centred services
- we will create a system that ensures the right care is available at the right time for the patient
- we will continue to listen to what people want and respond to need
- we will commission for a sustainable future

2.14 The strategic themes include:

- encouraging communities and individuals to take more control of and responsibility for their own health and wellbeing:
- developing joined up person-centred care
- transforming the effectiveness and efficiency of urgent and acute care across all services
- sustaining and continuously improving the quality of all our services

2.15 Underpinning the four themes are five work programmes that are built from the workstreams that will deliver the required change. The five core work programmes are:

- Collaborative Working
- Community Services, including End of Life Care
- Urgent and Emergency Care
- Elective Care
- Improving quality and patient experience

2.16 In addition, the Clinical Commissioning Group and Somerset County Council have signed up to three priorities through the Somerset Health and Wellbeing Strategy as members of the Health and Wellbeing Board, namely:

Priorities

Theme 1: People, families and communities take responsibility for their own health and wellbeing

Theme 2: Families and communities are thriving and resilient

Theme 3: Somerset people are able to live independently

Sources of Funds

2.17 Table 4 sets out the resource allocations for the Somerset Clinical Commissioning Group in 2015/16.

Table 4: Sources of Funds

Description	Recurring £'000	Non Recurring £'000	Total £'000
Recurrent baseline brought forward from 2014/15	640,470	-	640,470
2015/16 growth	21,499	-	21,499
Subtotal recurring baseline	661,969	-	661,969
Notified Adjustments:			
• Running cost allocation	11,831	-	11,831
• Return of 2014/15 underspend	-	7,475	7,475
• PbR Enhanced Tariff Offer	-	1,587	1,587
• GP IT	-	1,427	1,427
• Adjustments with NHSE	(543)	(335)	(878)
• Eating Disorders and CAMHS planning	-	1,052	1,052
• Liaison Psychiatry	-	240	240
• Vanguard Funding	-	8,070	8,070
• 2014/15 Quality Premium	-	1,198	1,198
• Capital Grants	-	246	246
Subtotal notified adjustments	11,288	20,960	32,248
Better Care Fund	11,447	-	11,447
Total Sources of Funds	684,704	20,960	705,664

2.18 Within the sources of funds shown in Table 4, the following funding adjustments have been taken into account:

Notified Adjustments:

- the 2015/16 running costs allocation of £11,831,000, which has been published separately from the opening Somerset Clinical Commissioning Group Programme funding
- the return of the underspend from 2014/15
- funding of £1,587,000 secured to support the Enhanced Tariff Offer

- Option for Payment by Results
- funding allocation for GP IT of £1,427,000
- transfers with NHS England and additional central allocation
- Eating disorders and CAMHS transformation planning funding of £1,052,000
- Pump prime investment of £240,000 for liaison mental health services in emergency departments
- Vanguard transformation funding of £8,070,000 intended for milestones in both the Symphony Programme at Yeovil District Hospital NHS Foundation Trust and the development of Somerset Together by the Clinical Commissioning Group.
- The Quality Premium allocation has now been confirmed at, £1,198,000 earned through achievement of key measures and NHS Constitution Target Compliance during 2014/15.
- Capital grant funding of £246,000 to support equipment costs for Continuing Healthcare patients

Applications of Funds

2.19 Table 5 sets out the distribution of funding for the programmes managed by the Somerset Clinical Commissioning Group.

Table 5: Budget Framework

Programme	Annual Budget £'000
Secondary Care Commissioning:	
NHS Contracts	464,483
Independent and Private Sector	126,752
QIPP to be identified	(2,693)
Total Secondary Care Commissioning	588,542
Prescribing:	
GP Prescribing	75,661
Other Prescribing	3,008
Total Prescribing	78,669
Other Programmes	13,069
Running Costs	11,831
2015/16 Development Programme	-
Managed Programmes	13,553
TOTAL	705,664

Secondary Care Commissioning: NHS and Non NHS Contracts

2.20 Approximately 83% of the Clinical Commissioning Group's annual budget is spent on secondary care commissioning.

2.21 NHS contracts by provider for 2015/16 are set out below in Table 6. A further analysis of spend to 31 March 2016 is included in Appendix 1.

Table 6: Contract Values by Provider

Secondary Care Commissioning	Initial Programme	Contract Variations	Revised Value	Year End (under) / overspend
	£'000	£'000	£'000	£'000
Foundation Trusts:				
Dorset County Hospital NHS Foundation Trust	2,358	(40)	2,318	(89)
Royal Brompton and Harefield NHS Foundation Trust	-	356	356	102
Royal Devon and Exeter NHS Foundation Trust	6,727	(1,506)	5,221	(109)
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	2,295	(45)	2,250	6
Royal United Hospitals Bath NHS Foundation Trust	26,082	1,218	27,300	(130)
Salisbury NHS Foundation Trust	599	(18)	581	3
Somerset Partnership NHS Foundation Trust	126,583	873	127,456	(289)
South Western Ambulance Service NHS Foundation Trust	19,505	368	19,873	-
Taunton and Somerset NHS Foundation Trust	169,738	3,350	173,088	678
University Hospitals Bristol NHS Foundation Trust	7,448	300	7,748	213
Yeovil District Hospital NHS Foundation Trust	74,117	1,801	75,918	-
Sub Total	435,452	6,657	442,109	409
Other NHS Trusts:				
North Bristol NHS Trust	6,796	502	7,298	(885)
Northern Devon Healthcare NHS Trust	382	5	387	10
Sirona Care and Health	505	(4)	501	(6)
Weston Area Health NHS Trust (Includes NICE Drugs)	14,195	(7)	14,188	(55)
Sub Total	21,878	496	22,374	(936)
Total NHS Service Level Agreements	457,330	7,153	464,483	(527)

- 2.22 Frameworks are based on a roll-forward of 2014/15 contract out-turn adjusted to reflect agreed developments, non-recurring adjustments actioned in 2014/15 and the application of the appropriate national tariff.
- 2.23 Contract values in 2015/16 have not been adjusted to reflect the transfer of resources to the Better Care Fund as this is expected to have a neutral impact in 2015/16.
- 2.24 Contract variations have been actioned to reflect:
- CQUIN funding of circa. £12 million was allocated to contracts in the initial plan, based on providers achieving 100% performance against CQUIN targets and any underperformance will be shown in the contractual positions reported. Table 20 later in this report shows how this funding is allocated by provider organisation
 - a further £2,250,000 allocated from headroom to fund agreed commitments in respect of change funds for providers to ensure stability across services whilst the Systems Transformation Group is looking at system wide changes to meet future financial challenges
 - adjustments to reflect signed contract values
- 2.25 Significant variances are reported against contract values with the following NHS Providers:

Taunton and Somerset NHS Foundation Trust

- 2.26 The contract value negotiated with Taunton and Somerset NHS Foundation Trust is in excess of the budget by £1.1m resulting in a year end overspend. The contract is a fixed financial envelope for 2015/16 to allow negotiations to concentrate on looking forward for 2016/17. It should be noted that this agreement removes the need for binding mediation which represented a significant financial risk to both parties and maintained the focus on delivering improved performance for the local population during 2015/16. In order to provide financial certainty to both organisations the Clinical Commissioning Group agreed to reinvest penalties with the Trust to a maximum level, retaining £400,000 within the Clinical Commissioning Group. The balance of £400,000 for penalties has been factored in to the financial position to support the overall financial position of the Clinical Commissioning Group. Together with a small adjustment to part complete spells cost estimates at the year end an overspend of £678,000 is reported against this contract.

Somerset Partnership NHS Foundation Trust

- 2.27 A year end underspend position is reported against funding allocated to Somerset Partnership NHS Foundation Trust for dressings prescribing within the community. For the financial year end this underspend was agreed with the Trust at £98,000. A final reconciliation will be carried out once the actual figures are available for 2015/16 and the Clinical Commissioning Group will receive a credit from the Trust.
- 2.28 An underspend has been reported against funding invested in Crisis Resolution services. A financial claw back of £215,000 has been agreed due to recruitment challenges within the service. This has been offset by an additional £23,750 agreed investment in Early Intervention in Psychosis services. This is a non recurrent investment agreed to assist the Trust in meeting new national access and waiting time standards.

Royal United Hospitals Bath NHS Foundation Trust

- 2.29 As at Month 12 the Royal United Hospital Bath underperformed against plan by £130,000. This is predominantly in outpatient procedures and day cases. This under performance is partly offset against a number of long stay patients who are currently admitted at the Royal United Hospital and an increase in the year end part completed spells value reflects this. The Clinical Commissioning Group continues to work with the Royal United Hospital and Mendip In Reach nurses to try to facilitate timely and clinically appropriate discharge arrangements and patient level information is now being provided in order to identify and target long stay patients.

University Hospitals Bristol NHS Foundation Trust

- 2.30 The University Hospitals Bristol NHS Foundation Trust overperformed against plan by £312,000 as at Month 12. This was mainly due to significant over performance against the plan for adult critical care and also PbR excluded drugs and devices, particularly in the respiratory medicine specialty. This was offset by underperformance against plan in Upper GI Surgery elective inpatient activity and contract penalties.

North Bristol NHS Trust

- 2.31 The final year end position agreed with North Bristol NHS Trust represents an underspend of £724,000 against the contract value. Due to problems with the implementation of their new Patient Administration System (PAS) this outturn has been based on an extrapolation of Month 7 data, adjusted to take account of anticipated penalties and achievement of CQUIN. The underspend position reported at Month 7 was predominantly unplanned care, with the Trust not delivering on plans to clear their backlog of 18 week RTT patients. The reported underspend also includes a residual credit of £161,000 received in respect of underperformance against the 2014/15 contract, giving a total underspend of £885,000.

Other NHS Contracts

- 2.32 Additional smaller variances are reported against contracts with the following NHS providers;
- **Dorset County Hospital NHS Foundation Trust**
 - this contract underperformed by £89,000 as at Month 12; mainly due to underperformance against plan in non-elective inpatients
 - **Royal Brompton and Harefield NHS Foundation Trust**
 - this contract overperformed against plan by £102,000 as at Month 12. This was mainly due to elective cardiology procedures exceeding planned levels
 - **Royal Devon and Exeter NHS Foundation Trust**
 - a final year underspend of £109,000 is reported against this contract. This is a change from the small overspend anticipated at Month 11 and is mainly due to an increase in underperformance against elective inpatient activity

- **Yeovil District Hospital NHS Foundation Trust**
 - a small underspend is reported against the Yeovil District Hospital NHS Foundation Trust contract representing an increase in maternity pathway prepayments at the financial year end

- **Weston Area Health NHS Trust**
 - The Trust is reporting £55,000 under performance against plan as at Month 12. The underspend has decreased from the position reported at Month 11 due to an increase in NICE drugs expenditure. This is mainly due to a correction to the coding of activity that had previously been charged to another commissioner in error. This position also reflects a small increase in the cost of part completed spells estimated at the year end. The year end position includes adjustments made in relation to challenges made in respect of reported NICE drugs expenditure levels. These challenges are included in the financial year end position agreed with the Trust.

Secondary Care Services

Performance Expectations for Quality, Innovation, Productivity and Prevention

- 2.33 There is a broad range of national performance standards applicable to secondary care services. Many of these are targeted at improving access and choice and at ensuring that the services provided are of a high standard and quality. The Operational Framework (Everyone Counts: Planning for Patients for 2015/16) reinforces the need to maintain delivery of existing standards and to ensure that where further progress is required that it is achieved. In addition, there is a significantly increased focus on patient experience, clinical quality and improving patient outcomes. All providers of secondary care services are expected to meet all national targets and to make progress towards local targets.

Waiting Times

Admitted, Non Admitted and Incomplete Care Pathways

- 2.34 The Somerset Clinical Commissioning Group has commissioned providers to ensure that 90% of admitted and 95% of non-admitted patients complete their patient pathway from GP referral to treatment within 18 weeks at a specialty level and that no more than 8% of patients on an incomplete pathway wait longer than 18 weeks at a specialty level with a zero tolerance of any waits in excess of 52 weeks. During March 2016 on a commissioned basis the operational standards for non-admitted (89.56%), incomplete (90.60%) and admitted non-adjusted (77.53%) pathways were all under-achieved.

Ambulance Response Times (Somerset Commissioner)

- 2.35 The Red 1 (68.29%) and Red 2 (47.16%) emergency calls within 8 minute and 19 minute (75.49%) standards were not met during March 2016. The Clinical Commissioning Group is working with the Foundation Trust to improve delivery of these standards and trajectories to recover the position by year end are being monitored closely.

Ambulance Handovers

- 2.36 Taunton and Somerset NHS Foundation Trust met with South West Ambulance Service NHS Foundation Trust and Somerset Clinical Commissioning Group in July 2015 where a handover action plan was developed. Somerset Clinical Commissioning Group has requested an updated consolidated A&E and Ambulance Handover Improvement Plan which has been received, progress upon the agreed actions will be reviewed and next steps agreed via the A&E Task and Finish Group. A performance deterioration has been reported in February and March 2016 whereby the level of over 60 minute ambulance handover breaches has significantly declined when comparing to January 2016, this was due to significant operational pressures at Taunton and Somerset NHS Foundation Trust.

Accident and Emergency

- 2.37 The Somerset Clinical Commissioning Group has commissioned providers to ensure that 95% of patients attending Accident and Emergency departments are treated and either admitted or discharged within four hours of their arrival and are working with the foundation trusts to ensure that this standard is achieved.

Cancelled Operations

- 2.38 All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons should be offered another binding date within 28 days of the cancellation and, in support of this, no patients should have an urgent operation cancelled for a second time.

Cancer Screening Programme

- 2.39 Somerset continues to make progress towards the implementation of the Cancer Reform Strategy. The emphasis is to diagnose cancer earlier by raising awareness, extending screening programmes and ensuring faster access to treatments.

Maternity Matters

- 2.40 There have been changes in the national Payment by Results tariff for maternity services. The Somerset Clinical Commissioning Group is supporting the implementation and delivery of 'Maternity Matters' at both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

Mental Health and Community Services

- 2.41 The Somerset Clinical Commissioning Group continue to support and challenge Somerset Partnership NHS Foundation Trust to identify and improve outcomes for patients and to meet key performance indicators relating to activity, financial performance and quality requirements.

Payment by Results for Mental Health

- 2.42 In 2015/16 the national Payment by Results system has been maintained to support local payment arrangements for mental health, providing an opportunity for providers and commissioners to make progress on quality reporting and development of local cluster prices. The requirement to report referrals and activity by cluster group and by commissioning locality will enhance the intelligence available to commissioners and will inform the Somerset Clinical Commissioning Group's commissioning intentions for future years.
- 2.43 A summary of performance against baseline activity is included at Appendix 2.

Summary

- 2.44 A year-end underspend position of £527,000 is reported against NHS contracts.

Non NHS Contracts

2.45 In addition to commissioning services from NHS providers, the Somerset Clinical Commissioning Group commissions a range of services from the independent and private sector. Contract values are set out in Table 7.

Table 7: Contract Values for Services from the Independent and Private Sector

Scheme/Provider	Initial Programme £'000	Contract Variations £'000	Revised Value £'000	Year to Date (under) / overspend £'000
British Pregnancy Advisory service	40	-	40	(5)
British Red Cross	375	-	375	(64)
Continuing Care	35,064	860	35,924	872
COPD Services	663	(8)	655	(108)
Cruse Bereavement	25	-	25	-
Dorothy House Hospice	297	-	297	(56)
Exceptional Treatments	448	(30)	418	(62)
Marie Stopes	221	-	221	(36)
NHS Funded Nursing Care	10,770	-	10,770	4
Non Contractual Activity	7,000	153	7,153	888
Oasis	912	-	912	39
Odstock Medical Limited	30	-	30	-
Other Commissioning	7,086	1,000	8,086	(4,847)
Palliative Care Funding	374	-	374	(24)
Partnership Working – Pooled Budgets	18,718	(500)	18,218	77
Partnership working – Other	389	712	1,101	(28)
Partnership working – Better Care Fund	11,447	-	11,447	-
Patient Transport Services	597	-	597	(16)
Shepton Mallet Treatment Centre	11,468	450	11,918	836
Spells in Private Sector	8,238	-	8,238	(193)
St Margaret's Hospice	2,222	(168)	2,054	24
Vanguard Symphony Programme	-	5,270	5,270	-
Voluntary Car Services	955	-	955	165
Weston Hospice	135	-	135	-
Wheelchair Services	-	1,539	1,539	335
TOTAL	117,474	9,278	126,752	(1,614)

2.46 A further analysis of spend to 31 March 2016 is included at Appendix 3.

Continuing Healthcare

2.47 The Continuing Health Care budgets for 2015/16 shown in Table 7 have been based on a roll forward from 2014/15 and have been uplifted to reflect both volume and price changes and reduced by QIPP schemes as appropriate. The final year end position was a budget overspend of £872,000, an increase of £12,000 from Month 11.

NHS Funded Nursing Care

2.48 NHS funded nursing care is care provided by a registered nurse, paid for by the NHS, for people who live in a care home. Patients are eligible for NHS funded nursing care if:

- you live in a care home registered to provide nursing care and
- you do not qualify for NHS continuing healthcare but have been assessed as needing care from a registered nurse

2.49 Somerset County Council makes a payment directly to the care home to fund care from registered nurses who are usually employed by the care home, on behalf of the Clinical Commissioning Group.

2.50 The budget for 2015/16 was based on the previous financial year but increased by 1% to take into account the national increase announced by the Department of Health, offset by a reduction as a result of void savings that will be achieved through Somerset County Council no longer commissioning some nursing home block contracts from 2015/16.

Non Contractual Activity

2.51 Non contractual activity relates to NHS funded services delivered by providers that do not have a written contract with the patient's responsible commissioner (but where the provider holds a written contract with another commissioner). This principally applies to emergency treatments provided by a hospital that the responsible commissioner would not normally contract with, but can also apply for elective activity where the patient has exercised choice.

2.52 The non-contractual activity budget for 2015/16 has been based on a roll forward from 2014/15. Due to the nature of this activity, there is historically high volatility in this area and this has resulted in a year end position of £888,000 against budget.

Other Commissioning

2.53 A year end underspend of £4,847,000 was achieved against 'other commissioning' schemes. This includes project cost commitments now falling within the Vanguard programme and therefore met within this source of funds, as well as underspends against other planned investment areas.

Partnership Agreements

2.54 Included within the non NHS contracts are three pooled budget agreements (joint funding) which have been agreed under Section 75 of the National Health Service Act 2006.

2.55 These arrangements are based on a formal partnership agreement which sets out the services covered by the pooled budget, the aims and outcomes of pooling financial resources, the funds to be contributed by each partner and the percentage of risk share. The three schemes are detailed in Table 8.

Table 8: Partnership Agreements with the Local Authority

Scheme	Somerset CCG Contribution £'000
Integrated Community Equipment Service	1,040
Learning Disabilities Services	16,975
Carers Services	203
Total	18,218

Integrated Community Equipment Service

2.56 The Somerset Integrated Community Equipment Service (ICES) is a partnership of organisations that include Somerset County Council and the Somerset Clinical Commissioning Group. The ICES Partnership seeks to create and sustain an Integrated Community Equipment Service for Somerset residents which is fully capable of meeting demand and that delivers the goals of all ICES partners.

2.57 Launched in 2001, jointly commissioned and funded arrangements for the delivery of a countywide ICES service is well established. The principal aim of the service is to provide simple aids to daily living and nursing equipment to:

- enable people to live as independently as possible in their own homes
- prevent avoidable hospital admissions
- ensure a speedy discharge from hospital following an inpatient stay

2.58 The Integrated Community Equipment Store pooled budget delivered a year end overspend of £244,000 at Month 12. The Clinical Commissioning Groups share of this overspend is 50%. There continues to be increasing demand for equipment and the timelines of provision such as the drive to reduce length of stay in hospitals and prevent admissions. Additional cost pressures have also resulted from an increase in the 'out of hours' equipment demand during the winter period, where timely discharges at weekends have impacted this position. The Joint Commissioning Board are taking forward a number of actions in order to manage these cost pressures as well as working with Millbrook to remove a backlog of cleaning and recycling of equipment.

Learning Disability Service

2.59 The Somerset Clinical Commissioning Group funds services within this partnership arrangement to meet the health needs of people with a learning disability. Somerset County Council acts as both commissioner and provider for the service and sub-commissions Somerset Partnership NHS Foundation Trust, from pooled health and social care funds, to manage the health needs of adults with learning disabilities. The Somerset Clinical Commissioning Group is responsible for ensuring that

funds dedicated to the health needs of people with learning disabilities are used as effectively and efficiently as possible.

- 2.60 At the end of 2014/15, significant pressures caused an overspend on the Learning Disability pooled budget of £5.4 million. The Clinical Commissioning Group's share of this overspend equated to 25% (£1,350,000). This was funded non-recurrently from section 256 funding in 2014/15, and the recurrent impact of this has been taken into account as part of the budget setting for 2015/16.
- 2.61 In 2015/16 Somerset County Council have finalised an overspend of £2,368,000 at Month 12, which includes the non-delivery of MTFP/QIPP savings relating to Strategic Sourcing amounting to £755,000. This is in line with the overspend projected at Month 11.
- 2.62 The purchased Learning Disability service saw large pressures from new high cost placements, mirroring acute pressures faced by local authorities regionally and nationally, against a backdrop of continued reduced funding across local government. The purchasing overspend was in line with Month 11 projecting at £1,560,000. The overspend was seen within supported housing and residential care as a result of new placements over and above those included in demographic forecasts when setting the budget.
- 2.63 The provider service saw an overspend of £53,000, which was in line with the Month 12 position.
- 2.64 In September, the Joint Commissioning Board agreed that £550,000 of prior year section 256 surpluses would be used to fund part of the LD Pooled budget overspend, non recurrently reducing the current year overspend to £1,818,000. The recurrent impact will be taken into account as part of 2016/17 budget setting discussions.
- 2.65 The Clinical Commissioning Groups share of this overspend equates to 25%, totalling £455,000. The Clinical Commissioning Group has set aside a contingency of £0.5m given the identified risk associated with LD spend in 2015/16. The remaining small surplus of £45,000 has been drawn out as an underspend in this report together with the overspend for ICES of £122,000. The Clinical Commissioning Group continues to challenge this position through the Joint Commissioning Board Finance Sub Group. The Clinical Commissioning Group has also recently written to Somerset County Council requesting that a review be undertaken of the systems and processes within the Learning Disability service and both organisations are in the process of agreeing a terms of reference to confirm the scope of this review.

Carers Services

- 2.66 A pooled budget arrangement is in place between Somerset Clinical Commissioning Group and Somerset County Council to provide funding for the 'Somerset Offer to Carers' service hosted by Compass. This

service provides emotional and personal support which is directed at adult carers. The county wide service model is based around the nine GP commissioning localities in Somerset and works closely with existing GP practice based carers champions, social work teams and community organisations. In addition to this service, the carer's services hosted by Somerset Partnership NHS Foundation Trust offers a service to Adult Carers of people with mental health issues and a separate service to young carers. The carers' service hosted by Somerset County Council also offers a service to Young Carer's from within Children's Services. The carers pooled budget delivered a breakeven position at the financial year end.

Partnership Working – Other

- 2.67 A small underspend of £28,000 has been reported by Children's Social Care in respect of a jointly funded scheme with the Local Authority relating to respite care support for children with disabilities. This is linked to a service commissioned with Barnardos.

The Better Care Fund

- 2.68 Launched through the Spending Round in June 2013 and highlighted as a key element of public service reform, the Better Care Fund has a primary aim to 'drive closer integration and improve outcomes for patients and service users and carers'. The fund has been set up as a pooled budget from 1 April 2015.
- 2.69 Somerset Clinical Commissioning Group and Somerset County Council have developed and signed up to a Better Care Fund (BCF) plan which has involved the development of a number of schemes to achieve the performance outcomes expected from the BCF.
- 2.70 There are a number of National Conditions that this funding must achieve namely, protecting social care services, 7 day services to support discharge, data sharing and joint assessment and accountable lead professional for high risk populations.
- 2.71 Table 9 details the Source of Funds to be put into the BCF pooled budget, as well as the schemes and funding allocated to achieve the expected outcomes.

Table 9: Summary of the 2015/16 Better Care Fund

Source of Funds	£'000	Application of Funds	Budget £'000
NHS Somerset CCG	35,067	Reablement and ILTs	14,159
Somerset County Council	4,171	Person Centric Care (incl FOPAS)	23,688
District Councils	2,105	Housing Support to Enable Independence	2,105
		Capital Funding	1,391
Total	41,343	Total	41,343

2.72 The NHS Somerset Clinical Commissioning Group source of funds (£35m) includes the existing £11.4m, previously transferred to Somerset County Council directly by NHS England as a S256 grant and is now allocated to the Clinical Commissioning Group and reported in Table 7. The remaining source of funds £23.6m is current funding allocated to existing contracts in 2015/16, therefore already committed against services and not available for redevelopment unless savings are generated.

At the Joint Commissioning Board meeting on 24 September 2015, it was agreed that funding of £850,000 would be made available to Adult Social Care from previous years balances of the Better Care Fund to commission additional services for the 2015/16 winter period. The schemes focus on:

- Hospital Interface Service linking to Community and Acute Trusts to increase responsiveness
- Working with Home Care providers to develop solutions to increase capacity and flexibility
- Use of Time to Think beds to support earlier discharge

Shepton Mallet NHS Treatment Centre

2.73 Shepton Mallet NHS Treatment Centre is run by Care UK, and specialises in providing NHS patients with swift access to elective and diagnostic procedures such as ear, nose and throat procedures, endoscopy, general surgery, gynaecology, joint replacements, minor orthopaedic surgery, ophthalmology and urology.

2.74 The 2015/16 budget for Shepton Mallet NHS Treatment Centre is based on 2014/15 forecast outturn.

2.75 For the financial year end it has been anticipated that this contract will over perform by £1,135,000 against plan. This overspend is mainly due to orthopaedic growth. There is a small market share increase in orthopaedics based on patient choice and a referral increase on last year as a result of RTT waiting time issues elsewhere in the county. However the greater part of the cost increase is the result of a more complex patient mix. The Clinical Commissioning Group meets with Shepton Mallet Treatment Centre on a regular basis to monitor the position and review data recording. The reported year end position includes a residual credit of £100,000 received in respect of under performance against the 2014/15 contract.

Spells in the Independent Sector

2.76 Within the programme, funding is also set aside for the commissioning of activity from the independent sector to support the operation of patient choice. The Somerset Clinical Commissioning Group has agreed a range of procedures covered under the Department of Health's Any Qualified Provider programme.

2.77 The 2015/16 budget for spells in the independent sector is based on 2014/15 forecast outturn. The position against this budget has remained volatile throughout the year and a year end overspend position of £193,000 is reported, contrary to expectations earlier in the year that expenditure would remain under budget.

Wheelchair Services

2.78 Data reporting from Millbrook Healthcare shows that wheelchair equipment costs have risen significantly over the last four months of the financial year and a year end overspend of £335,000 has been built into the financial position to reflect this. This is the result of clearing a backlog of patients waiting, including a number where the previous service provider indicated cases as being closed down. The Clinical Commissioning Group is working with Millbrook Health care to better understand the data provided and has challenged elements of the charges identified. It is hoped that the anticipated overspend will reduce as a result of the challenges raised and if so this will offset a continued pressure against this budget anticipated for 2016/17.

Other Non NHS

2.79 Additional variances are reported against other non NHS budgets including;

- British Red Cross, where changes to patient transport eligibility criteria appear to have reduced activity over the year
- COPD services, with slippage on commencement of the Post Exacerbation service contract delivering an underspend of £108,000 for the year
- Dorothy House Hospice Lymphoedema Service has delivered an underspend of £56,000 at the year end due to a delayed roll out, including promotion of the service within primary care.
- The Exceptional Treatments (Individual Funding Requests) expenditure is £62,000 under budget at the year end
- Transporting Somerset patient transport services is overspent by £165,000 at the year end. This was due to an increasing number of patient journeys being made. The Clinical Commissioning Group has reviewed current arrangements, with a view to managing this through rigorous regulation of booking applications and eligibility criteria.

Summary

2.80 At Month 12 a year end underspend of £1,614,000 was delivered on services commissioned from the independent and private sector. In total, Secondary Care Services are underspent by £2,141,000 at the financial year end.

GP Prescribing

2.81 Prescribing budgets for 2015/16 have been increased to take into account growth of 3.7% in 2015/16; Category M adjustments and the projected overspend against budgets from 2014/15. This has then been adjusted for further opportunities to deliver Quality, Innovation, Productivity and Prevention savings. GP Prescribing values are set out in Table 10 below.

Table 10: 2015/16 Prescribing Budgets

GP Prescribing	Initial Programme £'000	Budget Adjustment £'000	Revised Value £'000	Year End (under)/ Overspend £,000
GP Prescribing 2014/15 Budget	73,135		73,135	-
Increase for forecast outturn 2014/15	1,440		1,440	-
Full Year effect of Category M drugs increase	600		600	-
Growth	2,700		2,700	-
QIPP	(1,700)		(1,700)	-
Dressings Prescribing	-	859	859	-
Total GP Prescribing Budget 2015/16	76,175	859	77,034	2,051
Public Health Prescribing Recharge	(1,573)	200	(1,373)	272
Total	74,602	1,059	75,661	2,323

2.82 A further analysis of spend to 31 March 2016 is included in Appendix 4.

2.83 Funding of £859,000 has also been added to prescribing budgets, which is the balance of funding allocated for dressings prescribing, previously held separately.

2.84 The Business Services Authority has released a forecast based on data to February 2016 that indicates a projected overspend of £1,582,000 for the year compared to £1,060,000 based on data to January 2016.

2.85 The primary driver for this pressure is growth of 5.37% on the GP Prescribing budget relating to population growth as well as pricing increases, whereas the budget has been set on a growth assumption of 3.7%.

2.86 The Clinical Commissioning Group has developed a forecasting model to complement the Business Services Authority forecasts which takes into account seasonal fluctuations in the GP Prescribing position through use of prior year trend analysis. This fluctuation in the Business Services Authority forecasting was largely foreseen within the Clinical Commissioning Groups projections. The model is expecting an increase from the february PMD to year end, and an increase of £469,000 has been included into the position.

This is linked to the month of March historically being a month of high prescribing charges.

2.87 As part of establishing the Clinical Commissioning Groups baseline funding position £1,573,000 was removed to support the cost of prescribing relating to Public Health Services, which was transferred to the Local Authority. This is recovered from Somerset County Council through a recharge for the cost of drugs prescribed. This recharge will decrease throughout 2015/16 as prescribing for smoking cessation services transfers to a new service provider from 1st April 2015, commissioned directly by Somerset County Council. This transfer of prescribing activity is anticipated to result in a reduction in income of approximately £470,000. A funding adjustment of £200,000 has been made using available resources but this leaves a pressure of £270,000 against the prescribing recharges budget, which is being offset by corresponding reductions in prescribing expenditure already reflected in the overspend position mentioned above.

2.88 The Clinical Operations Group meeting of 7 October 2015 discussed the end of year forecast position and the relative strong prescribing position of the Clinical Commissioning Group benchmarked nationally across other Clinical Commissioning Groups. Following the review, the Clinical Operations Group agreed that a series of actions should be taken to spread best prescribing practice across Somerset. This correspondence was sent to primary care through the GP bulletin, following which visits took place at a number of practices to understand the relative prescribing position and implement these actions. Follow up visits will continue as part of the wider programme. The Clinical Commissioning Group is reporting an overspend of £2,321,000 against GP prescribing budgets.

Other Prescribing

2.89 In addition to GP prescribing, funding has been set aside to support the following programmes:

- contribution to the national allocation adjustment for unknown prescriptions
- home oxygen
- prescribing rebates

2.90 The Clinical Commissioning Group has seen prescribing rebates of £305,000 in excess of those budgeted for, however this is offset by overspends against central drugs (£227,000) and home oxygen (£114,000). The home oxygen budget for 2015/16 was set on an assumption that further rebates would be received via the lead commissioner in 2015/16 in relation to previous years over-charging for home oxygen. This did not realise to the level anticipated.

2.91 The Clinical Commissioning Group final year end position is an overspend of £36,000 against the Other Prescribing budget.

Other Programmes

2.92 Resources totalling £13,069,000 have been identified to support other programmes. Other programmes comprise a range of important priority areas for the Somerset Clinical Commissioning Group, which do not fall within the scope of secondary healthcare services. Table 11 below sets out details of other programmes.

Table 11: Other Programmes

Programme	Initial Programme £'000	Budget Adjustment £'000	Revised Value £'000	Year End (under)/ overspend £'000
Out-of-Hours	5,150	250	5,400	(21)
111 Service	1,400	-	1,400	(57)
Enhanced Services	4,434	35	4,469	(323)
Clinical Innovation Fund	640	(267)	373	(305)
GP IT	-	1,427	1,427	(98)
Total	11,624	1,445	13,069	(804)

Out of Hours

2.93 Somerset Clinical Commissioning Group is responsible for ensuring that appropriate out-of-hours service arrangements are in place for the population of Somerset. The Somerset Clinical Commissioning Group appointed, through a competitive tender process, a new provider, Somerset Doctors Urgent Care, for these services from 1 July 2015.

111 Service

2.94 NHS 111 is a nationally specified but locally commissioned service. Somerset Clinical Commissioning Group is responsible for commissioning NHS 111 for the population of Somerset. The Somerset Clinical Commissioning Group appointed, through a competitive tender process, a new provider Somerset Doctors Urgent Care, for these services from 1st July 2015. An underspend of £57,000 is reported against this budget due to penalties applied to the South Western Ambulance Services NHS Foundation Trust contract during Quarter 1.

Enhanced Services

2.95 Clinical Commissioning Groups are free to commission a wide range of community based services funded from their overall funding allocation. With the exception of any local improvement schemes commissioned on behalf of NHS England and proposed transitional arrangements for current local enhanced services, Clinical Commissioning Groups will commission these services through the NHS standard contract. This can include services delivered by GP practices, provided they go beyond the services provided under the core GP contract.

Table 12: Enhanced Services

Scheme	Initial Programme	Budget Adjustment	Revised Value	Year End (under)/ overspend
	£'000	£'000	£'000	£'000
Enhanced Services:				
Anti-Coagulation	1,510	110	1,620	(120)
Immediate Care and First Response	25	(2)	23	(2)
Minor Injuries	137	11	148	(12)
Near Patient Testing	350	21	371	-
Compression Bandaging	320	(20)	300	25
Neonatal Checks	6	(2)	4	(4)
Pre and Post-Operative Care	334	2	336	-
Injectable Risperidone	1	-	1	-
Vasectomy	100	(20)	80	-
Diabetes Insulin Initiation	18	(10)	8	3
Complimentary Therapy	26	(26)	-	26
DVT Clinic	5	(5)	-	-
ENT and Microsuction	17	(7)	10	1
Dermatology	489	(168)	321	7
Fracture Clinic	11	11	22	1
Homeless Care	5	-	5	-
Young People Sexual Health	17	-	17	-
Young Peoples Clinics	35	-	35	-
Tongue Ties	34	(27)	7	-
Complex Care	316	31	347	(159)
Minor Surgery	126	-	126	(15)
Hep B	-	5	5	(2)
Primary Care ECG	-	25	25	(4)
Frome Urgent Care Service	-	45	45	-
GP Teledermatology	-	11	11	(11)
Optometry Enhanced Services:				
Acute Community Eye Care Service	400	20	420	(44)
Low vision Scheme	63	37	100	(5)
CQUIN	89	(7)	82	(8)
Total	4,434	35	4,469	(323)

2.96 The Clinical Commissioning Group has seen an underspend within the Anti-coagulation Programme (£120,000) as a result of a delay in agreeing the new proposal. The Complex Care Programme is also showing an underspend (£159,000) due to activity levels being lower than planned. An underspend of £44,000 has also been achieved against the Acute Community Eye Care Services (ACES) budget.

2.97 An underspend of £323,000 is reported against these schemes for 2015/16.

Clinical Innovation Fund

2.98 An important element of the Clinical Commissioning Group allocations is working with GP practices through the Clinical Innovation Fund, which enables primary care clinicians to lead the development of new local services.

2.99 Initial funding of £1.1 million was earmarked to support this programme in 2013/14 with some schemes funding now released recurrently into budgets. The programme of schemes funded through the clinical innovation fund is summarised in Table 13 below.

Table 13: Clinical Innovation Fund

Scheme	Initial Programme £'000	Budget Adjustment / Issued to Contracts £'000	Revised Value £'000	Forecast Year End (under)/overspend £'000
Mendip ESD	250	(104)	146	(146)
East Mendip Ambulatory Care	227	(143)	84	(84)
Gold Standard Framework	31	(31)	-	-
Discharge Liaison Nurses RUH	62		62	6
Mendip Patient Support Group Coordinator	19	(19)	-	-
Other	51	30	81	(81)
Total	640	(267)	373	(305)

2.100 An underspend of £305,000 was delivered against the Clinical Innovation Fund for 2015/16.

GP IT

2.101 In addition to the Clinical Commissioning Group's running cost allocation, Somerset Clinical Commissioning Group has received £1,427,000 revenue funding from NHS England, in line with Securing Excellence in GP IT Services; Operating Model, 2nd Edition (2014-16). This will enable Somerset Clinical Commissioning Group to deliver the requirements to its 75 member general practices, including funding of core clinical system maintenance and IT support, in line with General Practice System of Choice Framework (GPSoC). The allocation also enables local delivery of national initiatives, with project management and training support for implementation of Summary Care Records and Electronic Prescription Service. Operational support and delivery is achieved with this funding via Service Level Agreements with South Central and West CSU. An underspend of £98,000 was delivered against this allocation in 2015/16.

2.102 Overall a year-end underspend of £804,000 was delivered against other programmes.

Running Cost Programmes

2.103 Funding totalling £11,831,000 has been allocated to support the Clinical Commissioning Group headquarters and central functions for 2015/16. To support the effective running of the Clinical Commissioning Group, some functions are provided in house and others are commissioned from South, Central and West Commissioning Support. Table 14 below sets out the initial running costs programmes for Somerset Clinical Commissioning Group for 2015/16.

2.104 Table 14 sets out the Running Cost Programmes for the Somerset Clinical Commissioning Group for 2015/16. A further analysis of spend is shown in Appendix 5.

Table 14: Running Cost Programmes

Running Cost Programmes	Whole Time Equivalent Establishment	Whole Time Equivalent Actual	Annual Budget	Movement in Budget	Revised Annual Budget	Year to Date (under) / overspend
			£'000	£'000	£'000	£'000
Governing Body	2.6	2.8	827	50	877	(1)
Senior Leadership Team	4.9	4.4	785	-	785	(2)
Executive Office	3.0	3.0	127	-	127	-
Directorate of Finance and Performance and Acute Commissioning	19.9	27.0	44	-	1,492	(4)
Directorate of Clinical and Collaborative Commissioning	33.3	31.2	2,332	27	2,359	(3)
Directorate of Quality, Safety and Governance	28.6	48.1	2,116	232	2,348	(1)
CSU Costs	-	-	4,151	(353)	3,798	-
Reserve	-	-	45	-	45	11
Total Running Cost Programme	92.3	116.5	11,831	-	11,831	-

2.105 All costs in Table 14 are stated at 2015/16 pay and prices.

2.106 The Clinical Commissioning Group has achieved a breakeven position at the year end against the running costs programme.

2015/16 Development Programme

2.107 As part of the 2015/16 Local Delivery Plan, the Clinical Commissioning Group has developed a recurring development programme totalling £21,449,000. This is summarised in the Table 15 below.

2.108 The programme is summarised in Table 15.

Table 15: 2015/16 Development Programme

Programme	2015/16 £'000	Issues to Programme s £'000	Revised Programme £'000
Brought Forward commitments 14/15:			
Non Contractual Activity	900	(900)	-
Private Sector Spells	1,200	(1,200)	-
Continuing HealthCare	945	(945)	-
Prescribing Cat M FYE	600	(600)	-
Partnership LD	1,512	(1,512)	-
New Commitments 15/16:			
Secondary Care including Mental Health	4,100	(4,100)	-
Prioritisation including ESD Test and Learn	1,000	(1,000)	-
Contingency	3,460	(3,460)	-
Resilience Funding	3,482	(3,482)	-
Capital Charges at Community Hospitals	2,300	(2,300)	-
Prescribing growth after QIPP	1,000	(1,000)	-
CHC growth after QIPP	1,000	(1,000)	-
Total	21,499	(21,499)	-

2.109 This funding has been fully allocated to programme budgets

Managed Programmes

2.110 Managed Programmes are a series of specific allocations of funding pending their transfer to budgets during the year. An analysis for 2015/16 managed programmes are set out in the table below.

2.111 The Budget programme for 2015/16 is shown in Table 16 below:

Table 16: Managed Programmes

Description	Initial Programme £'000	Issued to Programmes £'000	Revised Programme £'000
Surplus	6,484	-	6,484
Contingency	3,460	(2,577)	883
Headroom	6,645	(2,341)	4,304
CQUIN	12,175	(12,175)	-
Resilience Funding	3,482	(1,600)	1,882
Total	32,246	(18,693)	13,553

2.112 Managed programmes, and the development programme, comprise an important element of the Somerset Clinical Commissioning Group's risk management strategy. Funds are held centrally and are only released to individual programmes once the programme has been agreed and expenditure commitments identified. This provides flexibility to manage any in year pressures or volatility, and requires robust financial control by budget managers.

Contingency

2.113 'Everyone Counts': Planning for Patients 2014/15 to 2018/19' outlined the national requirement for Clinical Commissioning Groups to hold a contingency of at least 0.5% to mitigate risks within the local health community. This has been confirmed by NHS England as a required business rule for 2015/16. Table 17 above shows the funding that has been set aside as a contingency to manage in year pressures.

2.114 The majority of the contingency has been allocated to programmes to secure secondary care contracts for 2015/16 in line with NHS England guidance regarding growth assumptions and QIPP. These allocations are detailed in Table 17 below. The remaining balance is reported as an underspend against the programme.

Table 17: Contingency

Description	Initial Programme £'000	Issued to Budgets £'000	Balance Remaining £'000
Contingency	3,460	-	3,460
Issued to Secondary Care Contracts:			
Royal United Hospitals Bath NHS Foundation Trust	-	(1,463)	(1,463)
Yeovil District Hospital NHS Foundation Trust	-	(500)	(500)
University Hospitals Bristol NHS Foundation Trust	-	(426)	(426)
South Western Ambulance Service NHS Foundation Trust	-	(368)	(368)
Other	-	180	180
Total	3,460	(2,577)	883

Headroom Funding

2.115 As confirmed by NHS England within the Business Rules requirement, in 2015/16 the Clinical Commissioning Groups were required to set aside 1% of funding for non-recurrent expenditure. Table 18 shows the funding that was set aside as a headroom fund.

2.116 Against the funding earmarked for the headroom fund, a number of applications were developed and funding has been allocated to the programmes in respect of:

- funding to support the delivery of transformational change

- funding to support the pump priming of quality, innovation, productivity and prevention schemes agenda
- the development of a programme of service developments

Please see detail in Table 18 'Headroom Fund' below:

Table 18: Headroom Fund

Description	Initial Programme £'000	Budget Adjustment £'000	Revised Value £'000	Year End (under)/overspend £'000
CAMHS	387	-	387	(323)
COG Prioritisation	500	(5)	495	(219)
Stroke	500	180	680	(164)
Acute Provider support	1,250	(1,250)	-	-
CHC Top Slice	1,118	-	1,118	-
Primary Care Collaboration Fund	2,890	(1,266)	1,624	(456)
Total	6,645	(2,341)	4,304	(1,162)

An underspend has been delivered against the following programmes funded from the headroom allocation;

- a jointly funded agreement with NHS England to establish an intensive outreach service within the Wessex House CAMHS Tier 4 model – £323,000
- bone health services and primary care incentive schemes funded through the Clinical Operations Group prioritisation programme - £219,000
- stroke Early Supported Discharge services, for which the Test and Learn contract was awarded to Somerset Partnership NHS Foundation Trust and commenced at the beginning of September - £164,000

Continuing Healthcare Risk Pool

2.117 Funding of £1,118,000 has been identified within managed programmes to cover the Clinical Commissioning Group's commitment to a national pooled risk share arrangement for retrospective funding claims. It has been confirmed by NHS England that any underspend against this risk pool funding in 2015/16 will be retained centrally to ensure that the full benefit of the unplanned underspend flows through to the bottom line within the NHS England Group year end financial position, thus addressing wider issue within NHS finances. As a result, Clinical Commissioning Groups contributions to the pool in 2016/17 will be reduced.

£5 per head for Over 75 Care

2.118 Within the headroom allocation, the Clinical Commissioning Group has set aside £2,890,000 as a fund to support the transformation of care of

patients aged 75 or older and reduce avoidable admissions by providing funding for practice plans to do so.

- 2.119 The Clinical Commissioning Group developed, in conjunction with the Somerset Local Medical Committee, a plan on how this funding would be utilised in 2015/16. A summary of the plan is shown in the Table 19 below.

Table 19: Utilisation of £5 per Head Funding

Description	Initial Programme Amount £'000	Allocated to Programmes £'000	Balance Remaining £'000	Year End (under) / overspend £'000
Ambulatory Care service	322	(273)	49	(47)
Weekend Dressing Clinics	50	(50)	-	
Community Phlebotomy Service	180	(180)	-	
District Nurse Capacity	570	(570)	-	
Out of Hours Service	250	(250)	-	
Other Commissioning locality Priorities – Test and Learn Pilots	1,518	57	1,575	(409)
Total	2,890	(1,323)	1,624	(456)

- 2.120 An underspend of £456,000 has been delivered against these spending plans for 2015/16.

2015/16 Surplus

- 2.121 Within the application of funds, the Clinical Commissioning Group has earmarked 0.9% of the total funding allocation to be reported as an underspend, in line with the Clinical Commissioning Group's commitment with NHS England.
- 2.122 Given the financial issues and performance recovery requirement within the local community, the Clinical Commissioning Group has reduced its surplus by £2m, from 1.2% (£8,484k) to 0.9% (£6,484k) in 2015/16 to support RTT recovery at Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, to recover their financial baseline and performance delivery in advance of wider transformation schemes delivering the expected outcomes.
- 2.123 This reduced surplus has been agreed in conjunction with NHS England to create a financial incentive for the local acute providers to address underlying financial issues and recover performance to deliver the constitutional performance targets.

Commissioning for Quality and Innovation (CQUIN)

- 2.124 Within the figures, £12.2 million is set aside to represent 2.5% of the contract value to support CQUIN for 2015/16. This funding reflects the focus on promoting quality and ensures that quality improvements are considered as part of each financial discussion.

- 2.125 Providers of acute ambulance, community, mental health and learning disability services on a national standard contract, are eligible to earn the full 2.5% of contract value subject to agreeing and achieving the agreed CQUIN goals.
- 2.126 Providers can non recurrently earn the additional CQUIN money for meeting agreed quality standards through their local CQUIN scheme, once the gateways of existing national targets as a minimum has been achieved. The CQUIN goals must be stretching and focused and reflect local priorities. This funding has been fully allocated to provider budgets in 2015/16.

Table 20: CQUIN Funding Issued to Budgets

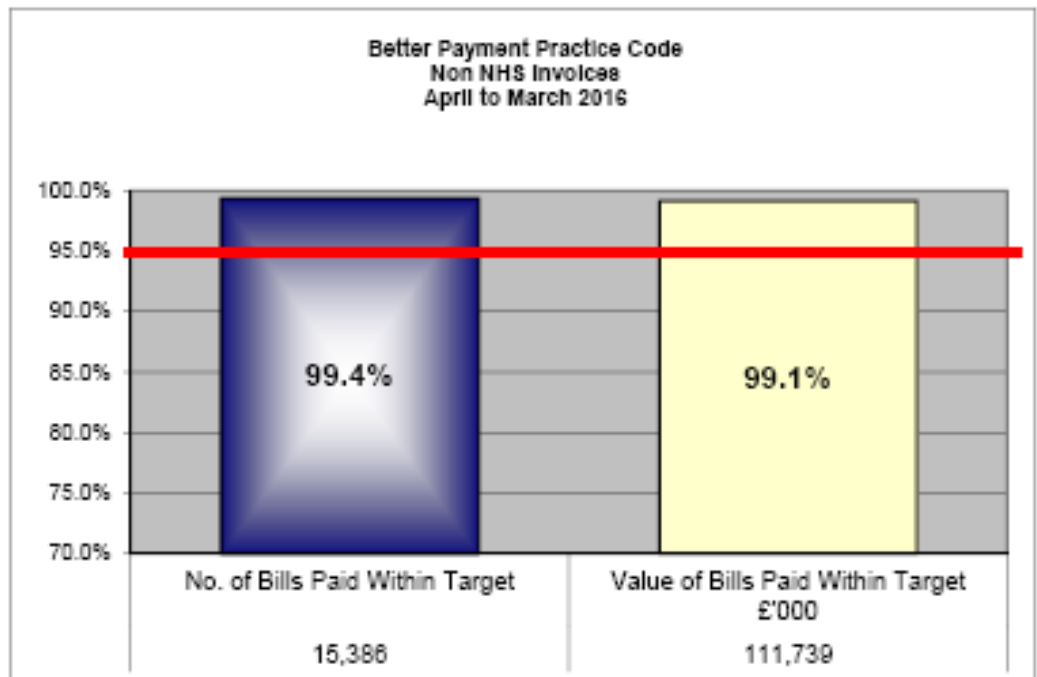
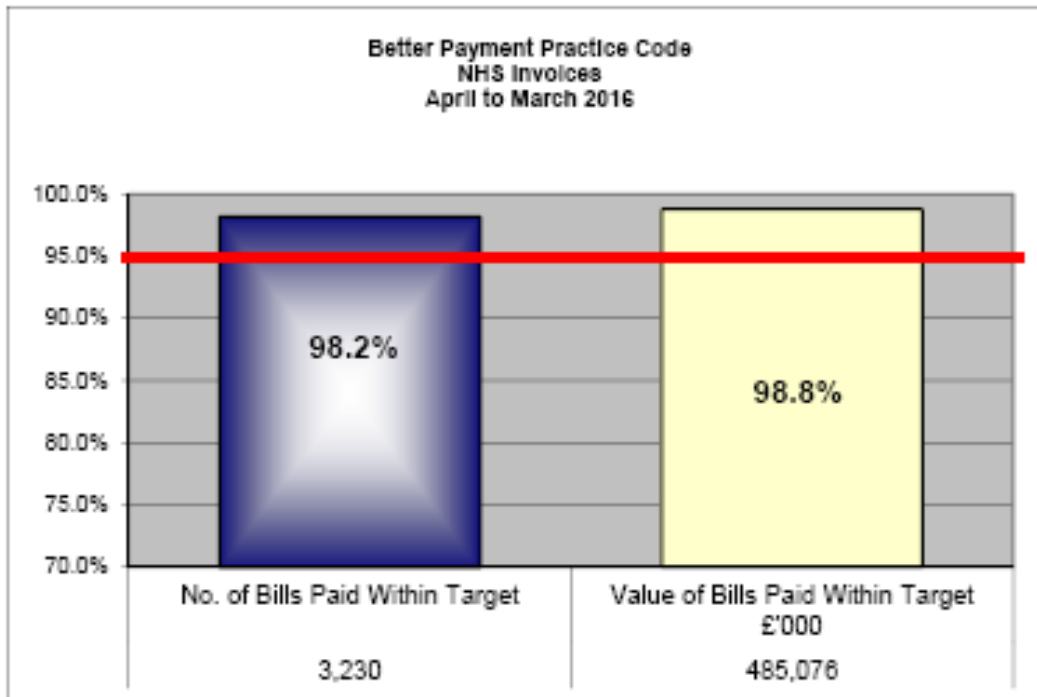
Description	Amount £'000
Dorset County Hospital NHS Foundation Trust	55
North Bristol NHS Trust	174
Northern Devon Healthcare NHS Trust	9
Royal Brompton and Harefield NHS Foundation Trust	9
Royal Devon and Exeter NHS Foundation Trust	136
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	24
Royal United Hospitals Bath NHS Foundation Trust	645
Salisbury Healthcare NHS Foundation Trust	13
Somerset Partnership NHS Foundation Trust	3,049
South Western Ambulance Service NHS Trust	286
Taunton and Somerset NHS Foundation Trust	4,018
University Hospitals Bristol NHS Foundation Trust	174
Weston Area Health NHS Trust	345
Yeovil District Hospital NHS Foundation Trust	1,808
Continuing Healthcare Nursing Home Providers	500
Shepton Mallet Treatment Centre	305
Other private sector / charitable providers	625
Total	12,175

Resilience Funding

- 2.127 In 2015/16, Resilience funding forms part of the baseline funding for the Clinical Commissioning Group. Plans have been approved to commit this funding in 2015/16 and funding has been allocated to programmes as per the Urgent and Emergency Care Debrief Report (1 November 2014 – 30 April 2015) which was presented to the Governing Body on 16 July 2015. The delay in the opening of the additional escalation beds at Yeovil District Hospital Foundation Trust and Taunton and Somerset Foundation Trust has released funding to support further community and primary care schemes across the winter period. The Local Authority has funded their winter pressure from slippage against the Better Care Fund allocation and this has released additional funding for Community Schemes. This has resulted in a small under commitment of £62,000 against the resilience allocation.

Better Payment Practice Code

2.128 NHS bodies are required to pay NHS and trade creditors in accordance with the Better Payment Practice Code. The target is to pay 95% of NHS and trade creditors within 30 days of receipt of goods or a valid invoice, whichever is the later, unless other payment terms have been agreed with the supplier. This will be monitored during 2015/16 to ensure compliance.



Performance against Cash Limit

- 2.129 The Somerset Clinical Commissioning Group has a statutory duty not to exceed its annual cash limit. This will be managed during 2015/16.
- 2.130 Appendix 6 shows more analysis of the cash flow for 2015/16.

Quality, Innovation, Productivity and Prevention

- 2.131 On 20 October 2010, the Government announced details of the spending review covering the four years 2011/12 to 2015/16. This reflected the Government's commitment to protect the health budget however, required significant efficiency savings to be delivered.
- 2.132 The 2015/16 QIPP plan has been developed to ensure that real quality improvements are made in Somerset through a strong partnership approach, joint planning and decision making. Table 21 below summarises details of planned QIPP savings for 2015/16.

Table 21: 2015/16 Planned QIPP Programme

Work Programme	2015/16 £'000
Contractual Efficiency Savings	9,302
Collaborative Working	2,784
Community Services	1,610
Emergency Care	1,794
Elective Care	884
Improving Quality and Patient Experience	2,900
To be identified	2,693
Total	21,967

- 2.133 A significant proportion of the schemes are linked to the negotiation of contracts and as the majority of contracts are now agreed with the local providers with fixed financial envelopes, it is currently assumed these schemes will deliver the full savings in 2015/16. It is noted however, that some underlying schemes have seen delays on the start dates and/or the activity seen. Where this is the case actions are being taken to either address these delays, or look for further schemes to deliver the shortfall in 2015/16 or recurrently in 2016/17.
- 2.134 Significant in year variances are reported against plan for the following schemes:

West Somerset Living Better

- 2.135 The West Somerset Living Better scheme has identified a much longer timescale will be required to achieve the level of savings however, consideration is being given to rolling out the scheme further to all West Somerset Practices.

Procedures of Limited Clinical Effectiveness

- 2.136 There has been a delay in moving to a criteria based access and/or prior approval mechanism for appropriate pathways or procedures. This has resulted in an under delivery against this programme of £800,000.

Learning Disabilities

- 2.137 As stated earlier in the report, the Strategic Sourcing Plan MTFP/QIPP scheme will not be delivered in 2015/16 (£755,000), which means an under delivery against QIPP of £189,000 for the Clinical Commissioning Group. In addition to this, the procurement of increased supported living and a decrease in residential care scheme QIPP savings of £540,000 has not been possible to planned timescales as well as unachieved savings of £60,000 against the increased use of community resource scheme. The underachievement of these schemes has been partially offset by the LD Provider Service overachieving against its reduction in staffing costs scheme, which has seen the in house service overspend being reduced to £53,000. A quarter of this overspend is attributable to the Clinical Commissioning Group and as a result of this a shortfall of £13,250 is assumed against QIPP in addition to the £189,000 detailed above.

Overachieving Schemes

- 2.138 The Clinical Commissioning Group has been working with NHS Property Services to reduce the cost of its property portfolio. Wynford House is now almost fully occupied which ensures a reduction in the void charges attributable to the Clinical Commissioning Group as the host commissioner. In addition to this void charges at Lyngford House and the old Minehead Hospital reduced resulting in a £200,000 reduction in the NHS Property Services recharge to the Clinical Commissioning Group.
- 2.139 The Clinical Commissioning Group has achieved QIPP savings relating to the procurement of the existing Early Supported Discharge service where savings of £215,000 will be achieved in 2015/16.
- 2.140 The Clinical Commissioning Group has achieved QIPP savings relating to the new dressings supply route for District Nurses where all wound dressings for patients cared for by the District Nursing service is now purchased directly as a stock item by the Trust rather than through an FP10. This has reduced wastage of patient specific dressings which cannot be re-used, resulting QIPP savings of £98,000 achieved in 2015/16.

2.141 Table 22 below details the delivery against the total QIPP programme including unidentified:

Table 22: 2015/16 QIPP Programme

Work Programme	Initial Programme £'000	Year End (under) / overspend £'000
Contractual Efficiency Savings	9,302	(200)
Collaborative Working	2,784	-
Community Services	1,610	(313)
Emergency Care	1,794	-
Elective Care	884	800
Improving Quality and Patient Experience	2,900	202
To be identified	2,693	2,693
Total	21,967	3,182

2.142 As described above, the Clinical Commissioning Group have assumed breakeven for schemes where block contracts are in place. It is recognised some of the underlying schemes are not currently delivering the savings in the profile planned and the Clinical Commissioning Group is focused on efforts to ensure the schemes deliver recurrently for 2016/17.

2.143 Whilst the Clinical Commissioning Group is reporting an under delivery against its QIPP Programme in 2015/16, this shortfall has been managed non recurrently through the risk and mitigations strategy.

2.144 Overall accountability for the delivery of QIPP in Somerset Clinical Commissioning Group lies with the Clinical Commissioning Group Governing Body however, the Clinical Operations Group will oversee delivery and exception reports will be taken to the Clinical Operations Group as necessary. Programme leads and project managers report directly to the Leadership Group for the effective delivery of component projects which come under the remit of the transformation programme and QIPP schemes for Somerset in 2015/16.

RISKS

2.145 The Clinical Commissioning Group had assessed its financial risks at plan, following a probability assessment, at circa £7m. As at Month 12 any risks will have materialised and will be shown in this respect as overspends against budget.

Risk Mitigation Strategy

Table 23: Risk Mitigation Strategy

	£'000	£'000
Previously identified at Month 11		-
New issues emerging		
NHS Contracts	112	
Non NHS Contracts	299	
Non Contract Activity	188	
Continuing Healthcare	12	
Other Programmes	168	
Subtotal new issues emerging		779
Mitigations strategy delivered in month		
NHS contracts	(339)	
Other Prescribing	(32)	
Headroom	(20)	
Other Commissioning	(388)	
Subtotal mitigations strategy		(779)
Risk Mitigation Strategy position as reported 31/03/2016		-

2.146 As detailed within the report, the Clinical Commissioning Group has seen a deterioration in the position against some budgets from Month 11 however, has also seen the realisation of mitigations. The summary table below analyses the change in position at Month 12 between the new issues and the mitigations actioned.

Table 24: Updated Risks and Mitigations position

	New Issues £'000	Risk Mitigation £'000	Total £'000
Secondary Care	611	(727)	(116)
Prescribing	-	(32)	(32)
Other Programmes	168	-	(168)
Running Costs	-	-	-
Headroom	-	(20)	(20)
Total	779	(779)	-

SUMMARY

2.147 Table 25 sets out the year end position as at 31 March 2016.

Table 25: Year End Position against Programmes

Programme	Year-end (under) / overspend £'000
Secondary Care Commissioning	(2,141)
Prescribing	2,359
Other Programmes	(804)
Running Costs	-
2015/16 Development Programme	-
Managed Programmes - Contingency	(883)
Managed Programmes – Headroom	(1,162)
Managed Programmes - Resilience	62
Managed Programmes - Surplus	(6,484)
QIPP not identified at plan	2,693
Year End Outturn Position	(6,484)
Risk mitigation strategy to deliver planned surplus	-
Total	(6,484)

2.148 A year end under spend of £6,484,000 has been achieved, in line with the Clinical Commissioning Group's financial plan for 2015/16.

Statement of Financial Position

2.149 Table 26 details the statement of financial position for the Somerset Clinical Commissioning Group as at 31 March 2016.

Table 26: Statement of Financial Position of the Clinical Commissioning Group as at 31 March 2016

	Opening Balance 1 April 2015 £'000	Closing Balance 31 March 2016 £'000	Movement £'000
Non-Current Assets:			
Premises, Plant, Fixtures and Fittings	-	-	-
IM&T	181	394	213
Intangible Assets	14	17	3
Long-term receivables	-	-	-
Total Non-Current Assets	195	411	216
Current Assets:			
Inventories	2	2	-
Trade and other receivables	5,324	5,487	163
Cash and cash equivalents	50	50	-
Total Current Assets	5,376	5,539	163
Total Assets	5,571	5,950	379
Current Liabilities:			
Trade and other payables	(29,875)	(29,997)	(122)
Other liabilities	-	-	-
Provisions	(522)	(910)	(388)
Borrowings	-	-	-
Total Current Liabilities	(30,397)	(30,907)	(510)
Non-Current Liabilities:			
Long term Liabilities	-	-	-
Provisions	-	-	-
Borrowings	-	-	-
Total Non-Current Liabilities	-	-	-
Total Liabilities	(30,397)	(30,907)	(510)
Assets less Liabilities (Total Assets Employed)	(24,826)	(24,957)	(131)
FINANCED BY:			
TAX PAYERS' EQUITY			
General fund	(24,826)	(18,473)	6,353
Generated (Surplus)/Deficit Reserve	-	(6,484)	(6,484)
Revaluation reserve	-	-	-
Other reserves	-	-	-
Total Taxpayers' Equity	(24,826)	(24,957)	(131)

Note: The movement in receivables and payables primarily relates to a change in treatment of the maternity pathway.

Capital

- 2.150 In addition to revenue funding, the Clinical Commissioning Group has received capital grant funding of £246,000 to partially support the equipment costs for Continuing Healthcare funded patients. This equipment is purchased through the Integrated Equipment Service Pooled budget arrangement.
- 2.151 In January 2015 the Clinical Commissioning Group submitted a plan requesting a capital programme of £252,000, to support capital corporate IT infrastructure. The Clinical Commissioning Group has now received confirmation of this capital allocation to support its administration function.

APPENDIX 1

SERVICE LEVEL AGREEMENT/CONTRACT VALUES BY PROVIDER

Secondary Care Commissioning	Annual Budget	Year to Date Budget	Year to Date Expenditure	Variance
	£'000	£'000	£'000	£'000
Foundation Trusts:				
Dorset County Hospital NHS Foundation Trust	2,318	2,318	2,229	(89)
Royal Brompton and Harefield NHS Foundation Trust	356	356	458	102
Royal Devon and Exeter NHS Foundation Trust	5,221	5,221	5,112	(109)
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	2,250	2,250	2,256	6
Royal United Hospitals Bath NHS Foundation Trust	27,300	27,300	27,170	(130)
Salisbury NHS Foundation Trust	581	581	584	3
Somerset Partnership NHS Foundation Trust	127,456	127,456	127,167	(289)
South Western Ambulance Service NHS Trust	19,873	19,973	19,873	-
Taunton and Somerset NHS Foundation Trust	173,088	173,088	173,766	678
University Hospitals Bristol NHS Foundation Trust	7,748	7,748	8,060	312
Yeovil District Hospital NHS Foundation Trust	75,918	75,918	75,843	(75)
Sub total	442,109	442,109	442,518	409
Other NHS Trusts:				
North Bristol NHS Trust	7,298	7,298	6,413	(885)
North Devon Healthcare NHS Trust	387	387	397	10
Sirona Care & Health CIC	501	501	459	(6)
Weston Area Health NHS Trust	14,188	14,188	14,133	(55)
Sub total	22,374	22,374	21,438	(936)
Total NHS Service Level Agreements	464,483	464,483	463,956	(527)

**Somerset Clinical Commissioning Group
Contract Performance as at 29 February 2016**

Provider	Annual Plan	Year To Date Plan	Year To Date Actual	Variance	Variance %
Taunton & Somerset NHS Foundation Trust					
Inpatients -- Elective & Daycase	38,523	35,313	32,484	-2,829	-8.01%
Inpatients -- Non-Electives	31,831	29,178	35,319	6,141	21.04%
Maternity Deliveries	2,908	2,666	2,813	147	5.53%
Outpatients	300,004	275,004	275,849	845	0.31%
Critical Care	3,790	3,474	3,331	-143	-4.12%
Accident & Emergency	55,322	50,712	51,916	1,204	2.37%
Yeovil District Hospital NHS Foundation Trust					
Inpatients -- Elective & Daycase	13,716	12,573	12,433	-140	-1.11%
Inpatients -- Non-Electives	13,402	12,285	12,567	282	2.29%
Maternity Deliveries	1,325	1,215	1,219	4	0.36%
Outpatients	153,025	140,273	141,863	1,590	1.13%
Critical Care	3,016	2,765	2,576	-189	-6.82%
Accident & Emergency	37,242	34,139	34,131	-8	-0.02%
Royal United Hospitals Bath NHS Foundation Trust					
Inpatients -- Elective & Daycase	3,770	3,456	3,527	71	2.06%
Inpatients -- Non-Electives	5,481	5,024	4,938	-86	-1.72%
Outpatients	41,016	37,598	37,226	-372	-0.99%
Accident & Emergency	7,837	7,184	7,039	-145	-2.02%
Other Providers					
Inpatients -- Elective & Daycase	21,487	19,696	19,541	-155	-0.79%
Inpatients -- Non-Electives	6,533	5,989	5,775	-214	-3.57%
Outpatients	106,072	97,233	98,381	1,148	1.18%
Accident & Emergency	21,282	19,509	20,124	616	3.16%

Notes:

- Annual plans for T&S is an outturn based on 2014/15 financial year, these should not be considered final agreed plans
- RUH data excludes RNHRD activity
- There have been coding changes in 2015/16 based on contract requirements which mean both financial years are less comparable
- T&S, YDH and RUH data is based on SLAM (as opposed to SUS) which includes plan data and which also reports on specific data such as maternity deliveries, critical care and A&E activity (which SUS doesn't). Other Providers data is based on SUS and the plan is based on 2014/15 outturn

APPENDIX 3

CONTRACT VALUES FOR SERVICES FROM THE INDEPENDENT AND PRIVATE SECTOR

Scheme/Provider	Annual Budget	Year to Date Budget	Year to Date Expenditure	Year to Date (under) / overspend
	£'000	£'000	£'000	£'000
British Pregnancy Advisory Service	40	40	35	(5)
British Red Cross	375	375	311	(64)
Continuing Care	35,924	35,924	36,796	872
COPD Contract	655	655	547	(108)
Cruse Bereavement	25	25	25	-
Dorothy House Hospice	297	297	241	(56)
Exceptional Treatments	418	418	356	(62)
Marie Stopes	221	221	185	(36)
NHS Funded Nursing Care	10,770	10,770	10,774	4
Non Contractual Activity	7,153	7,153	8,041	888
OASIS	912	912	951	39
Odstock Medical Limited	30	30	30	-
Other Commissioning	8,086	8,086	3,239	(4,847)
Palliative Care Funding	374	374	350	(24)
Partnership Working – Pooled Budgets	18,218	18,218	18,295	77
Partnership Working – Other	1,101	1,101	1,073	(28)
Partnership Working – Better Care Fund	11,447	11,447	11,447	-
Patient Transport Services	597	597	581	(16)
Shepton Mallet Treatment Centre	11,918	11,918	12,953	1,035
Spells in Private Sector	8,238	8,238	8,431	193
St Margarets Hospice	2,054	2,054	2,078	24
Vanguard Symphony Programme	5,270	5,270	5,270	-
Voluntary Car Services	955	955	1,120	165
Weston Hospice	135	135	135	-
Wheelchair Services	1,539	1,539	1,874	335
Total	126,752	126,752	125,138	(1,614)

PRESCRIBING EXPENDITURE
1 APRIL – 31 March 2016

	Annual Budget £'000	Year-to-Date Budget £'000	Year-to-Date Expenditure £'000	Variance £'000
GP Prescribing	75,661	75,661	77,984	2,323
Other prescribing	3,008	3,008	3,044	36
Total	78,669	78,669	81,028	2,359

HEADQUARTERS AND CENTRAL PROGRAMMES

Running Cost Programmes	Whole Time Equivalent Establishment	Whole Time Equivalent Actual	Annual Budget £'000	Year to Date Budget £'000	Year to Date Expenditure £'000	Year to Date (under) / overspend £'000
Governing Body	2.6	2.8	877	877	876	(1)
Senior Leadership Team	4.9	4.4	785	785	783	(2)
Executive Office	3.0	3.0	127	127	127	-
Directorate of Finance and Performance and Acute Commissioning	19.9	27.0	1,492	1,492	1,488	(4)
Directorate of Clinical and Collaborative Commissioning	33.3	31.2	2,359	2,359	2,356	(3)
Directorate of Quality, Safety and Governance	28.6	48.1	2,348	2,348	2,347	(1)
CSU Costs	-	-	3,798	3,798	3,798	-
Reserve	-	-	45	45	56	11
Total Running Cost Programme	92.3	116.5	11,831	11,831	11,831	-

APPENDIX 6

Cashflow Statement - £'000 APPENDIX 8	In Year												Total £'000
	April £'000	May £'000	June £'000	July £'000	August £'000	September £'000	October £'000	November £'000	December £'000	January £'000	February £'000	March £'000	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	
Opening Balance	50	816	1,296	730	470	595	263	1,010	3,330	9,998	1,657	3,230	50
Receipts													
NHS Reciepts	173	183	91	55	80	215	75	55	44	48	786	294	2,099
Department of Health Funding - Cash Limit	61,653	59,972	56,199	55,571	57,107	59,370	62,608	60,423	59,464	49,153	60,977	56,552	699,049
Other	266	320	236	257	530	354	177	469	644	177	417	320	4,167
Total Receipts	62,092	60,475	56,526	55,883	57,717	59,939	62,860	60,947	60,152	49,378	62,180	57,166	705,315
Payments													
Local													
NHS Payments	45,213	43,337	42,039	39,094	40,215	40,639	43,331	39,878	34,622	40,479	39,878	42,013	490,738
Non NHS Payments	9,157	9,134	6,654	9,720	9,491	11,881	11,385	10,974	10,612	9,461	12,446	10,871	121,786
Salaries & Wages, Tax , NI and Pensions	437	442	461	469	470	462	465	466	497	515	526	572	5,782
GP Payments (Exeter System) and Other	1,066	1,110	969	1,089	1,175	1,119	1,124	1,386	1,624	1,337	1,213	956	14,168
National													
Prescription Pricing Authority	5,453	5,972	5,852	5,771	6,241	6,170	5,808	5,923	6,129	5,927	6,544	5,934	71,724
Dental	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC Risk Pool Contribution	0	0	1,117	0	0	0	0	0	0	0	0	0	1,117
Total Payments	61,326	59,995	57,092	56,143	57,592	60,271	62,113	58,627	53,484	57,719	60,607	60,346	705,315
Closing Balance	816	1,296	730	470	595	263	1,010	3,330	9,998	1,657	3,230	50	50