

Governing Body

This meeting will be held 10.00 on 24 October 2018
Committee Room 2, County Hall, Morpeth

AGENDA

Time	Item	Topic	Decision Required	Enc	PDF Page	Sponsor
1000	1	Welcome and apologies for absence				J Guy
	2	Declarations of conflicts of interest				J Guy
	3	Quoracy*				J Guy
	4	4.1 Minutes of the previous meeting and Matters Arising 4.2 Action Log		✓ ✓	2 11	J Guy
1005	5	Chief Operating Officer Report		✓	12	S Brown
1010	6	Finance 6.1 Month 6 Finance Update		✓	19	I Cameron
1020	7	Strategic Items 7.1 2018/19 Improvement Plan Update				S Brown
1035	8	Assurance, Risk and Governance 8.1 Governance Review				S Young
1040	9	Locality meeting assurance/key points				S Young
	10	Governing Body Forward Plan		✓	35	S Young
	11	Any other business (<i>items submitted prior to meeting only</i>)				J Guy
1050	12	Date and time of Governing Body: Wednesday 28 November 2018 – 10.00 Committee Room 1, County Hall, Morpeth				

* 6 members, including at least two of the Lay Chair/Governors, the Clinical Director of Primary Care and two Locality Directors, either the Accountable Officer, Chief Operating Officer or the Chief Finance Officer.



Minutes of the Governing Body
Wednesday 26 September 2018, 10.00am
Corn Exchange, Morpeth Town Hall, Morpeth

Present

Janet Guy	Lay Chair (Chair)
Siobhan Brown	Chief Operating Officer
Dr David Shovlin	Clinical Director of Primary Care
Ian Cameron	Chief Finance Officer
Karen Bower	Lay Member Corporate Finance and Patient and Public Involvement
Steve Brazier	Lay Member - Audit Chair
Dr Paul Crook	Governing Body Secondary Care Doctor
Dr Charles Dean	Locality Director - North
Dr John Warrington	Locality Director - Central
Dr Ben Frankel	Locality Director - West

In Attendance

Elizabeth Morgan	Director of Public Health
Stephen Young	Strategic Head of Corporate Affairs
Melody Price	Executive Assistant (Minutes)

Janet Guy welcomed members of the public to the meeting. She explained the meeting was being held in public but was not a public meeting, so there would be no opportunity for questions from the public.

NCCGGB/18/86 Agenda Item 1 Apologies

Apologies were received from Vanessa Bainbridge, Dr Paula Batsford and Dr John Unsworth.

NCCGGB/18/87 Agenda Item 2 Declarations of Conflicts of Interest

There were no declarations of interest.

NCCGGB/18/88 Agenda Item 3 Quoracy

The meeting was quorate.

NCCGGB/18/89 Agenda Item 4.1 Minutes of the previous meeting and Matters Arising

The minutes of the last meeting (22 August 2018) were agreed as a true and accurate record.

NCCGGB/18/90 Agenda Item 4.2 Action Log

The action log was reviewed and the following updates given:

Action NCCGGB/18/20/02: Siobhan Brown to add the integrated care diagram to Operational Plan 2018/19. In development and linked to system strategy work. Target completion date: 31 October 2018.

Action NCCGGB/18/41/01: Stephen Young to organise risk session with AuditOne for Paula Batsford, Charles Dean and Ben Frankel. Risk session being held on 17 October 2018 for all new NHS Northumberland Clinical Commissioning Group (CCG) staff. Action completed and to be removed from action log.

Action NCCGGB/18/73/01: Siobhan Brown to review the 2018/19 Improvement Plan implementation risk column and add narrative to explain the risk. Report to be presented at the October 2018 Governing Body (GB) meeting.

The following actions were agreed as completed: NCCGGB/18/18/01, NCCGGB/18/75/01, NCCGGB/18/82/01.

NCCGGB/18/91 Agenda Item 5 Chief Operating Officer Report

Siobhan Brown said during September the focus had been two-fold; developing and delivering new models of care locally and also taking a proactive CCG role in Cumbria and North East-wide meetings and forums with a view to greater integration at a system level, whilst delivering effective place-based care in Northumberland.

The September Joint CCG Committee, which the CCG has signed up to through a Memorandum of Understanding, was a public meeting and covered a range of topics including the role of specialised commissioning and communication and engagement in an emerging integrated care system.

The Health Strategy Board is a North East and Cumbria system-wide NHS Board with membership from all Provider Chief Executives, all CCG Accountable Officers and also NHS England (NHSE) and NHS Improvement leaders. The Board is preparing for the NHS Long Term Plan, due to be published in the Autumn, the role of integrated care systems and the place of integrated care partnerships within the wider system.

The main priorities from the Urgent and Emergency Care Strategic Network meeting included the ongoing mobilisation of the 111 and Clinical Advice Service for delivery from 1 October 2018. Other items included confirmation that North East Ambulance Service NHS Foundation Trust (NEAS) is meeting the new Ambulance Response Programme Standards, Winter planning and the Flu campaign.

The Northumberland System Transformation Board held a workshop presenting progress on three areas of work; a long term sustainable financial plan, underpinning clinical strategy for the system and the leadership proposition and governance structure required to deliver the programme. The Mental Health and Learning Disabilities area of work is well developed.

The Northumberland Health and Wellbeing Board received an update on Special Educational Needs and Disability (SEND). Other items included a focus on prevention and population healthcare delivery within Northumbria Healthcare NHS Foundation Trust (NHCFT) and a summary of research undertaken on the relevance and operations of Health and Wellbeing Boards and how they potentially adapt to future healthcare system developments. There will be a development day where members will consider the findings and agree actions.

Local Medical Committee (LMC) meeting discussions focused on the Local Area Plan and the impact that planning for 17,000 more houses will have on the health infrastructure; particularly primary care. In addition, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) presented the new referral hub which deals with queries from GPs within 48 hours, and has a daily multi-disciplinary triage meeting to deal with incoming queries and requests.

The CCG presented the Berwick Hospital proposal, together with a detailed engagement feedback report, to Northumberland County Council's (NCC) Health and Wellbeing Overview and Scrutiny Committee (OSC) on 4 September 2018. The committee considered that the engagement process had been robust, the proposals did not constitute a significant variation in current services and the development met the current and future healthcare needs of local people. The CCG proposed that, together with NHCFT and NCC, it would continue to communicate and engage with local people as the project developed. OSC was content with the CCG's proposal.

Janet Guy asked if the mobilisation of the 111 and Clinical Advice Service was on track to be implemented on 1 October 2018. Ian Cameron said there were ongoing discussions regarding the specification. David Shovlin said a meeting was being held today (26 September 2018) with NEAS and the lead commissioner.

Charles Dean asked if the CCG was working with NCC regarding new housing and care homes. Siobhan said the CCG were working with NCC in an integrated way regarding Section 106 funding and new housing. Liz Morgan said discussions had been undertaken with NCC's planning team regarding the impact of 17,000 new homes.

NCCGGB/18/92 Agenda Item 6.1 Finance Report – Month 5

Ian Cameron said the Month 5 financial position for the period to 31 August 2018 had been reviewed in detail at the September 2018 Corporate Finance Committee (CFC) and assurance was received. The CFC recommended the Month 5 finance report to GB for consideration and comment.

The CCG's current financial position is on target to deliver its control total deficit of £8m for the financial year 2018-19. In Month 4, the CCG received the first Commissioner Sustainability Funding (CSF) non-recurrent allocation of £0.8m and therefore is reporting a ledger forecast deficit of £7.2m in Month 5.

Overall for the acute sector at Month 5, the CCG highlighted emerging pressures and reported a net overspend of £436k. The overspend is due to the accrued cost for homecare drugs in the latest Service Level Agreement Monitoring (SLAM) data. In the main provider contract positions, NHCFT is forecast £732k overspend and Newcastle Hospitals NHS Foundation Trust (NUTHFT) is forecast £296k underspend.

The increased pressure in Mental Health is due to the outcome of rebasing discussions regarding the contract with NTW which have now been finalised. Section 117 high cost packages continue to represent a risk in 2018/19.

A community services pressure is being experienced due to an increase in costs for continence products.

The main Continuing Healthcare (CHC) contract outturn with NCC is currently in line with the agreed estimates through the planning process, and is therefore reported as breakeven for Month 5.

Prescribing data runs two months in arrears and therefore at the time of reporting there was three months' data available from the Business Service Authority (BSA). The CCG forecast is favourable despite an increase in the estimated impact from Category M drug price changes. There is always a risk of shortage of supply issues but there is no indication of this at present.

Pressure in Primary Care Commissioning is driven by national GP contract uplifts. The CCG is reporting an overspend of £315k in Month 5 and has released the equivalent amount from its contingency reserve to offset this pressure.

Running cost budgets are showing an underspend at Month 5 due to vacancy factor.

Siobhan Brown said a group of 12 CCGs in the north of England had won a legal case to offer patients a choice to use off-label bevacizumab (Avastin) to treat wet age related macular degeneration. She said the CCG was pleased with the outcome which would result in £13m saving per year to the system in the North East, and £500m nationally to the NHS. The drug companies Novartis and Bayer are currently deciding whether to appeal.

NCCGGB/18/93 Agenda Item 7 Director of Public Health Update

Liz Morgan, Director of Public Health, NCC said the draft Joint Health and Wellbeing Strategy (JHWS) engagement exercise has been extended until 30 September 2018.

Public Health will be leading on a Mental Health Needs Assessment, one of the key outputs of the Mental Health and Learning Disabilities workstream sitting underneath the Northumberland System Transformation Board. CCG support will be required to provide data and any steering group.

NCCGGB/18/94 Agenda Item 8.1 2018/19 Improvement Plan Update

Siobhan Brown presented an update on the delivery status and risks associated with the CCG's Improvement Plan, developed by PricewaterhouseCoopers (PwC) in conjunction with key CCG staff. Key highlights included:

- CCG workforce augmentation plan being delivered – resulting in additional resource and resilience. All roles now filled
- Independent review of the CCG's new constitution and revised governance arrangements by PwC planned for October 2018
- Buddying up with other CCGs for support and sharing experience
- Quality, Innovation, Productivity and Prevention (QIPP) Planning Workshop held on 25 September 2018 with support from Richard Barker's team, NHSE.

NCCGGB/18/95 Agenda Item 8.2 SEND Update

Annie Topping, Director of Nursing, Quality and Patient Safety, CCG and Sam Barron, Head of Special Education, NCC and Designated Clinical Officer Special Educational Needs and Disability (SEND), CCG joined the meeting.

Annie and Sam provided a local area progress update for children and young people with SEND since the start of the academic year in September 2017.

The statutory guidance 'Special Educational Needs and Disability Code of Practice: 0 to 25 years' requires partners from education, health and social care to work together to identify the needs of children and young people with SEND, and put provision in place to meet their needs and to improve outcomes.

The SEND Strategic Partnership Board meets monthly to support the implementation of the SEND Strategy, the delivery of the SEND Action Plan and to monitor outcomes and provision for children and young people with SEND. Karen Bower is a member of the SEND Strategic Partnership Board.

Northumberland's draft SEND Strategy went out to consultation through a series of five roadshows and online and paper feedback in November 2017. Contributions were received from parents/carers, schools, professionals who work in SEND services and school governors. Overall, there was broad agreement that the key strategic objectives were suitable to drive the improvements necessary to ensure that the SEND Code of Practice was fully implemented.

Parents and carers have highlighted that they cannot always find information they are looking for in the Local Offer and that it can be difficult to navigate. An audit of the Local Offer has been completed and highlighted where improvements need to be made. Engagement work will begin in Autumn 2018 and complete early in 2019.

Following the implementation of the SEND Code of Practice in 2014, the Department of Education required all Local Authorities to issue Education Health and Care Plans (EHCP) and convert existing Statements of SEND to EHCPs. The deadline was 31 March 2018 and all Statements were transferred to EHCPs within this timeframe in Northumberland.

The application process and SEND Commissioning Panel decision making panel, through which schools apply for additional funding from NCC to meet special educational needs over and above their resources, has been reviewed. Working with schools, the application form has been redesigned and now enables the Commissioning Panel to have clearer and more consistent information on which to make decisions about resource allocation.

All partners are working together to address the following SEND challenges:

- Transition: ensuring smooth transition from children to adult services alongside greater collaborative working with partner agencies during the process
- Joint Commissioning: ensuring that those children and young people with the most complex needs receive joined up commissioning and delivery of services, therapeutic services across children and adults
- Ensuring the voice of children, young people and their families are reflected in all new developments and improvements
- Local Area approach to supporting children with social, emotional and mental health needs: ensuring a coordinated approach across the system to meeting the needs through aligning Transforming Care / Sustainability and Transformation Partnership (STP) goals, development work within schools and public health work within health and wellbeing
- Developing an outcomes framework to measure and monitor progress to the SEND reforms.

A joint SEND inspection (lasting a week) from the Care Quality Commission (CQC) and Ofsted to examine the local arrangements made for children and young people with SEND

across education, health and social care will commence on 1 October 2018. The inspectors will be visiting nurseries, schools and colleges, conducting strategic level focus groups and talking to parents and carers.

Janet Guy thanked Annie and Sam for the update. Annie and Sam left the meeting.

NCCGGB/18/96 Agenda Item 8.3 Communication and Engagement Quarterly Report

Stephen Young outlined the Communication and Engagement Quarterly Report highlighting the following key areas:

- Berwick Integrated Hospital Development: NHCFT, NCC and the CCG issued a press release and stakeholder briefing on 17 August 2018 to announce that an integrated development including health, social care and leisure services had been approved by both NHCFT and CCG boards. On 4 September 2018, the CCG presented the proposal, together with a detailed engagement feedback report, to NCC's Health and Wellbeing OSC. Details outlined earlier in the meeting in the Chief Operating Officer's report. On 10 September 2018, NCC's Cabinet approved the £20m leisure centre on the Swan Centre site. A detailed design phase will now commence, with a delegated decision granted to the Council's Chief Executive, in consultation with the Leader, on whether the leisure centre will be standalone or a joint scheme with NHCFT, subject to a full business case. Engagement is ongoing with a public event being held tomorrow (27 September 2018) in Berwick led by NHCFT and NCC. CCG officers will be in attendance
- Rothbury Community Hospital: A decision from the Independent Reconfiguration Panel is still awaited
- Collingwood Medical Group: The CCG has continued to support Collingwood Medical Group (CMG) and neighbouring practices following CMG's decision to terminate its contract. Stephen Young and Pamela Phelps have met with Patient Participation Groups (PPGs) from both Railway Medical Group and Marine Medical Group to outline CCG support to the practices and discuss patient issues and concerns
- Northumberland CCG 360 Stakeholder Survey 2018: Improvement Plan has been produced
- Joint Health and Wellbeing Strategy (JHWS): Engagement continues on the draft JHWS. An online survey closes on 30 September 2018. It is anticipated that over 200 responses will have been received when the survey closes. A series of locality PPG workshop events were held and the Engagement Manager has visited five GP practices to date across all the localities to increase patient participation
- Patient Engagement: Work to re-energise the locality PPG network continues with the visits to the practices to promote the JHWS. The Engagement Manager met with PPG members during visits and is conducting a MY NHS recruitment drive – soon to be renamed the CCG's Public Involvement Network (PIN)
- Co-ordination of Care through Multi-disciplinary Team Working (CATCH): CATCH is being piloted in North Northumberland. Workshops with NHCFT's community services teams have been facilitated by the CCG and a 'soft' launch event took place in September 2018 with community services, primary care and the CCG. The CCG has commissioned the North of England Commissioning Support Unit (NECS) to undertake staff engagement and the independent research company Explain will run patient engagement
- Media evaluation: 127 mentions in the media this quarter compared to 51 in the last quarter. Reach 674,565. Value £151,391.

Member engagement

- **Locality Bulletin:** The weekly bulletin continues to be well received by practices although readership has dropped slightly over the last few months. A review of the locality bulletin is currently underway and it is hoped to relaunch a refreshed, more targeted 'news page' style bulletin within the coming weeks. The usage of GPTeamNet remains high. Paula Batsford and Charles Dean are leading the ongoing work regarding clinical pathways information on GPTeamNet.

Stephen said the additional capacity in the communication and engagement is delivering real effect and a more proactive approach.

Karen Bower asked for update regarding the CCG's work with Healthwatch Northumberland. Stephen said Healthwatch Northumberland continued to be involved in both the Berwick Hospital and draft JHWS engagement exercises. Regular meetings are held with David Thompson, Healthwatch Northumberland Chair and a representative from the CCG's communication and engagement team attends the regular Healthwatch Northumberland meeting.

Karen asked for an update regarding the CCG's Patient Forum. Stephen said the MY NHS was soon to be renamed the CCG's Public Involvement Network (PIN) and work continues to re-energise patient engagement. Janet Guy said people attending the patient forums in the past have already been engaged and that the CCG needs to reach out to different groups.

Steve Brazier asked if the media value figure was what the CCG would have had to pay if it had to buy the equivalent coverage.

Action NCCGGB/18/96/01: Stephen Young to confirm the media value figure.

Ben Frankel said the locality bulletin email needed to highlight what was in the bulletin in order to encourage people to read it.

NCCGGB/18/97 Agenda Item 8.4 Primary Care Update

Siobhan Brown and David Shovlin gave a presentation on primary care in Northumberland highlighting the following key areas:

- What do patients want? Good access, continuity of care, time, safe and high quality care, information/explanation
- What does primary care want? Good access, continuity of care, time, safe and high quality care, flexible working patterns, work-life balance, sustainable funding
- Workforce: Age and skill mix profiles. Developing alternative workforce solutions, moving services into the community/more community facing, and recruitment and retention
- Estates: Co-location of primary care services
- Information Technology
- Workload: back office functions, clinical, alternative models of care
- Comprehensive primary care database covering Quality, Workforce, Access, Estates, IT/Technology.

Siobhan said primary care was at the very centre of care and the CCG is focused on creating sustainable primary care for the future. A primary care event is being held on 3 October 2018

jointly led with the LMC for primary care to identify its own solutions and translating into prioritised actions. A two year programme of work managed by a leadership team from primary care is underway and the consolidation of funding opportunities is being considered wherever possible.

GB discussed the issue of locum GPs and the need to attract permanent GPs to Northumberland. David said the North of England had difficulties recruiting GPs.

Paul Crook said services needed to be integrated and asked if the CCG was working with its current providers. David said there were a number services including elderly care, CATCH and Outpatients where the CCG was currently working with providers to deliver an integrated approach to care.

NCCGGB/18/98 Agenda Item 9.1 EPRR Core Standards Self Assessment

Stephen Young outlined the Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment.

NHSE is required to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. NHS funded providers are required to carry out an annual self-assessment against the EPRR core standards and provide evidence that their Boards are sighted on the level of compliance achieved. The CCG is a category 2 responder and as such, is required by NHSE to complete a self-assessment against these standards.

Once organisations have completed the assessment the Local Health Resilience Partnership (LHRP) will assess the submission and undertake a peer review. The LHRP Co-Chairs will submit their reports to the NHS Regional Teams who will undertake a regional consolidation process. NHSE Regional Teams will coordinate a submission to evidence their level of assurance and inform the national assurance assessment.

The CCG's 2018/19 EPRR Self-Assessment is green (fully compliant), which is mirrored by neighbouring CCGs. The CCG's Self-Assessment was submitted, subject to GB's ratification, to NHSE on 24 September 2018 (the submission deadline).

Stephen asked the GB to consider and ratify the submission of the CCG's 2018/19 EPRR Self-Assessment.

Decision NCCGGB/18/98/01: GB agreed to ratify the 2018/19 EPRR Core Standards Self-Assessment submission.

NCCGGB/18/99 Agenda Item 10.1 Clinical Management Board Minutes (August 2018)

The Clinical Management Board minutes for August 2018 were received for information.

NCCGGB/18/100 Agenda Item 10.2 Corporate Finance Committee Minutes (August 2018)

The Corporate Finance Committee minutes for August 2018 were received for information.

NCCGGB/18/101 Agenda Item 10.3 NCC Health and Wellbeing Board Minutes (July 2018)

The NCC Health and Wellbeing Board Minutes for July 2018 were received for information.

NCCGGB/18/102 Agenda Item 10.4 Northern CCG Joint Committee Minutes (July 2018)

The Northern CCG Joint Committee minutes for July 2018 were received for information.

NCCGGB/18/103 Agenda Item 11 Locality meeting assurance/key points

There were no strategic items highlighted for discussion at the October Locality meetings.

NCCGGB/18/104 Agenda Item 12 Governing Body Forward Plan

The GB Forward Plan was reviewed. No updates to be made.

NCCGGB/18/105 Agenda Item 13 Any other business

Steven Havelin from the 'A Better Hospital for Berwick' (ABHFB) campaign group handed out information to GB members requesting to meet with the CCG. Janet Guy explained the meeting was not a public meeting, so there would be no opportunity for questions from the public. She said the CCG was focused on commissioning the best and most appropriate health services for the current and future healthcare needs of local people in Berwick. Any questions can be emailed directly to the CCG.

NCCGGB/18/106 Agenda Item 14 Date and time of next meeting

24 October 2018 at 10.00am in Committee Room 2, County Hall, Morpeth.

NHS Northumberland Clinical Commissioning Group

Agenda Item 4.2

Governing Body - REGISTER OF ACTIONS

Log owner: Governing Body Chair



Northumberland
Clinical Commissioning Group

DATE: October 2018		Governing Body					
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment	
NCCGGB/18/20/02	25/04/2018	23/05/2018	Siobhan Brown to add the integrated care diagram to Operational Plan 2018/19.	Siobhan Brown	Ongoing	Linked to system strategy work. Target completion date: 31 October 2018.	
NCCGGB/18/73/01	22/08/2018	26/09/2018	Siobhan Brown to review the 2018/19 Improvement Plan implementation risk column and add narrative to explain the risk.	Siobhan Brown	Complete	To be presented October 2018 GB.	
NCCGGB/18/96/01	26/09/2018	24/10/2018	Stephen Young to confirm the media value figure.	Stephen Young	Complete	To be updated at the October 2018 GB.	



OFFICIAL

Meeting title	Governing Body	
Date	24 October 2018	
Agenda item	5	
Report title	Chief Operating Officer Report	
Report author	Chief Operating Officer	
Sponsor	Chief Operating Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	✓
	Development/Discussion	
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A but elements (governance and Locality Directors) discussed with the CCG's membership	
QIPP	N/A	
Risks	Strategic Risk 946 – Financial Balance Strategic Risk 403 – Member Engagement	
Resource implications	N/A	
Consultation/engagement	Locality clinical engagement	




OFFICIAL

Quality and Equality impact assessment	Attached.
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Chief Operating Officer Report					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Operating Officer	Chief Operating Officer			NA	
3. Project Overview & Objective	Provide an operational update to Governing Body					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	NA					
<i>Clinical Effectiveness</i>	NA					
<i>Patient Experience</i>	NA					
<i>Others including reputation, information governance and etc.</i>	NA					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	NA					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	NA					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	NA					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality and can be used</i>	Impact Descriptors	Baseline Metrics			Target	
	NA					

OFFICIAL

for ongoing monitoring.			
8. Completed By	Signature	Printed Name	Date
Chief Operating Officer		S BROWN	08/10/18
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Governing Body

24 October 2018

Agenda Item: 5

Chief Operating Officer Report

Sponsor: Chief Operating Officer

Members of the Governing Body are asked to:

- 1. Consider the Chief Operating Officer report and provide comment.**

Purpose

This report provides an update on significant meetings and developments in NHS Northumberland Clinical Commissioning Group (CCG). Other important clinical issues will be addressed in the Clinical Management Board report.

Introduction

October has been a month of reflecting on CCG delivery for the first six months of the year and planning for the remaining six months of 2018/19; with an eye to longer term planning for 2019/20 and beyond.

NHS England (NHSE) Executive to Executive Meeting

As part of Special Measures, the CCG meets on a monthly basis with NHS England in a formal executive to executive meeting. The substance of the October meeting focused on the financial recovery plan and improvement plan of the CCG and confirmation that at Month Six, the CCG would remain on track to deliver an £8.0M deficit offset by Commissioner Sustainability Funding to reach a breakeven position.

Integrated Care System (ICS) Programme

North Cumbria and the North East system has been selected to be part of an Aspirant Integrated Care System programme, with a view to applying to become a Shadow ICS. The programme of work involves senior leaders from across the whole provider and commissioner system and also NHS England and NHS Improvement. The series of workshops will cover what can best be delivered at place based care levels, wider footprints of integrated care partnerships (covering Northumberland, North Tyneside, Newcastle and Gateshead) and also the full footprint of the integrated care system. The remaining workshops will cover

- Workforce
- Population Health Management

OFFICIAL

- Strategic and tactical commissioning
- Working with local government
- Strengthening primary care
- System-wide approach to managing resources collectively
- Implementing a system governance and leadership support framework.

ICS Clinical Leadership Group

The importance of clinical leadership in any emerging system cannot be underestimated and Professor Chris Grey, Medical Director at NHSE Local area Team has established a clinical leadership group to work across the whole system to develop a clinical strategy. David Shovlin is a member of this group. The group notes that there are concerns in the system about the direction of travel of the ICS and how much power and decision making is held at the various levels. Other discussion points included the need for primary care provider level representation and also what the function of the group is in terms of acting as a clinical advisory group or potentially having decision making functions.

Planning Guidance for 2019/20

The first letter advising of the planning timelines has now been circulated and the CCG can expect the publication of the NHS Long Term Plan in late November or early December 2018. Development of local plans will need to include the challenges of delivering care for the population over a five year period supported by one year operational plans. These plans will then form the basis for wider system plans, supported by national payment reform, the request for alignment of commissioner and provider planning and the expectation of strong governance in terms of oversight of the development. Key dates are 14 January 2019 for first submission of activity and efficiency plans, 12 February 2019 for draft operating plans, 4 April 2019 for final operating plans and 11 April 2019 for aggregated system operating plans.

Northumberland Health and Wellbeing Board

The Board considered a presentation from Northumbria Healthcare NHS Foundation Trust (NHCFT) about the potential benefits of a 'Realistic Medicine' approach to medicine. This approach considers how the health system can further reduce the burden and harm that patients experience from excessive interventions and how variation in clinical practice can be reduced to achieve optimal outcomes for patients. This approach will be a pillar of the developing Joint health and Wellbeing Strategy. NHCFT also outlined their Find Your Place recruitment campaign. A collaboration between all 12 providers in the North East and North Cumbria the campaign aims to promote the area as an excellent choice for work. It may be that the CCG could engage in the process to encourage GP recruitment.

The Board also considered the winter planning preparations being undertaken by NHCFT and the Empowering Communities project that will use an asset based community approach to improve overall wellbeing and health

Primary Care Sustainability Event

The CCG with the Local Medical Committee (LMC) co-led an event on 3 October 2018 to identify the possible solutions to future primary care sustainability. The event, attended by over one hundred people from all 42 practices, was facilitated by Dr Steve Kell, a GP in Bassetlaw who is also a director of a successful Primary Care Home model of care.

The next steps are to collate the ideas and develop a two year programme of work to enable primary care to consider its future and what is practically required to ensure future sustainability. The work programme will be supported by an education programme, coaching support and a consolidated investment programme pulling together all sources of potential primary care investment into one coherent whole. As independent businesses, the decisions on the future models of care lie with primary care itself; the CCG will however provide a supporting role and enable opportunities wherever practically possible.

CCG Members Meeting

The bi-annual Members meeting of the CCG was held on Wednesday 17 October in Alnwick with a mid-year dual focus on reflecting on the past six months of delivery and looking forward to the remainder of the year and planning for 2019/20. The CCG remains on track to deliver a break-even position for 2018/19 and has a comprehensive programme of delivery for new models of care as well as financial recovery.

The feedback in the meeting from Memebtrs was focused on primary care's very real concerns about future sustainability and the role of the CCG within that environment; and any learning that the CCG and wider system can take from practices previously or currently under pressure.

Recommendation

The Governing Body members are asked to consider the content of the report and provide comment.

OFFICIAL

Meeting title	Governing Body	
Date	24 October 2018	
Agenda item	6.1	
Report title	Finance Update Month 6	
Report author	Chief Finance Officer	
Sponsor	Chief Finance Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose	Information only	✓
	Development/Discussion	
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	None	
QIPP	Overall QIPP Programme delivery	
Risks	Strategic Risk 946 – Financial Balance Operational Risk 1799 - QIPP	
Resource implications	N/A	
Consultation/engagement	N/A	
Quality and Equality impact assessment	Complete report (pages 3 & 4).	

Clinicians commissioning healthcare for the people of Northumberland




OFFICIAL

Research	N/A
Legal implications	CCG Statutory Financial Duties
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Month 6 Financial Position					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Finance Officer					
3. Project Overview & Objective	Financial report to Corporate Finance Committee. For information.					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>						
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	N/A					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>	Impact Descriptors	Baseline Metrics			Target	

OFFICIAL

8. Completed By	Signature	Printed Name	Date
Chief Finance Officer		Ian Cameron	18/10/18
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Governing Body

24 October 2018

Agenda Item: 6.1

Corporate Finance Update

Sponsor: Chief Finance Officer

Members of the Governing Body are asked to:

- 1. Consider NHS Northumberland Clinical Commissioning Group's financial position as at 30 September 2018 and provide comment.**
- 2. Consider the forecast outturn and key risks to delivery and provide comment.**

Purpose

This report presents the financial position for the period to 30 September 2018. The Appendices detail this position broken down across the relevant areas of expenditure.

Background

NHS Northumberland Clinical Commissioning Group (CCG) has a control total deficit of £8m for the financial year 2018-19. If the CCG can continue to demonstrate that it is on track to achieve this position it will qualify for an additional non-recurrent allocation of £8m Commissioner Sustainability Funding (CSF). This will enable the CCG to report an in-year breakeven position for 2018-19. By achieving breakeven, the CCG will maintain the same level of historic debt that it started the financial year with of £57.8m.

In Month 4, the CCG has received the first tranche of the CSF allocation of £0.8m and therefore is reporting a ledger forecast deficit of £7.2m in Month 6 reports.

For 2018-19 reporting, additional expenditure categories have been added to Appendix 1 to increase transparency and bring the Corporate Finance Committee (CFC) reporting more in line with the national reporting categories used in the financial planning submissions to NHS England (NHSE). These include separate sections for Acute, Mental Health, Community Services, Continuing Healthcare, Primary care, Primary Care Co-commissioning, Other Services, Commissioning Reserves and Contingency.

Appendix 6 shows the CCG level performance for primary medical (GP) care commissioning in more detail.

OFFICIAL

Financial Position Overview

Appendix 1 details the financial performance of the CCG for the year to date to 30 September August 2018. The 'in year' resource allocation is shown in the top section split between Programme, Delegated Primary Care and Running costs allocations excluding the brought forward historic deficit from 2017-18 (£57.8m). The middle expenditure section then shows the expenditure and budget variance as at Month 6 (£8.0m forecast outturn). The bottom section adjusts for the CSF allocation received and the remaining balance of the CSF anticipated and shows what the 'in year' and historic deficit positions are forecast to be at the end of 2018-19 (breakeven and £57.8m respectively).

Appendix 2 details the total confirmed 2018-19 allocation for programme and running costs as at 30 September 2018 is £523.2m. The allocation table in appendix 2 shows the individual allocation information for each of the allocations received by the CCG in year, who is the commissioning lead, and where required, whether the funding has been approved by board to be committed. The following table shows all allocations received in the month of September:

September Allocations	£000's
Flu Vaccinations Transfer	(469)
2018 GP OOH Services Funding Allocation	8
Retained Doctors scheme 2016-18 Q1 Payment	1

The Flu Vaccinations transfer is a recurrent transfer of funding to NHSE for NHSE to pick up the Costs of Flu vaccinations going forward, the CCG will recharge the incurred costs to NHSE as the drugs are administered over the winter period. The Flu transfer is expected to be neutral to the CCG's financial position.

The Out of Hours (OOH) funding is an allocation the CCG receives each year as a contribution for Military Health cost contained within the OOH Contract. 1k received for retained doctors payments as part of GP forward view funding. Both of these allocations are non-recurrent.

Financial Position Detail

The CCG shows the individual budget line positions in Appendix 1 net of their QIPP target. The following positions for Month 6 show the variance against these lines reflecting expected QIPP delivery achieved in 2018-19.

Acute

Overall for the acute sector at Month 6 the CCG is reported as an over spend of £516k. In the main provider contract positions Northumbria Healthcare NHS Foundation Trust (NHCFT) is forecast £732k over spend and Newcastle Hospitals NHS Foundation Trust (NUTHFT) is forecast £296k underspend. The CCG has used the latest data available in the SLAM model (Month 5 flex) to show the most up to date and accurate position for its main providers. The main Ambulance contract with North East Ambulance Service NHS Foundation Trust (NEAS) is mainly a block payment arrangement so is reported breakeven.

OFFICIAL

In the smaller acute contracts there is over performance in NHS providers of £94k and £73k in non NHS providers. These are offset with an under spend in the Other Acute non recurrent line of £88k.

Mental Health

The main Mental Health contract is with Northumberland, Tyne and Wear NHS Foundation Trust (NTW). For this year the CCG has an agreed contract value to work to with the provider. The target outturn requires both parties to share some risk on achieving efficiencies and at this stage of the financial year the CCG is reporting this contract as pressure of £385k. This is due to the outcome of the mental health rebasing discussions in the contract now being finalised across CCG's and the Drive Mobility contract variance being approved.

Section 117s continue to represent a potential risk for the CCG in 2018-19 with a number of high cost cases that can still become the responsibility of the CCG in this financial year. At Month 6 this is reported as £330k over performance but the CCG have also flagged additional risk on top of this and captured this in risk reporting to NHSE. The CCG plans to mitigate this risk through reserves and non-recurrent measures.

There are other block contracts included in this section that will continue to be shown as breakeven throughout the year. They are the Talking Matters Northumberland (TMN) Improving Access to Psychological Therapies (IAPT) contract and the Mental Health Pool contract with the local authority.

In other mental health services there is an overspend reported in Month 6 due to the CCG agreeing a settlement for a high cost package of care going back a number of years, and the CCG agreeing a temporary placement. The CCG did have provision in place for this from prior years but this results in a £285k pressure. In the smaller mental health budgets there is a £17k overspend for Section 12 claims where the QIPP scheme achievement looks unlikely at Month 6.

Community Services

In Community Services the CCG reports its main block contract with NHCFT which is and will be reported as breakeven throughout the year. There is a smaller community contract with NUTHFT which is under performing by £30k, a budget for continence products also with NHCFT that is over performing by £126k in the other community contracts NHS line. The non NHS community line includes the Joint Equipment Loan Service (JELS) contract (block) and smaller contracts with the Local Authority and St Oswald's for Palliative care which are reporting an underspend together of £120k.

Continuing Healthcare

Data received to date indicates that the main Continuing Healthcare (CHC) contract outturn with the local authority will be in line with the agreed estimates with the local authority through

OFFICIAL

the planning process, and is therefore reported as breakeven for Month 6. Other CHC spend includes smaller children's CHC package recharges from the local authority and Nurse Assessor payments to NHCFT, an under spend of £132k has been reported for these at month 6.

Prescribing and CCG funded Primary Care services

Prescribing data runs two months in arrears and therefore at time of reporting there were three months' worth of data available from the Business Services Authority (BSA) for reporting variances in the Month 6 position.

The BSA provides a forecast outturn based on the year to date data and the forecast currently shows a positive outlook for the financial year 2018-19 and the CCG has used this forecast as the basis for the reported position of £1,291k under spend at Month 6.

In addition to the BSA forecast the CCG also incorporates into the forecast its own expectations based on previous years seasonality, the estimated impact to come from Category M price changes and the movement of the flu vaccination budget and spend to NHS England's responsibility. The CCG has also benefitted from the full year effect of prior year spending reductions continuing into this financial year.

The Out of Hours (OOH) contract is in the process of being performance reviewed to establish that the CCG is receiving value for money in the year, the CCG will show breakeven until it is known whether a revised contract specification will be agreed for 2018-19.

Commissioning schemes contain the CCG's local enhanced services and again at this stage until the level of achievement/participation of each of the individual schemes and practices is determined they will be reported as breakeven.

GP forward view contains allocations for extended access, online consultation and GP clerical training. Along with the Practice transformation support line, they are expected to spend in line with budget. Primary Care dressings are showing a pressure of £89k due to initial QIPP saving projections being forecast less than planned.

Finally the Other Primary Care line is made up of GPIT, Oxygen and the medicines management element of the NECS contract. Oxygen is cost is above budget and an over spend of £40k has been reported at Month 6.

Primary Care Commissioning

The delegated Primary care budgets are under more pressure than they have been in previous years. The increase in cost caused by the national GP contract uplifts has increased at a percentage of growth above the annual growth applied to the ring fenced primary care commissioning allocation.

OFFICIAL

Therefore the position reported for Month 6 as a result of the above increase is an overspend of £315k, the CCG has released the equivalent amount from its programme contingency to offset the Primary Care Commissioning pressure.

Other Programme Services

The core Better Care Fund (BCF) payment the CCG makes to the local authority is an amount included by NHSE in the CCG's baseline and is a block arrangement paid in twelfths. The 111 Contract has been agreed and is to be reported as breakeven. Within the other services line there are breakeven positions included for private transport and exceptional treatments and a pressure shown in voluntary sector contracts of £26k.

Running costs

Running cost budgets are showing a £230k underspend at Month 6. The main movement in month being an under delivering QIPP scheme now played out in the position, In previous months there was an assumption built into the forecast for QIPP delivery however that is now unlikely for 2018-19.

Activity

As mentioned above under acute, at the time of Income & Expenditure (I&E) reporting the CCG had access to Month 5 flex Payment by Results (PbR) contract data in the SLAM system.

Northumbria Healthcare NHS Foundation Trust (NHCFT)

Monthly analysis shows the most significant variances to be in Elective (T&O), Ambulatory Care admissions (General Medicine), Outpatient follow ups (Rheumatology), Procedures (diabetics) and diagnostics (cardiology) and Drugs and devices. A number of these variances result from performance issues the CCG has raised with the trust during the planning round and are reflected in the CCG plan target outturn figures. Joint investigations are still underway to explain changes to services which have caused the increases above planned levels.

PoDs underperforming against annual plan include; Non Elective, Excess bed days, Critical care and maternity and need to be closely monitored to continue the positive start to the year.

The SLAM model profiles the forecast outturn for activity and cost based on the early months data received, therefore further months data will be require to understand if these activity levels are to continue at the level seen in April – August flex data. From the latest months data the overall gross slam position for NHCFT has reduced in month by £0.4m, however the CCG has maintained its reported position as winter pressures can still have a volatile effect.

Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTHFT)

The early SLAM forecasts are encouraging for NUTHFT and they show that activity and cost is below plan across most PoDs although there is over performance against elective procedures,

OFFICIAL

the over performance is mainly in specialties Spinal Surgery, Dermatology and Neurology and requires further monitoring to understand whether the impacts are from coding or service changes. Drugs and devices are also over performing versus plan and require further analysis. In the past month the gross SLAM costs for NUTH have decreased by 0.4m. However the CCG has maintained its reported position as winter pressures could still have a volatile effect.

Statement of Financial Position and Cash Flow

The Statement of Financial Position (Appendix 3) shows the closing positions at the end of September 2018 in comparison to the previous month reported. There has been an increase in creditors in month mainly due to the CCG continuing to hold payments in the monthly contract reconciliations relating to performance issues and disputes. Debtors have increased slightly in month.

The CCG is expected by NHSE to proactively manage the cash it draws down each month and the amount it actually spends. The target is to have no more than 1.25% of the monthly drawdown of cash left in the main bank account each month. The cash balance at the end of September 2018 was £0.1m (appendix 5) which equates to 0.19% of the September drawdown, and meets the target level.

Better Payment Practice Code for year to 30 September 2018

The Better Payment Practice Code requires that all valid invoices should be paid by their due date or within 30 days of receipt, whichever is later. The CCG is measured against a target of 95% achievement.

Appendix 4 shows the cumulative value of NHS invoices paid within 30 days at 30 September was 99.74% as a percentage of invoice value and 99.64% by invoice count. The cumulative value of Non NHS invoices paid within 30 days at 30 September was 99.94% as a percentage of invoice value and 99.71% by invoice count.

Appendix 1: Year to date income and expenditure report

Appendix 2: Allocation breakdown

Appendix 3: Statement of financial position

Appendix 4: Better payment practice code

Appendix 5: Cash flow forecast

Appendix 6: Primary care expenditure

INCOME & EXPENDITURE REPORT - YTD & FOT POSITION AS AT 30 SEPTEMBER 2018

	YTD Budget	YTD Actual	YTD Variance (Under)/Overspend	YTD Variance (Under)/Overspend	2018-19 Budget	Forecast Outturn	Forecast Variance (Under)/Overspend	Forecast Variance (Under)/Overspend	Previous Month Forecast outturn	In Month Movement
	£000's	£000's	£000's	%	£000's	£000's	£000's	%	£000's	£000's
Resource										
Programme Baseline	236,899	236,899	0		471,877	471,877	0		472,337	(460)
Primary Care Co-commissioning Baseline	22,189	22,189	0		44,368	44,368	0		44,368	0
Running Costs Baseline	3,588	3,588	0		7,000	7,000	0		7,000	0
In Year Allocation	262,676	262,676	0		523,245	523,245	0		523,705	(460)
Expenditure										
Acute Services										
Northumbria Healthcare NHS FT	87,798	88,164	366	0.42%	171,644	172,377	732	0.43%	172,377	(0)
Newcastle Upon Tyne Hospitals NHS FT	32,989	32,841	(148)	-0.45%	65,423	65,127	(296)	-0.45%	65,127	0
North East Ambulance Service	7,093	7,093	0	0.00%	14,185	14,185	0	0.00%	14,185	0
Acute Contracts NHS	1,733	1,780	47	2.71%	3,462	3,556	94	2.72%	3,499	57
Acute Contracts Non NHS	4,066	4,102	36	0.89%	8,131	8,204	73	0.89%	8,181	23
Other Acute NCA	1,334	1,334	0	0.00%	2,241	2,241	(0)	0.00%	2,241	0
Other Acute Non Rec	2,453	2,409	(44)	-1.79%	4,906	4,818	(88)	-1.79%	4,818	0
Total acute services	137,466	137,724	258		269,992	270,508	516		270,428	80
Core Mental Health services										
Northumberland Tyne & Wear NHS Foundation Trust	22,669	22,862	192	0.85%	42,856	43,241	385	0.90%	43,218	23
Section 117's (LA)	3,314	3,479	165	4.97%	6,627	6,957	330	4.97%	6,961	(4)
Talking Matters Northumberland	1,977	1,977	0	0.00%	3,954	3,954	0	0.00%	3,954	0
Mental Health Pooled budget (LA)	1,349	1,349	0	0.00%	2,698	2,698	0	0.00%	2,698	0
Mental Health Other services	913	1,058	145	15.91%	1,824	2,114	290	15.92%	2,126	(12)
Total Core Mental Health	30,222	30,724	502		57,960	58,965	1,005		58,958	8
Community Services										
Northumbria Healthcare NHS FT (Comm)	14,527	14,527	0	0.00%	29,054	29,054	0	0.00%	29,054	0
Newcastle Upon Tyne Hospitals NHS FT (Comm)	152	137	(15)	-9.90%	305	275	(30)	-9.90%	275	(0)
Other Community Contracts NHS	325	388	63	19.38%	650	776	126	19.38%	776	(0)
Community Contracts Non NHS	944	884	(60)	-6.33%	1,883	1,764	(120)	-6.34%	1,764	(0)
Total Community Services	15,948	15,936	(12)		31,892	31,868	(24)		31,868	(1)
Continuing Healthcare										
Continuing Healthcare Main contract	18,088	18,088	0	0.00%	34,463	34,463	0	0.00%	34,463	0
Other Continuing Healthcare	422	356	(66)	-15.58%	845	713	(132)	-15.58%	713	(0)
Continuing Healthcare Reserves	672	672	0	0.00%	1,173	1,173	0	0.00%	1,173	0
Total Continuing Healthcare	19,182	19,116	(66)		36,481	36,349	(132)		36,349	0
Prescribing and CCG Funded Primary Care Services										
Prescribing	27,389	26,743	(646)	-2.36%	55,246	53,954	(1,291)	-2.34%	54,634	(680)
Out of Hours	1,405	1,405	0	0.00%	2,365	2,365	0	0.00%	2,365	(0)
Commissioning Schemes	1,088	1,088	0	0.00%	2,175	2,175	0	0.00%	2,175	0
GP Forward View	1,046	1,046	0	0.00%	2,092	2,092	0	0.00%	2,091	1
Practice Transformation support	243	243	0	0.00%	486	486	0	0.00%	483	3
Primary Care Dressings	695	740	44	6.37%	1,391	1,479	89	6.37%	1,479	0
Other Primary Care	732	752	20	2.76%	1,464	1,505	40	2.76%	1,505	(0)
Total Prescribing and CCG Funded Primary Care Services	32,598	32,017	(581)		65,219	64,057	(1,162)		64,733	(675)
Primary Care Commissioning (appendix 6)	22,189	22,345	156	0.70%	44,368	44,683	315	0.71%	44,683	0
Other Programme Services										
Core BCF (Social Care)	3,683	3,683	0	0.00%	7,365	7,365	0	0.00%	7,365	0
111 contract	549	549	0	0.00%	1,006	1,006	0	0.00%	1,006	(0)
Other Services (inc. PTS & IFR)	430	443	13	3.08%	845	872	26	3.13%	872	(0)
Total Other Programme Services		4,675	13		9,216	9,243	26		9,243	(0)
Commissioning Reserves & Contingency										
General Reserve	0	0	0	0.00%	5,535	5,535	0	0.00%	5,535	0
Non Recurrent Allocations	22	22	0	0.00%	172	172	0	0.00%	166	6
Contingency	0	(156)	(156)	0.00%	2,610	2,295	(315)	-12.07%	2,295	(0)
Total Commissioning Reserves	22	(134)	(156)		8,317	8,002	(315)		7,996	6
Planned Deficit Control Total	(4,000)	0	4,000		(8,000)	0	8,000		0	0
Total Commissioned Services	258,288	262,403	4,115		515,445	523,675	8,230		524,259	(582)
Running Costs	3,588	3,473	(115)	-3.20%	7,000	6,770	(230)	-3.28%	6,646	124
Total Expenditure	261,876	265,876	4,000		522,445	530,445	8,000		530,905	(458)
Commissioner Sustainability Fund (CSF) Received	800	0	(800)		800	0	(800)		0	0
Revised Forecast Outturn	262,676	265,876	3,200		523,245	530,445	7,200		530,905	(460)
CSF - To be allocated	3,200	0	(3,200)		7,200	0	(7,200)		0	0
In year (Surplus)/Deficit	265,876	265,876	(0)		530,445	530,445	0		530,905	(460)
Add B/F Deficit							57,807			0
Cumulative Deficit							57,807			0

NHS ENGLAND IN YEAR ALLOCATIONS

	Recurrent £000's	Non Recurrent £000's	Total £000's
April			
Initial CCG Programme Allocation	469,387	0	469,387
Initial CCG Running Cost Allocation	6,959	0	6,959
Initial CCG Primary Care Co-Commissioning Allocation	44,534	0	44,534
Paramedic Rebanding Allocations		132	132
Market Rent - Running Costs		5	5
Market Rent	634	0	634
HSCN		128	128
HSCN - Running Costs		3	3
Total NHS England Allocation April 2018	521,514	268	521,782
May			
Deficit Carry Forward - Planned	0	(57,807)	(57,807)
Total NHS England Allocation May 2018	0	(57,807)	(57,807)
June			
Moved from Delegated to Programme - GPFV		166	166
Moved from Delegated to Programme - GPFV		(166)	(166)
GP WIFI Maintenance 2018/19		27	27
Cancer Quality of Life Metric Project Q1		9	9
2018-19 CYP IAPT Trainee staff salary support funding		4	4
Ambulance Funding 18/19		966	966
Total NHS England Allocation June 2018	0	1,006	1,006
July			
Diabetes Transformation Fund		38	38
Q1 CSF Payment		800	800
Cancer Quality of Life Metric Project Q2		9	9
Total NHS England Allocation July 2018	0	847	847
August			
Return of Cancer Quality of Life Metric Funding		(13)	(13)
2018/19 AIC Pay award uplift	33		33
Northumberland CCG Level 2 demonstrator funding 2018/19		50	50
Total NHS England Allocation August 2018	33	37	70
September			
Flu Vaccinations Transfer	(469)		(469)
2018 GP OOH Services Funding Allocation		8	8
Retained Doctors scheme 2016 - 2018 Q1 payment		1	1
Total NHS England Allocation September 2017	(469)	9	(460)
Total YTD Confirmed NHS England Allocation 2018-19	521,078	(55,640)	465,438
In Year Allocation 2018-19			523,245

ASSIGNMENT & APPROVAL STATUS

Commissioning Manager Lead	Narrative	Board Approval (Y/N)	Board Approval Date
	Initial allocation - Programme		
	Initial allocation - Running Costs		
	Initial allocation - Primary Care Co Commissioning		
	Baseline Adjustment		
	Baseline Adjustment		
	Baseline Adjustment		
	Baseline Adjustment		
	Baseline Adjustment		
	Baseline Adjustment		
	Technical Adjustment		
	Technical Adjustment		
	Technical Adjustment		
Brian Moulder / Alan Bell	Implement Wi Fi network in GP practices		
Hilary Brown / Susan Boyd	Pass through allocation to Northumbria HC FT		
Kate O'Brien	IAPT Trainers		
Pamela Leveny	Winter resilience funding regional total for NEAS		
David Lea	Diabetes Transformation		
	Technical Adjustment		
Hilary Brown / Susan Boyd	Pass through allocation to Northumbria HC FT		
Hilary Brown / Susan Boyd	Pass through allocation to Northumbria HC FT		
	Technical Adjustment		
Paul Turner	Pass through allocation to Northumbria HC FT		
	Technical Adjustment		
Pamela Leveny	Military Health allocation for OOH		
Pamela Leveny	GP Forward View		

STATEMENT OF FINANCIAL POSITION

		September 2018	August 2018	Movement
		£000's	£000's	£000's
Non Current Assets	Property, plant and equipment	1,187	1,208	(21)
	Intangible Assets	0	0	0
	Other Financial Assets	0	0	0
Total Non Current Assets		1,187	1,208	(21)
Current Assets	Trade and other Receivables	2,247	2,147	100
	Cash and cash equivalents	74	274	(200)
Total Current Assets		2,321	2,421	(100)
Total Assets		3,508	3,629	(121)
Current Liabilities	Trade and other payables	(42,461)	(41,375)	(1,086)
	Other liabilities	0	0	0
	Provisions	0	0	0
	Borrowings	0	0	0
Total Current Liabilities		(42,461)	(41,375)	(1,086)
Non-Current Assets plus/less Net Current Assets/Liabilities		(38,953)	(37,746)	(1,207)
Non-Current liabilities	Other liabilities	0	0	0
	Provisions	0	0	0
	Borrowings	0	0	0
Total Non-Current Liabilities		0	0	0
TOTAL ASSETS EMPLOYED		(38,953)	(37,746)	(1,207)
Financed by Taxpayers Equity Capital & Reserves	General Fund	(38,953)	(37,746)	(1,207)
	Revaluation Reserve	0	0	0
	Other reserves	0	0	0
TOTAL TAXPAYERS EQUITY		(38,953)	(37,746)	(1,207)

**BETTER PAYMENT PRACTICE CODE
FOR THE SIX MONTHS TO 30 SEPTEMBER 2018**

Better Payment Practice Code - 30 Days	NUMBER	£000's
Non-NHS		
Total Non-NHS Trade Invoices Paid in the Year	3,143	61,817
Total Non-NHS Trade Invoices Paid Within 30 Day Target	3,134	61,782
Percentage of Non-NHS Trade Invoices Paid Within 30 Day Target	99.71%	99.94%
NHS		
Total NHS Trade Invoices Paid in the Year	1,123	170,738
Total NHS Trade Invoices Paid Within 30 Day Target	1,119	170,315
Percentage of NHS Trade Invoices Paid Within 30 Day Target	99.64%	99.74%

CASHFLOW FORECAST

	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	April	May	June	July	August	September	October	November	December	January	February	March
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income												
Balance b/w/d	346	355	402	362	363	274	74	54	138	152	189	89
DOH Income	36,600	41,900	37,900	38,100	36,200	38,800	40,700	37,400	37,600	37,300	37,700	38,500
Supplementary /Cash Return	0	0	0	0	0	0	0	0	0	0	0	0
Prescribing/Home Oxygen Therapy Charge to Cash L	3,671	4,044	3,942	4,073	4,069	4,084	4,622	4,239	4,389	4,426	4,566	4,450
CHC Risk Pool	0	0	0	0	0	0	0	0	0	0	0	0
Better Care Fund	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	1,522	60	38	1,217	212	232	269	200	200	200	200	200
Total Income	42,139	46,359	42,282	43,752	40,844	43,390	45,665	41,893	42,327	42,078	42,655	43,239
Expenditure												
Pay	(186)	(181)	(206)	(211)	(219)	(240)	(215)	(215)	(215)	(215)	(215)	(215)
NHS Payments including contracts	(28,175)	(30,929)	(27,730)	(27,449)	(27,350)	(28,773)	(30,762)	(27,438)	(27,358)	(27,358)	(27,358)	(28,923)
Other Payments - BACS/CHAPS/CHQS	(4,892)	(5,558)	(3,225)	(6,755)	(3,978)	(5,057)	(5,178)	(5,257)	(5,357)	(5,374)	(5,467)	(5,476)
Prescribing/Home Oxygen Therapy	(3,671)	(4,044)	(3,942)	(4,073)	(4,069)	(4,084)	(4,622)	(4,239)	(4,389)	(4,426)	(4,566)	(4,450)
Delegated Co-Commissioning	(3,793)	(4,034)	(5,601)	(3,685)	(4,492)	(3,939)	(3,618)	(3,390)	(3,640)	(3,300)	(3,744)	(2,909)
Better Care Fund	(838)	(1,022)	(1,022)	(1,022)	0	(1,022)	(1,022)	(1,022)	(1,022)	(1,022)	(1,022)	(1,022)
Other	(229)	(189)	(194)	(194)	(462)	(201)	(194)	(194)	(194)	(194)	(194)	(194)
Total Expenditure	(41,784)	(45,957)	(41,920)	(43,389)	(40,570)	(43,316)	(45,611)	(41,755)	(42,175)	(41,889)	(42,566)	(43,189)
BALANCE CFWD	355	402	362	363	274	74	54	138	152	189	89	50

Medical - Monthly Budget Monitoring Report as at 30 September 2018

	2018-19 Annual Budget	YTD Budget	YTD Actual	YTD Variance (Under)/Overspend	Forecast Outturn	Forecast Variance (Under)/Overspend
	£000's	£000's	£000's	£000's	£000's	£000's
NHS NORTHUMBERLAND CCG						
General Practice - GMS	8,648	4,330	4,525	195	9,050	402
General Practice - PMS	22,044	11,022	11,138	116	22,140	96
QOF	4,984	2,492	2,613	121	5,227	243
Enhanced Services	1,999	999	826	(173)	1,691	(308)
Premises Cost Reimbursement	4,323	2,161	2,063	(98)	4,124	(199)
Dispensing/Prescribing Drs	1,651	825	782	(44)	1,566	(85)
Other GP Services	910	455	491	37	1,073	164
CCG Prescribing	(191)	(95)	(93)	2	(189)	2
Grand Total	44,368	22,189	22,345	156	44,683	315



NHS Northumberland Clinical Commissioning Group
Governing Body - Forward Plan 2018

Standing items	Lead
<ul style="list-style-type: none"> • Chief Operating Officer Report • Finance Report • Corporate Finance Committee - Update/Referrals (in month) • Improvement Plan 2018/19 Update • Clinical Management Board minutes • Corporate Finance Committee minutes • Health & Wellbeing Board minutes • Governing Body Forward Plan 	<p>Siobhan Brown Ian Cameron Ian Cameron Siobhan Brown David Shovlin Stephen Young Stephen Young Stephen Young</p>
November 2018	
<ul style="list-style-type: none"> • Workforce <p>Governance</p> <ul style="list-style-type: none"> • Assurance Framework & Risk Register (Quarterly) • Safeguarding Children Report 2017/18 • Safeguarding Adult Report 2017/18 • Looked After Children Annual Report 2017/18 	<p>Siobhan Brown</p> <p>Stephen Young Siobhan Brown Siobhan Brown Siobhan Brown</p>
December 2018	
<ul style="list-style-type: none"> • Public Health Update (Quarterly) 	<p>Liz Morgan</p>

<ul style="list-style-type: none"> • Communications & Engagement Report (Quarterly) <p>Information</p> <ul style="list-style-type: none"> • Primary Care Commissioning Committee Minutes (October 2018) • Audit Committee Minutes (Sept 2018) 	<p>Stephen Young</p> <p>Stephen Young Stephen Young</p>
January 2019	
<ul style="list-style-type: none"> • Quarterly Commissioning Plan Progress Update 	<p>Siobhan Brown</p>
February 2019	
<p>Governance</p> <ul style="list-style-type: none"> • Assurance Framework & Risk Register (Quarterly) <p>Information</p> <ul style="list-style-type: none"> • Primary Care Commissioning Committee Minutes (Dec 2018) • Audit Committee Minutes (Nov 2018) 	<p>Stephen Young</p> <p>Stephen Young Stephen Young</p>
March 2019	
<ul style="list-style-type: none"> • Quarterly Commissioning Plan Progress Update • Communications & Engagement Report (Quarterly) 	<p>Siobhan Brown Stephen Young</p>