

## WOLVERHAMPTON CCG

# Public Primary Care Commissioning Committee 6<sup>th</sup> November 2018

TITLE OF REPORT:			
	Financial Position as at Month 6, September 2018		
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance manager		
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer		
PURPOSE OF REPORT:	To report the CCG financial position at Month 6, September 2018		
ACTION REQUIRED:	<ul><li>□ Decision</li><li>⊠ Assurance</li></ul>		
PUBLIC OR PRIVATE:	This Report is intended for the public domain		
KEY POINTS:	<ul> <li>M6 assumed breakeven</li> <li>Financial metrics being met</li> <li>Additional allocations</li> </ul>		
RECOMMENDATION:	The Committee note the content of the report		
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:			
<ol> <li>Improving the quality and safety of the services we commission</li> </ol>	Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place		
2. Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton – Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way		

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	local health care is delivered, supporting emerging clinical				
	groupings and fostering strong local partnerships to achieve this				
	Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.				
	Continue to meet our Statutory Duties and responsibilities				
	Providing assurance that we are delivering our core purpose of				
	commissioning high quality health and care for our patients that				
	meet the duties of the NHS Constitution, the Mandate to the				
2 System offectiveness	NHS and the CCG Improvement and Assessment Framework				
3. System effectiveness					
delivered within our	Deliver improvements in the infrastructure for health and care				
financial envelope	across Wolverhampton				
	The CCG will work with our members and other key partners to				
	encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the				
	development of a modern up skilled workforce across				
	Wolverhampton.				

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## 1. Delegated Primary Care

Delegated Primary Care Allocation for 2018/19 as at month 6 is £36.267m. The forecast outturn is £36.267m delivering a breakeven position.

The CCG planning metrics for 2018/19 as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations.

### 2. Allocations

• No further allocation has been received since month 3 2018/19.

## 3. M06 Forecast position

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)		In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	11,022	11,154	132	22,043	22,043	0	$\bigcirc$	0	0
General Practice PMS	949	736	(213)	1,899	1,899	0	$\bigcirc$	0	0
Other List Based Services APMS incl	1,206	1,116	(90)	2,412	2,412	0	$\bigcirc$	0	0
Premises	1,409	1,184	(225)	2,817	2,817	0	$\bigcirc$	0	0
Premises Other	47	60	13	94	94	0	$\bigcirc$	0	0
Enhanced services Delegated	443	356	(87)	887	887	0	$\bigcirc$	0	0
QOF	1,901	1,827	(74)	3,802	3,802	0	$\bigcirc$	0	0
Other GP Services	882	1,700	818	1,765	1,765	0	$\bigcirc$	0	0
Delegated Contingency reserve	91	0	(91)	183	183	0	$\bigcirc$	0	0
Delegated Primary Care 1% reserve	183	0	(183)	366	366	0	$\bigcirc$	0	0
Total	18,133	18,133	(0)	36,267	36,267	0	0	0	0

A full forecast review has been carried out in month 4 which includes the following updates:

- Global Sum has been updated based on Q2 list sizes 2018/19
- Out of Hours has been updated based on Q2 list sizes 2018/19
- QOF Forecasts have been revised using 2017/18 outturn
- Violent Patients Forecasts are based on 2017/18 outturn and sign up
- Minor Surgery Forecasts are based on 2017/18 outturn and sign up
- Extended Hours Forecasts are based on 2017/18 outturn and sign up
- Learning Disability Forecasts are based on 2017/18 outturn and sign up
- Premises Forecast is based on information provided by premises team
- Review of Locum reimbursements (maternity/paternity etc.) is based on approved applications to date.
- CQC Fees has been updated based on 2017/18 outturn plus 20% increase notified by central team.

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## 4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund and a 0.5% contingency in line with the 18/19 planning metrics.
- In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised inyear non-recurrently to help and support the delegated services. This is still available at Month 6 and will be uterlised for QOF plus.
- The 0.5% contingency is still available at Month 6 and will be uterlised for DOCMAN project (£80k) and to cover practice configuration.

#### 5. **PMS** premium reserves

• The PMS premium will grow each year as a result of the transition taper of funding of PMS practices; as a CCG we need to ensure we have investment plans in place to recognise this increasing flexibility. Over the next four years the anicipated cumulative position of the PMS premium is shown in the table below and the actual resource flexibility will depend on how effective expenditure controlled. The funds for 2018/19 will be fully committed.

Year	£000
18/19	677,371
19/20	860,470
20/21	978,284
21/22	1,096,098

## 6. Conclusion

The CCG is monitoring the financial position of the GP Services budget and will report any variance accordingly on a quarterly basis, including the use of reserves and contingency funding. As the year progresses, more detailed reporting will be available. The position of the delegated budgets has to be seen within the context of the CCG financial position and resources should be committed during the financial year as carry forward of underspends is unlikely to be permitted.

## Recommendations

The Committee is asked to:

• Note the contents of this report.

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## Name: Sunita Chhokar Job Title: Senior Finance Manager Date: 18/10/18

## **REPORT SIGN-OFF CHECKLIST**

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	Sunita Chhokar	18/10/18
Quality Implications discussed with Quality and Risk Team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
Signed off by Report Owner (Must be completed)	Lesley Sawrey	18/10/18

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