NHS
Lewisham
Clinical Commissioning Group

A meeting of the Governing Body
21st July 2016

ENCLOSURE 11
2016/17 Start Revenue Budget

RESPONSIBLE LEAD: Tony Read, Chief Financial Officer

AUTHOR: Tony Read, Chief Financial Officer
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RECOMMENDATIONS:

The Governing Body is asked to:

- Note the revenue allocations for 2016/17
- Approve the start revenue budget for 2016/17.

Summary:

This paper sets out the start revenue budget for 2016/17, which supports the CCG's 2016/17 operating plan.

KEY ISSUES:

In March 2016 the Governing Body approved draft revenue budgets for 2016/17. In May 2016 the Financial Officer provided a detailed update to the Governing Body.

For 2016/17 the CCG's confirmed total recurrent revenue allocation is £411.782m.
- £405.174m relates to Programme expenditure
- £6.608m relates to the CCG's running costs.

In addition the CCG expects to receive £7.6m non recurrent from NHS England; being the return of the forecast surplus for 2015/16. To enable the CCG to maintain a planned surplus of £7.6m in 2016/17 the maximum expenditure for the year is £411.782m.

The budget includes a minimum level of net QIPP savings at £6.8m. This has been reduced from £8.7m due to the non elective block arrangement agreed with Lewisham and Greenwich Trust following contract mediation. A stretch target of up to £12m is being targeted with a view to full delivery in 2017/18.

The start revenue budget does not exceed the CCG confirmed allocations, and supports the CCG's Operating Plan for 2016/17. It delivers the following key planning requirements of NHS England:

- Maintains the CCG's reported year end forecast surplus as at Month 11 2015/16
- Delivers a minimum 1% surplus
- Includes a 0.5% general contingency
- Sets aside 1% non-recurrent budget. This includes the South East London risk reserve. For 2016/17 NHS England requires the CCG to have no planned expenditure commitments against this 1% non-recurrent budget.
- Includes the additional Better Care Fund contribution as per the advised CCG allocations
- Maintains seasonal resilience budgets at the level notified within the 2015/16 CCG allocation
- Delivers the expected Mental Health Parity of esteem investment
- Contributes £276k to the Continuing Healthcare national risk pool

In addition the start budget includes London and local planning requirements as follows:

- Maintains 2015/16 surplus at £7.6m (1.8% in 2016/17)
- Contributes 0.15% to transformational changes such as the Healthy London Partnership programmes.

The main risks associated with the budget are as follows,

- Acute and mental health contract expenditure might exceed plans. A significant proportion of the CCG's acute general and mental health contracts are block arrangements for 2016/17. This limits the risk exposure. However there is uncertainty over the contract values for quarters 3 and 4 with Lewisham and Greenwich Trust.
- Under-delivery of QIPP financial targets.
- No provision has been made in the draft budget for any potential increased CCG expenditure arising as a consequence of council savings plans for 2016/17 for adult social care or public health commissioning.
- The 2016/17 allocation of £2m for seasonal resilience is significantly less than funding requests from providers.
- The inability to plan expenditure commitments against the 1% non-recurrent budget and the lack of clarity over its use in year effectively reduces the CCG's flexibility to invest and/or manage local financial risks by £4m relative to 2015/16.

CORPORATE AND STRATEGIC OBJECTIVES

The 2016/17 start revenue budget is aligned to the published CCG allocations, the 2016/17 Operating Plan and national and local planning assumptions.

CONSULTATION HISTORY:

2016/17 to 2020/21 CCG allocations - Governing Body January 2016
2016/17 Start Revenue Budget - Governing Body March 2016
2016/17 Start Revenue Budget - Governing Body May 2016

PUBLIC ENGAGEMENT

None to date

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HEALTH INEQUALITY DUTY AND GENERAL EQUALITY DUTY

The CCG's financial plans support the strategic and operational commissioning plans and objectives which include delivering the health inequality and the public sector general equality duties

STAKEHOLDER INVOLVEMENT

To be communicated to the GP Membership.
To be agreed by the Governing Body in public

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NHS Lewisham Clinical Commissioning Group 2016/17 Revenue Budget

1. Introduction

In January 2016 the Chief Financial Officer presented details of the CCG's revenue allocations, published by NHS England to the Governing Body. These include three year allocations for 2016/17 to 2018/19 and indicative allocations for the two years 2019/20 to 2020/21.

In March 2016 a draft budget for 2016/17, compiled at a controls total level in support of the CCG's draft operating plan for 2016/17, was agreed by the Governing Body. An update was provided to the Governing Body in May 2016.

The financial scenario for 2016/17 is challenging and becomes increasingly challenging throughout the 5 years to 2020/21. This will require a stronger focus on the delivery of expenditure efficiencies from 2017/18.

This paper presents final start revenue budgets for 2016/17. The budget will be used as the basis for monitoring and reporting the CCG's operations throughout the year. Changes to allocations and budgets will be reported in the monthly finance report throughout the year. It should be read in conjunction with the CCG's Operating Plan and the NHS national priorities for 2016/17 (see Appendix B)

2. Recommendation

The Governing Body is asked to:

- Note the revenue allocations for 2016/17
- Approve the start revenue budget for 2016/17, subject to the outcome of the 2016/17 contracting round

3. Comprehensive Spending Review (CSR), Revenue Resource Limit (RRL or allocation), Target and Distance From Target (DfT)

3.1 Table 1 shows the projected income for NHS England over 6 years 2015/16 to 2020/21 as set out in the Comprehensive Spending review. Revenue growth is higher in 2016/17 (3.6%) and thereafter is both lower and flatter. Over this period percentage growth for CCG commissioning allocations is lower than for primary care and specialised commissioning.

Table 1 - NHS England – CSR Settlement

£bn	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	CAGR
NHS England							
Resource	101.0	106.5	109.9	112.4	115.5	119.6	
Real growth (£bn)		3.8	5.3	5.8	6.7	8.4	
Real growth (year on year £bn)		3.8	1.4	0.4	0.8	1.6	
Real growth (year on year %)		3.7%	1.3%	0.4%	0.7%	1.4%	1.6%
Capital	0.3	0.3	0.3	0.3	0.3	0.3	
Total	101.3	106.8	110.2	112.7	115.8	119.9	
Real growth (£bn)		3.8	5.3	5.8	6.7	8.4	
Real growth (year on year £bn)		3.8	1.4	0.4	0.8	1.6	
Real growth (year on year %)		3.6%	1.3%	0.4%	0.7%	1.4%	1.6%

3.2 New CCG allocation targets were published by NHS England in January 2016, based on a new target formula. These included for the first time indicative place budgets for Lewisham CCG; CCG programme, primary care (medical services) and specialised commissioning.

3.3 For CCG programme allocations Lewisham is deemed to be over target by 4.7% reducing to 1.1% by the end of 2020/21. The reduction is achieved using a new distance from target policy that accelerates the movement to target through adjustments to CCG growth rates.

3.4 Place based allocations include CCG programme, primary care (medical services) and specialised services. Lewisham is deemed to be over target by 3.1% in 2016/17 reducing to 0.3% by the end of 2020/21.

3.5 The CCG has received funding growth of 3.05% on the programme allocation for 2016/17, over the recurring revenue allocation for 2015/16 (as at month 11 2015/16).

3.6 Table 2 shows the calculation of CCG programme allocation growth. CCG running cost allowances sensitive to projected changes in population numbers but not uplifted for inflation.

Table 2: CCG allocation growth

Growth	Which CCGs?
Policy changes 1.39%	➢ All CCGs
+	
Minimal Growth 0.91%	➢ All CCGs except any +10% over target
+	
Core CCG Growth	➢ Phased + no CCG more than 5% below target
+	
Place Based Adjustment	➢ No total allocation more than 5% below target ➢ Must follow minimum/maximum growth rules

3.7 CCG growth has been differentially applied in order to move CCGs towards within +/- 5% of the targeted allocation over 5 years. In 2016/17 this is based on CCG programme allocations only. From 2017/18 growth calculations are based on the indicative place based allocations.

3.8 In 2016/17 all CCGs received 1.39% for national policy changes; GPIT, CAMHs modernisation and CNST. In 2015/16 GPIT and CAMHs funding was via non recurrent CCG allocations. Increases in CNST contributions are a cost pressure that will be included in 2016/17 provider prices (PbR tariff). This 1.39% is a component of Lewisham CCG's 3.05% growth.

3.9 In 2015/16 the CCG's Programme allocation included £2.014m specifically for seasonal resilience. This is not separately identified from 2016/17. This budget maintains the seasonal resilience budget at 2015/16 levels.

3.10 In 2015/16 an additional £6.27m was included for the Better Care Fund transfer. The 2016/17 allocation identified a further increase of £425k in the CCG's contribution to the pooled fund.

3.11 Separate allocations are received for Programme expenditure and for CCG Running Cost Allowances (RCA). The RCA maximum allowable expenditure for the CCG for 2016/17 is £6.608m; compared with £6.552m in 2015/16.

3.12 Appendix A shows the placed based allocations for Lewisham CCG over five years.

4. Summary Revenue (Income) Position

4.1 For 2016/17 the CCG's recurrent revenue resource limit is £411.782m, comprising £405.174m for Programme expenditure and £6.608m for the CCG's running costs.

4.2 The CCG expects to receive an additional £7.6m non recurrent revenue resource limit from NHS England being the return of the 2015/16 surplus; producing an expected start allocation of £419.382m. To enable the CCG to deliver its targeted surplus of £7.6m in 2016/17 the maximum expenditure for the year is £411.782m.

4.3 NHS England expects an overall 2% efficiency to be delivered by the NHS in 2016/17. This equates to £8.4m for the CCG. In order to maintain CCG expenditure at a maximum of £411.782m, a minimum level of net savings of £6.8m will be required in 2016/17, using the Quality, Innovation, Productivity and Prevention (QIPP) framework.

4.4 Table 3 shows the movement from the CCG's confirmed combined revenue allocation at Month 11 2015/16 to the baseline programme allocation used to calculate the 2016/17 allocation.

Table 3: CCG Baseline Programme Allocation

	£000
CCG combined allocation at Month 12 2015/16	409,862
Less Non Recurrent:	
Brought Forward surplus/(deficit)	(7,663)
GPIT	(795)
South East London Market Forces Factor	1,500
London Transformational Fund	577
Waiting list validation and improving operational processes	(12)
Initial allocation of funding for eating disorders and planning in 2015/16	(174)
System Resilience Funding	(319)
System Resilience Funding	(322)
111 Pharmacy Hub	11
TSA phasing	1,567
Liaison Psychiatry - Mental Health	(140)
Mental Health CAMHs - Transformational Allocation	(435)
Overseas Visitors	(2,717)
Healthy London Partnership	(813)
SRG Winter Monies	(54)
Latent TB Funding	(6)
14-15 Quality Premium award	(329)
Less RCA	(6,552)
Baseline programme allocation for 2016/17 allocation	**393,186**

4.5 Table 4 shows the CCG's allocation for 2016/17 compared to the comparative element of the 2015/16 allocation. The 3.05% uplift includes 1.39% specifically for GPIT and CAMHs that were funded non-recurrently in 2015/16 and also for increases in CNST costs relating to acute hospital services.

Table 4: Revenue Resource Limit

	2015/16 £'000	2016/17 £'000	% change
Programme Baseline Allocation	393,186	405,174	3.05%
Running Cost Allocation	6,552	6,608	0.85%
Total Notified Allocation	**399,738**	**411,782**	**3.01%**

Non Recurrent Allocations			
Return of Surplus/(Deficit)	7,663	7,645	
Comparative Non recurrent Allocations:			
Quality Premium	329		
CEOV	2,717		
Winter Funding	54		
GPIT	795		
Additional MH	761		
Public Health	6		
Other Inter Org Non-Rec Transfers	(2,201)		
Total Non Recurrent Allocation	**10,124**	**7,645**	

Total Allocation	**409,862**	**419,427**	**2.33%**

4.6 Table 5 shows the total net revenue budget for 2016/17. It should be noted that a QIPP savings requirement of £6.8m has been netted off the expenditure total.

Table 5: RRL vs net revenue budget

Revenue Resource Limit			% Change
Year	**2015/16**	**2016/17**	
	£ 000	**£ 000**	**%**
Recurrent	399,738	411,782	3.0%
Non-Recurrent	10,124	7,645	
Total	409,862	419,427	2.3%
Income and Expenditure			
Total Programme Costs	**395,953**	**403,121**	**1.8%**
Running Costs	6,264	6,608	**5.5%**
Contingency	-	2,098	
Total Costs	**402,217**	**411,827**	**2.4%**
Surplus	**7,645**	**7,600**	**-0.6%**
Surplus as % of allocation	**1.9%**	**1.8%**	

4 Expenditure Budgets

4.1 For 2016/17 the Programme Baseline Allocation for the CCG is £405.174m. This allows the CCG to maintain its 2015/16 Month 12 reported surplus in line with NHS England rules regarding drawdown.

4.2 The main planning assumptions in developing the start revenue budgets are outlined below and are in line with NHS England's Planning guidance:

- The CCG is required to plan for a 0.5% general contingency on a recurring basis
- For 2016/17 the CCG is required to set aside 1.0% of its total programme allocation on a non-recurrent basis. This equates to £4.05m. In previous years the CCG has agreed plans that commit this to the implementation of community based care strategies and to manage local in year risk. In 2016/17, NHSE requires that CCGs make no planned expenditure commitments against this budget. The CCG's contribution to the South east London CCGs' risk agreements is contained within this 1% budget.
- The budgets include the impact of projected population and non-demographic growth against activity based contracts. Population growth is based upon the Greater London Authority (GLA) projections.

4.3 Table 6 shows the final start budget compared to the 2015/16 start budget.

Table 6: 2015/16 v. 2016/17 CCG Start Revenue Budgets

Revenue Budget Heading	2015/16 Opening Budget	2016/17 Opening Budget	Change
	£000s	£000s	%
Acute Services	220,745	229,644	4.0%
Community Services	30,740	32,294	5.1%
Mental Health Services and other adult joint commissioning	79,369	81,705	2.9%
Primary Care Services	37,030	40,319	8.9%
Corporate and estates	8,380	8,082	-3.6%
Better Care Fund balance	13,190	12,951	-1.8%
Other Non recurrent	2,900	45	-98.4%
Reserves and Contingencies	9,986	6,832	-31.6%
Total	**402,340**	**411,872**	2.4%
Planned surplus	7,600	7,600	0.0%
Grand Total	**409,940**	**419,472**	**0**

4.4 The significant changes from first draft to final budget presentations are as follows:

4.4.1 Acute Services - The budget includes £2m planned expenditure on seasonal resilience, being the value of the CCG's seasonal resilience allocation. This will be targeted towards Lewisham based services that will assist the winter period and sustained improvement against the A&E 4 hour standard by Lewisham and Greenwich Trust. It is anticipated that approximately 60% will be directed towards hospital based services and 40% towards out of hospital services.

4.4.2 Better Care Fund - The total Better Care Fund contribution totals £20.2m. £7.2m of the total £20.2m Better Care Fund budget is reported within the individual CCG directorate budgets to match the CCG's underlying contractual commitments to be funded from the Better Care Fund.

5 Better Care Fund (BCF)

5.1 The Lewisham Better Care Fund will comprise, as a minimum, £20.2m of health funding plus £1.8m of Local Authority funding; a total of £22.0m in 2016/17.

5.2 In 2016/17 the CCG receives an additional allocation of £425k as part of the Better Care Fund. The CCG's minimum contribution to the Better Care Fund for 2016/17 will be £20.2m as follows:

£17.3m relates to historic pre 2016/17 funding (sourced from specific CCG 2016/17 allocation)
£ 1.7m relates to historic reablement funding
£ 0.8m relates to historic carers break funding
£ 0.4m additional 2016/17 allocation
£20.2m Total

5.3 Much of the focus of the Better Care Fund is on establishing better co-ordinated and planned health and social care closer to home in the community, thus relieving pressure on acute services and reducing delayed transfers of care and avoidable emergency hospital admissions.

5.4 It is important to note that most of the NHS funding in the Better Care Fund is not new money.

6. Quality, Innovation, Productivity and Prevention (QIPP)

6.1 The CCG has identified £6.8m of QIPP savings in 2016/17. This is considered the minimum QIPP savings required to be delivered and a stretch target of £12m is being pursued to increase resilience and impact for 2017/18.

6.2 The budgets in Table 6 are stated net of the £6.8m QIPP requirement.

7. Reserves and Risk Mitigation

7.1 The most significant risk to the CCG's financial position in recent years has been the growth in acute hospital non elective activity, the costs associated with delivering A&E 4 hour standard and elective activity to meet the referral to treatment standards. . This budget is based on 2015/16 out-turn activity plus population and non demographic growth before applying the impact of demand management initiatives.

7.2 Prescribing, which has delivered regular savings each year, is expected to continue at a lower than previous level due to the impact of national price changes.

7.3 We have seen some variability in the activity and cost associated with mental health placements and inpatient treatments in recent years.

7.4 The budget aims to maintain adequate levels of contingency and earmarked reserves. In accordance with NHS business rules the CCG has set aside 1% of its budget as an uncommitted reserve to meet non recurrent pressures in year. This incorporates the SEL CCG risk reserves in 2016/17 (separately budgeted in previous years). We have also budgeted for a 0.5% general contingency fund and an additional 0.15% transformation fund for local or London wide projects such as Healthy London Partnerships.

7.5 Table 7 shows the planned reserves for 2016/17 and the opening reserves in 2015/16. The 2015/16 reserves started at £9.9m and were fully utilized in 2015/16 to offset cost pressures and to meet additional in year investments against NHS priorities such as constitutional standards whilst delivering an overall targeted surplus of £7.6m. It should be noted that opening 2016/17 reserves are £3.1m less than 2015/16. The CCG's capacity to manage in year risk is significantly reduced from 2015/16, potentially further impacted by the uncertainty around the 1% non recurrent set aside.

Table 7: Planned reserves 2016/17

	2015/16 opening reserves £000	2016/17 opening reserves £000	2016/17 % of allocation %
1% Set aside for Non recurrent pressures	3,849	4,052	1.00%
0.15% Set aside for Healthy London Partnerships	603	630	0.15%
Other reserves and risk pools			
0.5% General contingency	2,010	2,098	0.50%
Continuing Care National risk pool	Inc. in 1% set aside	Inc. in 1% set aside	
General risk reserve	14	52	
Collaborative SEL risk reserve	2,010	Inc. in 1% set aside	
MFF effect of LGT formation	1,500	0	
Total	**9,986**	**6,832**	

Co-commissioning

7.1 The CCG's published allocations and this budget excludes primary care and specialised services. Separate work streams will determine the CCG allocations and financial implications if and when full commissioning responsibility transfers. Co-commissioning arrangements are in place for primary care in 2016/17. The primary care commissioning budget has not been delegated to the CCG.

Tony Read
Chief Financial Officer
June 2016

Appendix A: *Lewisham Place based Allocations 2015/16 to 2020/21*

NHS Lewisham CCG - 08L

CCG name	NHS Lewisham CCG
CCG Code	08L
NHSEng Region	London
NHSEng Local Geography	London

CCG	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Allocation £k	393,186	405,174	415,400	426,168	437,585	453,601
Allocation per capita £		1,277	1,291	1,306	1,324	1,355
Growth		3.0%	2.5%	2.6%	2.7%	3.7%
per capita growth		1.6%	1.1%	1.2%	1.4%	2.4%
Target £k		395,214	406,419	417,585	429,429	448,653
Target per capita £		1,245	1,263	1,280	1,299	1,341
Opening DfT		4.7%	3.2%	2.9%	2.7%	2.6%
Closing DfT	4.0%	2.5%	2.2%	2.1%	1.9%	1.1%

Primary Medical	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Allocation £k	39,179	40,576	43,121	44,841	46,621	48,840
Allocation per capita £		128	134	137	141	146
Growth		3.6%	6.3%	4.0%	4.0%	4.8%
per capita growth		2.1%	4.8%	2.6%	2.6%	3.5%
Target £k		43,666	45,372	47,135	49,009	51,314
Target per capita £		138	141	144	148	153
Opening DfT		-5.5%	-6.4%	-4.3%	-4.2%	-4.2%
Closing DfT	-6.2%	-7.1%	-5.0%	-4.9%	-4.9%	-4.8%

Specialised	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Allocation £k	100,652	109,139	115,123	121,057	127,223	134,385
Allocation per capita £		344	358	371	385	402
Growth		8.4%	5.5%	5.2%	5.1%	5.6%
per capita growth		6.9%	4.0%	3.7%	3.7%	4.3%
Target £k		109,400	115,398	121,344	127,523	134,698
Target per capita £		345	359	372	386	402
Opening DfT		0.5%	0.5%	0.5%	0.5%	0.5%
Closing DfT	-0.2%	-0.2%	-0.2%	-0.2%	-0.2%	-0.2%

Total	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Allocation £k	533,017	554,889	573,644	592,066	611,429	636,826
Allocation per capita £		1,748	1,783	1,815	1,850	1,903
Growth		4.1%	3.4%	3.2%	3.3%	4.2%
per capita growth		2.6%	2.0%	1.8%	1.9%	2.9%
Target £k		548,279	567,188	586,063	605,961	634,665
Target per capita £		1,728	1,763	1,796	1,834	1,896
Opening DfT		3.1%	1.9%	1.9%	1.7%	1.6%
Closing DfT	2.3%	1.2%	1.1%	1.0%	0.9%	0.3%

Population	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Population projection	312,801	317,375	321,807	326,227	330,483	334,664
Population growth		1.5%	1.4%	1.4%	1.3%	1.3%

Appendix 2 - extract from NHS Planning Guidance issued 17 December 2015

National 'must dos' for 2016/17

The nine 'must dos' for 2016/17 for every local system:

1. Develop a high quality and agreed STP, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.

2. Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be 15 expected to deliver savings by tackling unwarranted variation in demand through implementing the Right Care programme in every locality.

3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues. We expect the development of new care models will feature prominently within STPs.

4. Get back on track with access standards for A&E and ambulance waits, ensuring more than 95 per cent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 per cent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.

5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice.

6. Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

7. Achieve and maintain the two new mental health access standards: more than 50 per cent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 per cent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 per cent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia. 8. Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. 9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.