

# Annual Public Meeting 2020

Dr Kiren Collison  
Clinical Chair

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# Agenda

Chair's introduction, welcome, apologies and announcements	Kiren Collison (KC)	17.15
Wellbeing and mindfulness	Leila & Valerie	17.20
Annual Accounts 2019/20	Gareth Kenworthy	17.30
The future – priorities ahead	James Kent	17.40
Panel discussion & public question time with board member panel – a focus on better health and prevention	KC and Board members	17.45
End		<b>18.30</b>

# Wellbeing & Mindfulness

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# Annual Accounts 2019/20

Gareth Kenworthy  
Director of Finance

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# Context of 2019/20

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- ❑ Seventh year of operation of CCG and sixth successive year of delivery of our financial targets in full
  - ❑ Fourth year of being fully responsible for GP Primary Care Commissioning from NHS England (received a transfer allocation of £96.8m in order to achieve this)
  - ❑ Management of in year financial risks – Continuing Healthcare (CHC) and Prescribing pressure and first month of COVID impact to end the year
  - ❑ Accounts were closed with all Finance staff working remotely
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# Financial highlights

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- ❑ Financial accounts produced to national deadlines (extended due to Covid).
  - ❑ Surplus of £19k against planned breakeven position. Together with historic surplus brought forward this means £23.4m was carried forward to 2020-21.
  - ❑ All financial duties achieved.
  - ❑ Unqualified audit opinion on the financial statements, regularity and value for money apart from “emphasis of matter” re pandemic.
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## Disclosures in respect of Covid - 19

We draw attention to Note 1 of the financial statements, which describes the financial and operational disruption the CCG is facing as a result of COVID-19 which is impacting financial planning and contracting arrangements for patient care within the NHS. Our opinion is not modified in respect of this matter.

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# Financial Performance targets

<b>Target Position</b>	<b>Achieved Position</b>
Revenue spend not to exceed allocation of £959m (excluding historic surplus)	Actual revenue surplus £23.4m (£19k excluding historic surplus)
Revenue administration spend not to exceed allocation of £14.9m	Actual administration spend of £12.7m
95% of total value of NHS invoices paid within 30 days	99% of total value of NHS invoices paid within 30 days
95% of total value of non-NHS invoices paid within 30 days	95% of total value of non-NHS invoices paid within 30 days
Remain within cash funding	Remained within cash funding

# Where was the money spent?

	Annual Budget £'000	Actual Month 12 £'000	Variance Month 12 £'000
Acute	467,372	465,504	(1,867)
Community Health	74,666	74,626	(40)
Continuing Care	82,000	83,230	1,230
Mental Health and Learning Disability	89,083	89,747	665
Delegated Co-Commissioning	96,779	96,769	(10)
Primary care	108,993	111,516	2,523
Other Programme	18,663	24,628	5,966
<b>Sub Total Programme costs</b>	<b>937,554</b>	<b>946,021</b>	<b>8,467</b>
Running costs	13,392	12,683	(709)
<b>Sub Total CCG</b>	<b>950,946</b>	<b>958,703</b>	<b>7,757</b>
Risk Reserve	3,598	0	(3,598)
0.5% Contingency reserve	4,178	0	(4,178)
<b>Total CCG after contributions to/from reserves</b>	<b>958,722</b>	<b>958,703</b>	<b>(19)</b>
Planned Surplus c fwd	23,422	0	(23,422)
<b>Total</b>	<b>982,144</b>	<b>958,703</b>	<b>(23,441)</b>

# External Audit Opinion

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- ❑ Financial statements – an unqualified opinion that the accounts reported fairly on the CCGs finances. “Emphasis of matter” disclosure to draw readers of the accounts attention to Covid-19.
  - ❑ Regularity of income and expenditure – an unqualified opinion that financial transactions were conducted within the CCG legal framework
  - ❑ Value for money – no matters to report
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# Present and future

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- ❑ The national planning process for 2020-21 was suspended in early March due to the need for the NHS to focus on the national response to the Covid pandemic.
  - ❑ For the first half of financial year 2020/21 OCCG is operating under a temporary financial regime. This will be replaced in the second half of the year by a revised regime.
  - ❑ Key risks for OCCG in 2020/21 include the ongoing impact of the national response to the pandemic, the changes to the national financial regime as well as the usual pressures of prescribing, CHC and demand for services.
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# The future – priorities ahead

James Kent  
Accountable Officer  
OCCG

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# Priorities: Next 6 months

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## **Key elective services**

- Planned care, Cancer, Diagnostics, Primary Care

## **Urgent care, winter and flu**

- Place-based plans, building in resilience where possible, implement NHS111 First
- Deliver on the largest ever flu vaccination programme / prepare for COVID vaccine

## **COVID**

- Prepare for and set-up the processes to manage 2<sup>nd</sup> Wave and balance COVID vs UEC vs planned care
- Leverage lessons from Wave 1

## **Inequalities**

- Focus on reducing inequalities for BAME communities due to COVID

## **Workforce**

- Reinforce and extend well-being offers for staff
  - Support BAME colleagues – extend work on WRES and racial equalities
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Panel members include:

- ❑ Dr Kiren Collison – Chair
  - ❑ Ansaf Azhar – Director of Public Health (OCC)
  - ❑ Dr Shelley Hayles
  - ❑ Dr David Chapman
  - ❑ Jo Cogswell – Director of Transformation
  - ❑ Diane Hedges – Chief Operating Officer
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# Questions from the public

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Thank you & good night

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