

NENC ICB

Finance Report for the period ending
31st May 2026

1. Executive Summary

Month 2 - May 2026	YTD		Forecast	
Key Statutory Financial Duties				
ICB Financial Performance - Surplus / (deficit) variance to plan	£0.00 m	G	(£0.00) m	G
ICB Running Cost Position - variance to plan	£0.00 m	G	£0.00 m	G
ICB Capital Spend - variance to plan	£0.00 m	G	£0.75 m	A
Other Financial Performance Metrics				
Efficiency - variance to plan	£0.00 m	G	£0.00 m	G
Mental Health Investment Standard (target xx%)	2.03%	G	2.15%	G
Risk (Net Position)			(£24.16) m	R
Underlying Position			£0.00 m	G
Cash (target <1.25% of monthly drawdown)	0.81%	G	<1.25%	G
Better Payment Practice Code	>95%	G	>95%	G

Key Points - Statutory Financial Duties:

Financial Performance

The ICB is currently reporting a breakeven year to date (YTD) and forecast position in line with plan. At this stage of the year there is always very limited data available for the majority of commissioned services, with a time lag of two months in respect of prescribing data and other activity based contract information. This adds a level of risk and uncertainty to the position.

There continue to be four main areas of expected pressure and potential risk to the ICB position based on growth seen in previous years and latest intelligence:

- Acute activity including risk of higher than planned elective activity in the independent sector and continued growth in activity at NHS providers which was largely mitigated previously through system contractual arrangements;
- Growth in Right to Choose ADHD/ASD (Attention Deficit Hyper Activity Disorder / Autism Spectrum Disorder) assessments with non-NHS providers;
- Pressure on all-age continuing care (AACC) budgets particularly relating to challenging efficiency targets;
- Prescribing costs, due to growth in diabetes and weight loss drugs as well as continued risk and uncertainty around potential price increases and drug shortages.

These pressures will continue to be reviewed during 2026/27 and are expected to be particular areas of focus for relevant sub-committees to manage and mitigate where appropriate.

Running Costs

The ICB is currently reporting a breakeven YTD and forecast position in line with plan. An underspend is expected to be generated on running costs in-year due to a combination of underspends on staffing budgets through vacancies etc, as well the impact of the £19 per head allocation defund all being transacted through programme allocations. This has left a shortfall in programme budgets which will be offset by a surplus in running costs. This will be reflected in future months once staffing budgets have been reviewed in further detail.

Capital

The ICBs capital allocation of £17.07m, is made up of core funding of £6.57m for primary care digital and estates and £10.5m strategic allocation, top-sliced from provider operation capital allocations to support the shift from hospital to community. At month 2, there is a forecast overspend of £0.75m relating to additional GPIT ARRS where an additional allocation is expected.

Key Points - Other Financial Performance Metrics:

Efficiency

At month 2 the ICB is reporting delivery of YTD efficiencies of £22.4m and forecasting delivery of £121.1m of efficiencies for the year in line with plan.

Delivery of individual efficiency schemes will be managed by relevant budget holders and sub-committees. The ICB Financial Sustainability Group continues to oversee delivery of the overall efficiency plan in order to provide assurance that appropriate actions are being taken and robust delivery plans are in place for both the current year and 2027/28.

Risks

Net unmitigated risk of £31.2m was included in the final agreed plan for 2026/27. At month 2 this has reduced to a net risk of £24.2m, reflecting additional mitigations identified within reserves.

Key risk areas for the ICB are highlighted above, including growth in elective activity, ADHD/ASD, AACC and prescribing. Work is continuing to review potential risks and seek to identify further potential mitigations.

Risk and mitigations will be reported at sub-committee level going forward with scenario analysis to inform potential forecast positions.

Other

A breakeven underlying position is expected for 2026/27 in line with plan.

There are no issues to report in delivery of Mental Health Investment Standard (MHIS), cash, or Better Payment Practice Code (BPPC).

2: Financial Position Overview

Table 1: ICB Financial Position

Month 2 - May 2026	YTD Plan	YTD Actual	YTD Variance	2026/27 Annual Plan	2026/27 Forecast Outturn	2026/27 Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Programme						
Acute Services	727,314	727,314	0	4,202,941	4,202,941	0
Mental Health Services	171,439	171,439	0	1,028,632	1,028,632	(0)
Community Health Services	131,603	131,603	0	789,620	789,620	(0)
Continuing Care	97,124	97,124	(0)	582,745	582,745	(0)
Prescribing	113,099	113,099	0	678,593	678,593	(0)
Primary Care	14,885	14,885	(0)	89,309	89,309	(0)
Primary Care Co-Commissioning	125,385	125,385	(0)	726,756	726,756	0
Delegated – Pharmacy, Ophthalmic and Dental	66,662	66,662	(0)	414,236	414,236	(0)
Specialised Commissioning	139,060	139,060	0	876,603	876,603	(0)
Other Programme Services	2,978	2,978	0	17,866	17,866	(0)
Other Commissioned Services	4,474	4,474	(0)	26,843	26,843	0
Programme Reserves	0	0	0	49,610	49,610	0
Total ICB Programme Costs	1,594,022	1,594,022	0	9,483,752	9,483,752	(0)
Admin						
Running Costs	8,337	8,337	0	50,531	50,531	0
Total ICB Admin Costs	8,337	8,337	0	50,531	50,531	0
Total ICB Expenditure	1,602,359	1,602,359	0	9,534,283	9,534,283	(0)
Revenue Resource Limit	(1,602,359)	(1,602,359)	0	(9,534,283)	(9,534,283)	0
(Surplus) / Deficit	0	0	0	0	(0)	(0)

Table 2: ICB Committee Financial Position

Month 2 - May 2026	YTD Plan	YTD Actual	YTD Variance	2026/27 Annual Plan	2026/27 Forecast Outturn	2026/27 Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Financial Position at Committee level						
Neighbourhood Sub-committee						
Community NHS Providers	82,689	82,689	0	496,135	496,135	0
Other Community Budgets	49,650	49,650	0	297,902	297,902	(0)
Primary Care (core) Budgets	14,786	14,786	0	88,718	88,718	(0)
GP Medical Delegated Budgets	125,385	125,385	(0)	726,756	726,756	0
Pharmacy, ophthalmic and dental (POD) delegated services	66,662	66,662	(0)	414,236	414,236	(0)
Other Commissioned Budgets	443	443	(0)	2,656	2,656	(0)
Total Neighbourhood Sub-committee Budgets	339,615	339,615	(0)	2,026,404	2,026,404	(0)
Integrated Mental Health and Complex Care Sub-committee						
All Age Continuing Care (AACC)	97,124	97,124	(0)	582,745	582,745	(0)
Mental Health NHS Providers	113,558	113,558	0	681,347	681,347	0
Section 117	32,528	32,528	0	195,168	195,168	(0)
ADHD/ASD	2,858	2,858	0	17,150	17,150	0
Other Mental Health Budgets	22,601	22,601	0	135,605	135,605	(0)
Total Integrated Mental Health and Complex Care Sub-committee	268,669	268,669	0	1,612,016	1,612,016	(0)
Acute Sub-committee						
Acute NHS Providers within system	693,956	693,956	0	4,002,796	4,002,796	0
Independent Sector providers	19,603	19,603	0	117,621	117,621	0
Other NHS providers outside of system	7,316	7,316	0	43,898	43,898	0
Other Acute Budgets	8,542	8,542	0	51,253	51,253	(0)
Total Acute Sub-committee	729,418	729,418	0	4,215,567	4,215,567	(0)
Specialised Commissioning Sub-committee						
Specialised, Acute	120,081	120,081	0	741,368	741,368	0
Specialised, Mental Health	18,904	18,904	0	113,424	113,424	(0)
Specialised, Other	76	76	0	21,811	21,811	(0)
Total Specialised Commissioning Sub-committee	139,060	139,060	0	876,603	876,603	(0)
Leadership Committee						
Prescribing	111,901	111,901	0	671,409	671,408	(0)
Estates	3,067	3,067	0	18,401	18,401	0
Other	2,291	2,291	0	13,743	13,743	0
Reserves	0	0	0	49,610	49,610	0
Running Costs	8,337	8,337	0	50,531	50,531	0
Total Leadership Committee	125,596	125,596	0	803,694	803,694	0
Total ICB Financial Position	1,602,359	1,602,359	0	9,534,283	9,534,283	(0)

3: Efficiencies

Table 3: ICB Efficiencies

Month 2 - May 2026	YTD Plan	YTD Actual	YTD Variance	2026/27 Annual Plan	2026/27 Forecast Outturn	2026/27 Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
1) Prescribing & MO Efficiencies	3,250	3,250	0	19,487	19,487	0
2) Continuing Healthcare & Packages of Care	4,718	4,718	0	18,468	18,468	0
3) Running Costs and Infrastructure	4,182	4,182	0	25,091	25,091	0
4) Estates	166	166	0	1,000	1,000	0
5) Service Reform Programmes						
a) Secondary Care	733	733	0	4,497	4,497	0
b) Neighbourhood Health	2,703	2,707	4	12,579	12,579	0
c) MH & LD	1,982	1,982	0	12,082	12,082	0
d) Other	140	140	0	840	842	2
6) Internal Flexibilities	4,502	4,502	0	27,009	27,009	0
Total ICB Efficiencies	22,376	22,380	4	121,053	121,055	2
Of Which:						
Recurrent	17,874	17,754	(120)	94,044	94,253	209
Non-recurrent	4,502	4,626	124	27,009	26,802	(207)
Total ICB Efficiencies	22,376	22,380	4	121,053	121,055	2
Efficiency Risk						
High risk				24,913	9,331	(15,582)
Medium risk				17,440	20,011	2,571
Low risk				78,700	91,713	13,013
Total ICB Efficiencies	0	0	0	121,053	121,055	2

ICB Efficiencies key points

The table above summarises the ICB's 2026/27 Efficiency Plan and performance to 31 May 2026, as submitted to NHSE.

At month 2, the ICB is forecasting delivery of the full year £121m efficiency plan for 26/27. The year to date position is showing delivery in line with plan at £22.4m.

Delivery of individual efficiency schemes will be managed by relevant budget holders and sub-committees. The ICB Financial Sustainability Group continues to oversee delivery of the overall efficiency plan in order to provide assurance to Leadership Committee, along with Audit Committee and Board, that appropriate actions are being taken and robust delivery plans are in place for both the current year and 2027/28.

Good progress has been made to 'de-risk' efficiency plans, with forecast savings classed as high risk reducing from almost £25m in plan, down to £9.3m at month 2. Work will continue to develop schemes and reduce the risk of efficiency delivery over coming months.

4: Risks and Mitigations

Table 4: ICB Risks and Mitigations	2026/27 Plan	2026/27 Actual	2026/27 Movement
	£000s	£000s	£000s
(Risks) / (Offsets to benefits):			
Elective Activity	(22,000)	(22,000)	0
AACC (Inflation and package growth)	(5,723)	(5,700)	(23)
S117 (Inflation and package growth)	(1,800)	(1,800)	0
Prescribing (price and item growth)	(6,600)	(6,600)	0
Efficiency under-delivery	(7,000)	(6,957)	(43)
UEC Marginal rate	(5,800)	(5,800)	0
Total Risks	(48,923)	(48,857)	(66)
Mitigations / benefits:			
ARRS Underspend	3,500	3,500	0
POD Contingency	14,200	14,200	0
Elective Activity	0	7,000	(7,000)
Total Mitigations	17,700	24,700	(7,000)
Total Unmitigated Net Risk	(31,223)	(24,157)	(7,066)

5. Capital Position

Table 5: ICB Capital Funding 2026/27

Month 2 - May 2026	YTD Plan	YTD Actual	YTD Variance	2026/27 Capital Allocation	2026/27 Forecast Outturn	2026/27 Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
ICB Core Allocation	0	0	0	6,570	6,570	0
ICB Strategic Primary Care Allocation	0	0	0	10,500	10,500	0
Total ICB Capital Allocaton	0	0	0	17,070	17,070	0
ICB Capital (held by NHSE):						
GPIT	0	0	0	5,412	5,412	0
Primary Care Estates Schemes	0	0	0	8,433	8,433	0
Other Capital Grants	0	0	0	3,473	3,473	0
Technology	0	0	0	500	500	0
Total ICB Capital (held by NHSE)	0	0	0	17,818	17,818	0
Variance to allocation	0	0	0	748	748	0
ICB Primary Care Utilisation and Modernisation Fund (UMF)	0	0	0	2,750	2,750	0

ICB Capital Position key points

The ICB's confirmed capital allocation for 2026/27 totals £17.07m and comprises:

- Core ICB capital allocation for primary care digital and estates of £6.57m, and;
- ICB Strategic Capital, top-sliced from provider operational capital allocations to support the shift from hospital to community.

The forecast overspend of £0.75m relates to an expected additional allocation for Additional Roles Reimbursement Scheme (ARRS) GPIT.

The Primary Care Utilisation and Modernisation Fund (UMF) is intended to support better use and modernisation of primary care estate across NHS systems. From 2026/27, the UMF will be managed through a regional bidding process and the ICBs indicative share included in plan is £2.75m, in previous years the ICB had access to a specific allocation for the better use of primary care estate.