



Report to:	Humber & North Yorkshire Integrated Care Board
Date of Meeting:	8 March 2023
Subject:	Month 10 Finance report
Director Sponsor:	Jane Hazelgrave, Executive Director of Finance & Investment
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STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT: *(A short summary of the key points set out within the report)*

This paper presents the financial position for the ICB and the ICS for the period to the end of January 2023 (Month 10). Given the ICB became a statutory body on 1 July 2022, the ICB position represents a combination of the CCG reported positions for Quarter 1, and the first seven months of the new ICB body, to provide a full position for the financial year-to-date position and forecast.

Key messages are as follows:

H&NY ICS Integrated Care Board (ICB) revenue position

- At the end of Month 10, the ICB has reported a small variance of £133k against plan relating to asylum seeker expenditure incurred to date. This variance is expected to be offset by an NHSE allocation in future months.
- The ICB forecast is for a break-even position.

H&NY ICS Provider revenue positions year to date

- Across H&NY providers, there was a year-to-date deficit of £11.38m, against a planned surplus of £0.59m, resulting in an adverse variance of £11.97m.
- The forecast for the full year is a breakeven position. This is in line with plans submitted to NHS England.

Capital

- Total spend against operational capital to the end of December 2022 was £78.21m against a plan of £121.48m, resulting in a year-to-date underspend of £43.27m.
- There is a forecast underspend of £6.4m. This is mainly made up of £0.5m associated with a capitalised lease offset by an £8m underspend against medical equipment. Within this overall underspend is a CDEL overspend of £1.27m relating to Yorkshire Humber Care Records, this expenditure is covered by South Yorkshire who will reflect an offsetting value as an underspend in their position.



ICB STRATEGIC OBJECTIVE <i>(please click on the boxes of the relevant strategic objective(s))</i>	
Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input checked="" type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>

IMPLICATIONS <i>(Please state N/A against any domain where none are identified)</i>	
Finance	Forecast spend within budgets demonstrates effective use of resources for our population.
Quality	Deploying our resources in a way that manages quality and safety risks and supports improvement
HR	Resources are deployed to facilitate effective deployment of workforce to deliver our agreed priorities.
Legal / Regulatory	NHS ICBs expected to operate within financial envelope with no over-spend.
Data Protection / IG	N/A
Health inequality / equality	Allocation methodologies to support delivery of the ICS four aims and resource utilisation in a way that addresses equality, diversity and inclusion issues.
Conflict of Interest Aspects	N/A
Sustainability	Ensure that resources deployed in a way that promotes environmental sustainability. Capital spend subject to strict carbon footprint regulations.

ASSESSED RISK:
Revenue overspends – each organisation is managing this risk in line with their internal financial governance systems and processes. Monthly reports are collated and reviewed by the ICB and reported through to NHS England. A detailed review of financial forecasts was undertaken at the end of month 6 and appropriate mitigating action was identified. Financial forecasts continue to be reviewed monthly.

MONITORING AND ASSURANCE:
The positions are monitored on a monthly basis with a detailed report taken through the Finance Performance and Delivery committee.



ENGAGEMENT:

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption