

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 26 January 2017 Title of Presentation: Finance Report - Month 9 (December)					per No: 17/09	
Title of Presentation: Finan	ice Report - M	onth s	9 (Decembe	·) 20	16-17	
Is this paper for	Discussion	√	Decision		Information	✓

Purpose and Executive Summary (if paper longer than 3 pages): This report sets out:

- the financial performance of the CCG to 31st December 2016
- the risks identified to the financial objectives and the current mitigations

The full finance report has been taken to Finance Committee (24th January) where detailed scrutiny has been undertaken. The paper aims to give an overview of the financial position as at Month 9.

Financial Implications of Paper: There are no direct financial implications as a result of this paper.

Action Required: The Board is asked to review the information provided in this report, together with assurance from the Finance Committee. The Board is asked to consider whether sufficient assurance exists that the CCG is managing its financial performance and risks effectively, that it can mitigate any risks identified and is on track to deliver its financial objectives.

NHS Outc	NHS Outcomes Framework Domains Supported (please delete tick as appropriate)						
\checkmark	Preventing People from Dying Prematurely						
\checkmark	Enhancing Quality of Life for People with Long Term Conditions						
\checkmark	Helping People to Recover from Episodes of III Health or Following Injury						
\checkmark	Ensuring that People have a Positive Experience of Care						
✓	✓ Treating and Caring for People in a Safe Environment and Protecting then						
	from Avoidable harm						

Equality Analysis completed (please delete tick and attach as appropriate)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

Finance Report for Oxfordshire CCG Board at 31st December 2016

Section 1: Executive Summary and Dashboard

Table 1 Key Financials

	Month 9 £'000	RAG rating	M8 Report £'000	Movement £'000
Plan ytd	(9,692)	SURPLUS	(8,615)	(1,077)
Actual ytd	(9,692)	SURPLUS	(8,615)	(1,077)
Variance	(0)	AS PLANNED	(0)	(0)
Plan Outturn	(12,924)	SURPLUS	(12,924)	0
Actual Outturn	(12,924)	SURPLUS	(12,924)	0
Variance	(O)	AS PLANNED	(0)	0

- At 31st December (Month 9), NHS Oxfordshire Clinical Commissioning Group (OCCG) reported a year to date surplus of £9.7m (£8.6m surplus at Month 8) and a forecast outturn surplus of £12.9m (£12.9m at Month 8).
- At Month 9, mitigated risks totalled £1.4m (£1.6m at Month 8) and were offset by contingencies held. The best case forecast outturn was £13.6m surplus (£13.7m at Month 8) and the worst case was £3.2m deficit (£3.2m at Month 8).
- Three additional funding allocations totalling £0.9m were received in Month 9:
 - £0.7m for Quality Premium achieved in 2015-16, this was better than the £0.2m estimated by the Quality team but is significantly less than that achieved in the previous year (£2m)
 - £0.2m to improve capacity for diagnostics
 - £0.05m for STP Peer support champions

The CCG allocation for 2016/17 now stands at £846.1m including the 1% Non-Recurrent funding of £8.2m.

- The remaining contingency budget is £6.2m, of which £5.2m is anticipated to be needed to cover programme pressures. This leaves £1.0m to offset risks. (see Table 2b).
- The underlying contract activity* for the Oxford University Hospitals Foundation Trust is above the Oxford contract threshold by £2.3m as per Month 8 activity reporting (£1.4m at Month 7). A zero rate is applied to this activity under the block contract agreement.
- Most forecasts across the CCG have remained relatively steady this month, with the most significant changes being within the pooled budgets hosted by Oxfordshire County Council. The Older People and Physical Disabilities forecasts have both worsened, by £0.3m and £0.1m respectively, whilst the Equipment forecast has improved by £0.3m.
- The Southern Health Learning Disability contract (£5.5m pa. £1.84m part year 2016-17) was novated from OCC to OCCG from 1 December 2016.
- The 1% Non-recurrent funding of £8.2m is un-committed as per NHS E planning requirements.

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^{*} after adjustment for marginal rate, re-admissions credit and penalties and including CQUIN

Section 2: Overview

Table 2a: Summary Table

	Annual	Budget	Actual	Variance	Fore cast	Forecast Outturn
	Budget	Month 9	Month 9	Month 9	Outturn	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Acute	399,447	298,937	298,434	(503)	399,116	(331)
Community Health	71,137	52,659	52,772	113	71,415	279
Continuing Care	57,934	43,282	47,277	3,995	63,379	5,445
Mental Health and Learning Disability	68,073	51,055	51,680	625	68,937	863
Delegated Co-Commissioning	89,546	66,382	66,361	(21)	89,012	(534)
Primary care	100,409	74,749	73,590	(1,160)	99,721	(688)
Other Programme	17,596	13,051	13,127	76	17,746	150
Sub Total Programme costs	804,142	600,114	603,240	3,126	809,326	5,183
Running costs	14,624	10,968	10,614	(354)	14,624	0
Sub Total	818,766	611,082	613,854	2,772	823,950	5,183
Transformation/risk management	0	0	0	0	0	0
Non recurrent reserve	8,198	0	0	0	8,198	0
Contingency	6,202	2,772	0	(2,772)	1,019	(5, 183)
1% Surplus	12,924	9,693	0	(9,693)	0	(12,924)
Total	846,091	623,547	613,854	(9,693)	833,167	(12,924)

- The most significant areas of over-performance to date for acute services are SCAS, Great Western, Circle and London providers. These are more than offset by under-performance at Royal Berkshire FT, NCAs, Nuffield Health, Other Acute and Buckinghamshire Hospitals NHS Trust.
- The Pooled Budgets for Older People, Equipment and Physical Disability, are forecast to overspend at year end by £5.4m largely due to the FNC price increase and pressures on Care Home and Home support expenditure. The Mental Health Pool is forecast to overspend by £0.9m while the Learning Disability Pool is forecast to be close to plan.
- There is slippage (estimated at £300-400k) on the GP Access Fund schemes. Most of the planned schemes will be delivering from January rather than November 2016 as originally planned. The CCG is proposing alternative schemes for the anticipated slippage and is in discussion with NHS E.
- Information from the Business Services Authority indicates that the prescribing budget will be
 underspent but the level of underspend has been reducing month on month. The position will be
 clearer once the BSA have undertaken the final re-profiling of the budget in January and the
 forecast outturn will be reviewed once that is received.
- £5.2m of the contingency has been released into the forecast outturn position. The remainder of the contingency (£1.0m) is available to mitigate risks in the last Quarter.

Risks and Mitigations

- Table 2b sets out the key risks identified that are not reflected in the most likely forecast outturn. At Month 9 these risks totalled £1.4m (£1.6m at Month 8) and were offset by contingency reserves held. The best case forecast outturn is £13.6m (£13.7m at Month 8) surplus and the worst case is a deficit of £3.2m (£3.2m at Month 8).
- The GP Prescribing risk has been removed in the light of the year to date underspend. It has
 been assumed that any pressures arising in the last quarter can be managed within the existing
 budget.
- Both the risk and the mitigation re the Savings plans and the Financial Recovery Plan (FRP) have been reduced. Non delivery of savings plans is largely mitigated by contract agreements.
- Other risks have been decreased to reflect the fact that Bladder and Bowel funding has been agreed with Oxford Health and is reflected in the forecast outturn.
- Mitigations have been reduced to reflect receipt of the Quality Premium. The forecast assumes that this funding will be invested in schemes in 2016-17.

Table 2b:

Risks	Risk value	Probability of risk being realised	Potential risk	Description/Mitigation	Reduced risk due to mitigating actions	Residual Risk after expected mitigation	Call on Contingend Reserve?
	£m	%	£m		%	£m	Y/N?
Acute	-17.9	43%	-7.7	Block contract agreement mitigates the risk	4%	-0.3	
		4370		soon contract agreement imagates the risk	470		
Community Health	0.0		0.0	Lucia de CAULO ENC. colos la como de AOM		0.0	
Continuing Care	-8.9	84%	-7.5	Impact of NHS FNC price increase of 40% now reflected in the forecast outturn.	14%	-1.0	
Learning Disability	-1.0	30%	-0.3	LD Big plan and implementation	0%	0.0	
Mental Health	-3.0		-1.0			0.0	
Primary care	-1.0	50%	-0.5	Prescribing	0%	0.0	
				Risk that 1%NR is not made available to the CCG in Q4 as planned to cover the increased surplus requirement now removed. Under delivery risk mitigated by OUH contract agreement - under delivery of QIPP will mean that further activity increases are not offset. Impact of			
Other programme	-9.5	42%	-4.0	market rentals by NHS PS	22%	-0.9	
Running costs	0.0		0.0			0.0	
Sub-total	-41.3		-20.9			-2.2	
				Overseas visitors/ Quality Premium /Funding for			
Mitigations	7.7	44%	3.4	market rents/Financial Recovery Plan	24%	0.8	
Total	-33.7		-17.5			-1.4	
				CCG Contingency Reserves Programme contingency (0.5% = £4.2m) not			
				reflected in forecast		1.0	
				Transformation/Risk management - £5m now			
				committed to Transformation within the OUH		0.0	
				Running cost contingency Total		1.4	
				Total			
				Headroom /(Net risk)		-0.0	
	Worst case			100% of potential risks materialise and are unmitigated orse than revised forecast outturn surplus of £12.925m		-3.2	
	Best case			50% of mitigated risks materialise -£0.7m better than recast outturn surplus of £12.925m		13.6	
					Range	16.8	1.99

Section 3: Savings Programme
A savings programme of £22.4m was agreed for 2016-17. The FRP, agreed at the Board on 25th August, has now replaced the original savings plan and progress is summarised in the table above. £5.4m of schemes are reported as completed.

Table 3a

No	Area of budget	Savinga initiativa	Potential 2016/17 savings £,000	Delivery Assessment RAG Rating (updated 11.01.17)	Potential 2017/18 savings £,000 (Recurrent Only)
		Prosective Medical Support to Care Homes Prosective Medical Support to Care Homes (reduced spend transactional saving)	400	R Completed	200
		MSK Pathway		В.	165
		Bladder and Bowel Pathway		R	
		Opthalmology Pathway			
		999 High User Management Plans		٠	69
1	NHS Acute contracts - Oxfordshire	Anticipatory Prescribing		^	61
		Procedures of Limited Clinical Value (PLCV)		^	225
			100	٩	200
		APAx	-	^	2,660
		Right Care Opportunities		a	2,671
		Ambulatory Emergency Care		^	
2	Acute contracts - BOS footprint				
2	Independent providers	Sarkshire Independent providers			
		Circle - Patella resurfacing (HR05Z)	50	a a	50
		Spire - Patella resurfacing (HR05Z)	20	R	20
		Oxfordshire independent providers			
		Ramsey Horton -Patella resurfacing (HROSZ)	495	^	425
		Ramsay Horton - PLCV audit from 15/16 but money to be credited this year if successfully negotiated	75	Completed at £75,000/£275,000	
		Manor PLCV -audit from 15/16 but money to be credited this year if successfully negotiated	727	A	
		Manor local x-ray guided injections price	15	ه ا	15
		In Health Gastro (2015/16 6ww breaches)		a	
		InHealth Gastro and Global renegotistions	152	Completed	
		Patella resurfacing re-coding			
4	London providers	Patella resurtacing re-coding		ء	
		Challenging anomalies (e.g. charges for non-Oxfordshire patients)	500	٩	500
		Planned care budget reduction, including			
		MECS (Ophthalmology)	102	Completed	103
_		Speciavers Hear Care (Audiology)	199	Completed	199
5	Other scute	Remove £47,247 from 744621 52241004 fillscellaneous Expenditure'	47	Completed	47
		OPAL - Potentially £120,248 from Palliative Care budget 744726 52161002			
			120	Completed	
		Clective Care incentive Scheme saving	120	Completed	
	Non contracted activity	T	200	a .	
- E	Community	Falls Service Budget Reduction			272
		Falls Service Budget Reduction Henry Cornish House KB Contract	200	a .	272
7	Community	Falls Service Budget Reduction	200	G Completed	
7	Community	Falls Service Budget Reduction Henry Cornish House KB Contract	272 75	G Completed	
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Section 4: Provider Performance

- The Oxford University Hospital Trust shows unadjusted over performance of £2.9m over plan at Month 8 which is 1.4% above the planned cost. After allowing for CQUIN and technical adjustments, the variance reduces to £2.3m, so a local price adjustment of -£2.3m has been applied in line with the revised block contract agreement. The adjustment at month 7 was £1.4m. Month 8 therefore reflects a significant increase in activity and cost within the OUH contract but there is no impact on this year's forecast due to the nature of the contract.
- The current level of over performance implies an underlying contract value of £320.5m. (£319m at Month 8, £321m at Month 5 and £325m at Month 3).
- The most significant areas of over-performance to date are SCAS, Great Western, Circle and London providers. These are more than offset by under-performance for Non Contracted Activity, Royal Berkshire FT, Other Acute and Nuffield Health.

Table 4: Acute Commissioning Breakdown

	Annual Budget £'000	Budget Month 9 £'000	Actual Month 9 £'000	Variance Month 9 £'000	Forecast Outturn £'000	Forecast Outturn Variance £'000
Oxford University Hospitals NHS FT	317,000	237,750	237,949	199	317,000	0
Royal Berkshire FT	20,600	15,450	15,115	(335)	20,154	(446)
Buckinghamshire Hospitals NHS Trust	2,874	2,155	2,112	(44)	2,815	(58)
Frimley Health NHS Foundation Trust (HWP)	498	374	308	(66)	404	(94)
South Warwickshire FT	619	464	523	59	697	79
Gloucester Hospitals NHS Trust	510	383	364	(19)	485	(25)
Great Western NHS Foundation Trust	3,225	2,418	2,645	226	3,526	302
Ramsay Health care	7,428	5,571	5,608	37	7,577	149
Nuffield Health	1,873	1,405	1,096	(308)	1,462	(411)
Spire Healthcare	422	316	389	73	519	98
Berkshire Independent	590	442	437	(6)	582	(8)
BMI Foscote	755	566	649	83	865	111
Circle	1,322	991	1,198	206	1,597	275
London Providers	3,646	2,734	2,892	158	3,892	246
Other Acute	8,214	5,512	4,883	(629)	7,787	(427)
Non Contract Activity	8,678	6,508	6,000	(508)	8,027	(651)
SCAS Emergency Patient Transport	21,194	15,896	16,265	370	21,723	529
Total	399,447	298,937	298,434	(503)	399,116	(331)

Section 5: Conclusion

- The most likely forecast outturn reported at Month 9 is for a surplus of £12.9m. Risks identified at Month 9 are covered by contingencies held.
- The Month 9 reported position, the identified risks and mitigations and progress against the Financial Recovery Plan were reviewed by Finance Committee at the meeting on 24th January 2017.