NHS
Telford and Wrekin

TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP

OPERATIONAL PLAN 2012/13
Financial Plan

(work in progress)

Care of Telford and Wrekin
Every patient experience matters - Every clinician is involved

"Telford and Wrekin Clinical Commissioners will deliver high quality, equitable, safe and locally driven care. Despite our finite resources, patients and clinicians together will strive for the best possible healthcare in Telford and Wrekin".

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Foreword

The Health and Social Care Bill proposes substantial change to the way the NHS is organised. Even before it has passed onto the Statute Book, there has been a transformation in the way the NHS is being run. Clinical Commissioning Groups (CCGs), led by clinicians are developing and will soon enter into a year shadowing the function of PCTs.

In setting up, CCGs are planning their structures and their needs for development. But they also have to keep up the day to day work of commissioning services. Further, there is the financial challenge summarised by the need to deliver £20Bn savings across the UK by 2015.

Annually, the Department of Health considers the priorities for activity and articulates these in the Operating Framework. There are similar plans presented by Strategic Health Authorities. Equally, as well as demonstrating competence for its future role, the CCG needs to articulate how it is going to operate in the coming year. This is set out in this document, our Operating Plan.

This year, pre-authorisation, the document is primarily aimed at bodies involved in the authorisation of the CCG. In future years, the Operating Plan will have a broader audience that includes all stakeholders in the CCG.

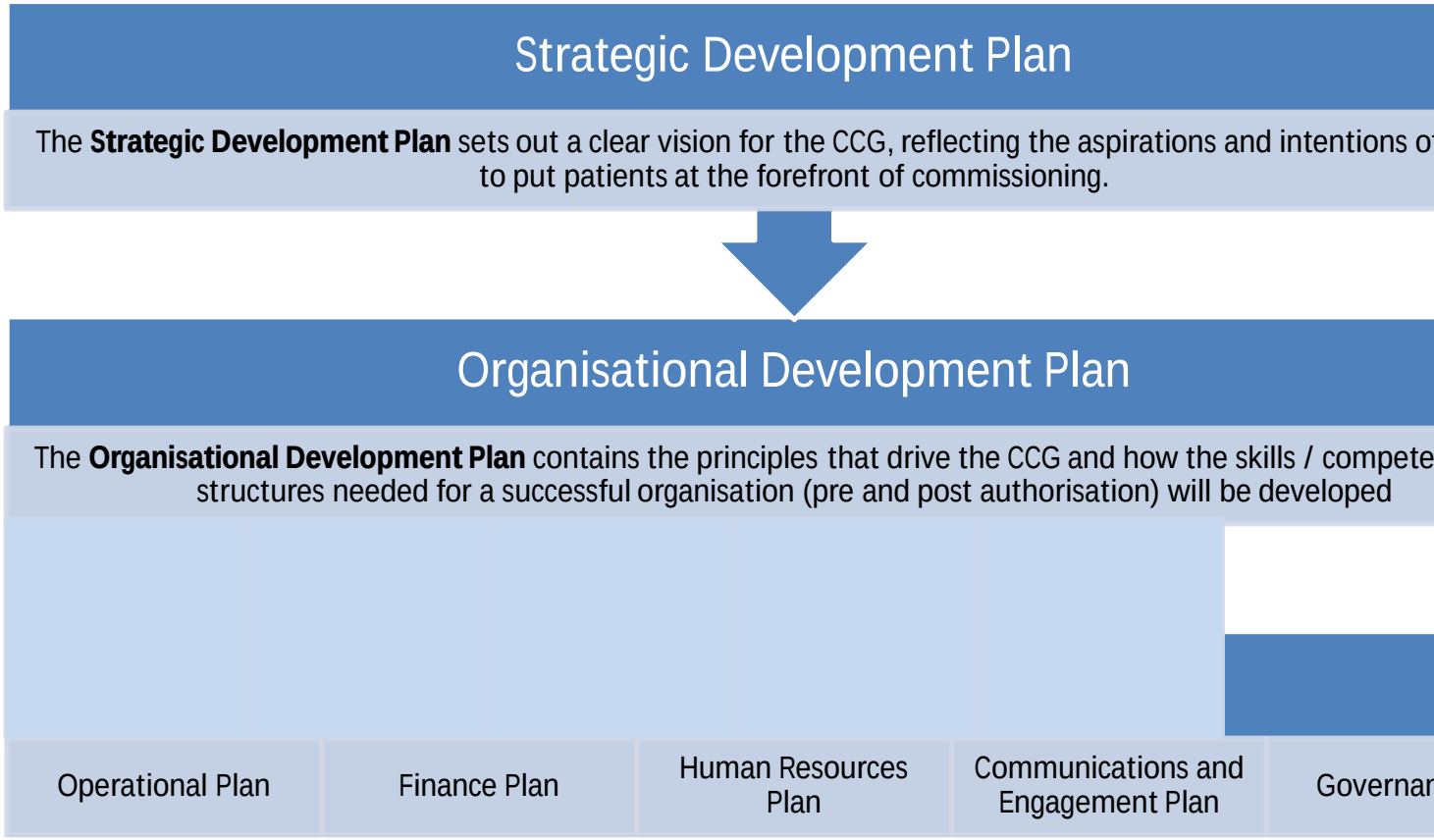
The nature of this plan means that it has a short term view, covering the coming year. Work also continues on long term 'System Planning' alongside this and it is the System Plan as well as the Joint Strategic Needs Assessment (JSNA) that will inform the annual revisions of the Operating Plan over the coming years.

The text describes how this plan sits at the head of a suite of plans that set out, collectively, how the CCG is going to deliver its statutory roles in 2012/13. In this sense, the document and the accompanying plans are operational in nature. However, we have tried to present them so as to demonstrate how the CCG will be transformational as well in this year of significant change to the healthcare economy in Telford and Wrekin.

Dr Jim Hudson
GP Lead - Telford and Wrekin Clinical Commissioning Group

1. Introduction

This document is one of five documents collectively forming the Telford and Wrekin Clinical Commissioning Group's (CCG) **Operational Plan** which details our priorities and activities in the coming year (2012/13) and how they are going to be addressed. This document clarifies the priorities of the CCG, to ensure that there is clear understanding of the challenges to be addressed here in Telford and Wrekin; the specific priorities the CCG has set and the deliverables under each target. The diagram below clarifies how these documents work together to deliver the Strategic Development Plan.



written to integrate with each other and should be read in conjunction to provide an overall picture of the deliverables of the CCG. This document is the **Financial Plan** and details the 5 year medium term plan for both the CCG and other successor organisations following the demise of the PCT. The plan also details activity projections and QIPP (Quality, Innovation, Productivity and Prevention) schemes in place and is consistent with the goals and planned health outcomes outlined in the OD plan:

2. Aims and Objectives

2012-13 is the final financial year of NHS Telford and Wrekin PCT as an organisation. This financial plan sets how we will manage our finances over the period 2011-12 to 2012-13 through the transition and how the Telford and Wrekin Clinical Commissioning Group (CCG) will take those finances forward from 2013-14 onwards.

The financial plan is consistent with the goals and planned health outcomes defined in the existing strategic plan for the PCT and the strategic development plan for the emergent CCG. We seek to demonstrate good business planning, sound financial management and wise stewardship of public money while delivering first class healthcare to the residents of Telford and Wrekin.

For 2012-13 NHS Telford and Wrekin will receive an overall allocation of approximately £275m. This significant sum of money represents £753k a day to spend or £1,618 per Telford and Wrekin resident.

The aim for the CCG is to use this resource wisely; for patients, clinicians and managers to work together to prioritise spend to deliver the best possible healthcare in Telford and Wrekin.

This strategy has been set against a future comprehensive NHS Spending Review which is likely to provide little growth in funding. In this context the aims of the financial strategy are to:

- Ensure we meet our statutory financial duties through strong financial management
- Recognise that future growth in funding is likely to be constrained by economic pressures
- Support the delivery of Strategic plan objectives through appropriate investment but recognise that this will need to be through the principles of 'invest to save'.
- Recognise the contribution that can be made to maximise resources through internal process improvement and service redesign, improving both quality and efficiency through the QIPP agenda

3. Historic Performance

NHS Telford and Wrekin has a history of strong, robust financial target delivery, with all statutory duties delivered since PCT inception in 2002. The strong financial position for the previous three years is summarised below:

Year	Allocation £m	Expenditure £m	Surplus £m	All statutory financial targets achieved
2010/11	269.6	269.1	0.5	Y
2009/10	257.3	252.8	4.5	Y
2008/09	239.6	232.4	7.2	Y

In order to ensure that we learn from the experience of the PCT, the CCG will focus on continuing and strengthening the following key attributes:

i) **Output focussed** – understanding how processes influence outcomes and consequential costs e.g. clinical pathways

ii) Greater opportunities for **growing efficiencies** from working to scale re organisational design

iii) **Increased clinical engagement in decision making** leading to improved financial performance

iv) **Keeping things simple**: in terms of communication of complex financial matters

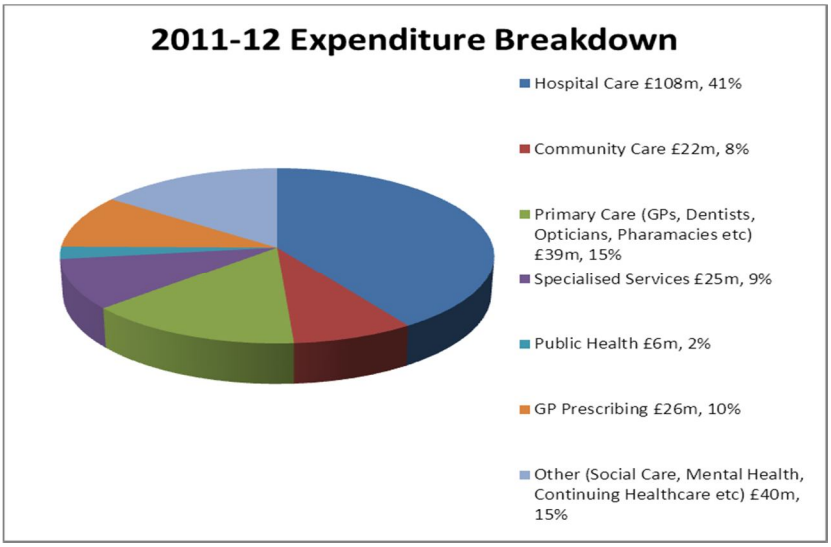
Monthly finance reports detailing the PCT's latest financial position and performance against key financial metrics have been reviewed, discussed and challenged at the PCT Board meeting in order to maintain our strong financial position. In the future this will continue to be done through the West Mercia Cluster Board meetings during the transition phase and at the Telford and Wrekin Clinical Commissioning Group Board meeting both during the transition and in the future.

4. 2011/12 Planned Position

For 2011/12 the PCT plans to achieve a £1m surplus which will be carried forward into 2012/13. We are still on course to deliver this plan despite a significant number of additional cost pressures arising from increased acute activity and waiting list issues. In overall terms our financial position is:

Current Allocation	Forecast Expenditure	Surplus
£267.1m	£266.1m	£1.0m

A breakdown of our 2011-12 expenditure is shown in the pie chart to the right:



5. Policy Context

There are a number of national policy drivers that have a significant impact on the formation of our financial strategy. These are outlined below:

5.1 Equity and Excellence- 'Liberating the NHS'- the health and social care bill

In July 2010 the Department of Health issued the white paper entitled 'Liberating the NHS'. The main changes from this paper included:

- Existing PCTs to be abolished in March 2013.
- PCT clusters to be set up during the transition.
- Clinical Commissioning Groups to be formed to provide clinical leadership, preferably co-terminus with local authorities.
- Public Health Services to transfer to local authorities.
- National Commissioning Board to be set up and take on commissioning responsibility for primary care and specialised services and govern CCGs.

For NHS Telford and Wrekin this means that:

- The PCT will cease to exist on 31st March 2013.
- All 22 GP practices across Telford and Wrekin have come together to establish the Telford and Wrekin Clinical Commissioning Group (CCG).
- The PCT is currently part of the West Mercia cluster of PCTs. From January 2012 the PCT Board meetings ceased to exist and one cluster Board meeting takes place instead, this will continue throughout the transition.

The table below sets out the broad split of the current (2011/12) PCT budget into the new organisations of the future. At present corporate budgets and reserves are shown separately as they have not yet been assigned against specific organisations. There will also be a future adjustment between CCG and PHS as some commissioning responsibilities transfer to the local authority with public Health (e.g. commissioning of sexual health services)

Future Organisation	Total Budget £m	% of existing PCT budget
CCG	186.9	70
NCB	64.0	24
PHS	5.7	2
Corporate and Reserves	10.5	4
Total	**267.1**	**100**

The levels of change and uncertainty currently experienced can be challenging and the shadow CCG recognises the need for a joint commitment with the PCT and the cluster to ensure both a smooth transition, and the maintenance of a strong grip on financial and operational performance. In the first instance the shadow CCG will operate as a sub committee of the cluster Board with delegated responsibilities agreed with both the PCT and the cluster.

This medium term financial plan therefore recognises the transitional arrangements in 2011-12 and 2012-13 and focuses on the CCG finances going forward.

5.2 NHS operating framework and allocations 2012-13

In December 2011 the Department of health issued both the 2012-13 financial allocations and its operating framework which provided a set of priorities and guidance for the NHS from 2012-13. The operating framework makes a number of specific assumptions which will affect financial management for the current and future years. These include:

- There will be no PCTs planning for a deficit in 2012-13.
- The requirement for all PCTs to set aside 2% of recurrent funding for non-recurrent expenditure will continue and will be held by SHA clusters until approval of appropriate business cases. Organisational and business change in 2012-13 will need to be met from the 2%.
- NHS Telford and Wrekin will receive 3% growth in 2012-13 which will include a requirement to double re-ablement funding that is passed to the local authority.
- The tariff identified that whilst provider efficiency targets at a planning level indicate nationally a reduction in actual prices paid by commissioners of 1.8% this could be offset by a potential for providers to earn 0.3% of the reduction back through delivering best practice for a range of procedures.
- Providers can also increase their potential earnings through the CQUIN (The Commissioning for Quality and Innovation) targets which have increased from 1.5% of contract values to 2.5%.

- In the future, CCGs will be given a running cost target of £25 per head of population to purchase any non-healthcare services, i.e. to buy management support and infrastructure.

5.3 CCG Strategic Development Plan

In its strategic development plan the CCG states that all strategic objectives and commissioning decisions will be underpinned by the NHS Outcomes Framework and the Joint Strategic Needs Assessment. In line with this document the Planning and Prioritisation Group (see section 6) has used this criteria in prioritising investments, identifying Quality, Innovation, Productivity and Prevention (QIPP) schemes and setting the overall financial plan.

6. Planning & Prioritisation

The CCG has established a Planning and Prioritisation Group to oversee this important function. This includes reviewing existing expenditure, assessing bids for new investment, identifying areas for disinvestment and assessing areas where efficiencies can be made through QIPP schemes.

The committee is chaired by the GP lead for Finance and Commissioning with membership including GPs and senior managers from Commissioning, Finance and Public Health. The committee reports through its Chair to full CCG Board.

For 2012-13 the committee has assessed existing expenditure and bids for investment against the CCG's key priorities in order to recommend proposed budgets.

The overall financial gap for 2012-13 of £5m (detail of which can be found in Section 8.2) has been addressed by the group by approving, reviewing and requesting further information on QIPP schemes. The Joint Strategic Needs Assessment (JSNA) has been used to assess key areas for targeting QIPP work. The JSNA draws on a number of benchmarking indicators, including the atlas of variation, and has enabled the group to identify areas where the PCT is an outlier in terms of expenditure or delivery of outcomes. Full detail of the QIPP schemes is provided in the Telford and Wrekin QIPP Plan.

In addition to the approved QIPP schemes for 2012-13 the Planning and Prioritisation group has requested further plans from commissioners so that QIPP schemes can be brought on line during the financial year and can be accelerated if another scheme is experiencing problems or not generating the expected level of savings.

As the CCG evolves the Planning and Prioritisation Group will take on further responsibilities as it becomes a sub-committee of the CCG Board and will be responsible for reviewing the overall financial position of the CCG, assessing delivery in year of QIPP schemes and holding individual budget managers to account for the delivery of financial targets.

The CCG has a programme office within its finance department which monitors the delivery of QIPP schemes in year and the impact that this has on individual provider contract positions. In future it is likely that the creation of a Commissioning Support Service (CSS) will include a programme management office that will operate across the cluster to monitor individual QIPP schemes and reports for the Planning and Prioritisation Group to consider.

7. Contracts & Activity

7.1 Contracting & Activity Projections

In 2011-12 the financial plan delivered the following in terms of activity bought for our money:

Point of Delivery	2011-12 Forecast Outturn
PbR Day Case	16,171
PbR Elective	3,939
PbR Emergency	14,781
PbR Non Elective Other	3,111
Non PbR Day Case	627
Non PbR Elective	192
Non PbR Emergency	147
Non PbR Non Elective Other	9
Non PbR Regular Admissions	48
PbR Outpatients 1st	39,024
PbR Outpatients Follow-Up	73,921
PbR Outpatient Procedures	19,457
Non PbR Outpatients 1st	5,109
Non PbR Outpatients Follow-Up	5,739
Non PbR Outpatient Procedures	3,863
PbR A&E Attendances	45,301
Non PbR Variable	96,523
Total	**327,961**

For 2012-13 all contract negotiations with providers will include a CCG Board GP representative where possible. Within the financial plans outlined in the next section a number of assumptions have been made around activity projections, which incorporate demographic growth and the impact on activity of our QIPP schemes.

During contract negotiations these assumptions will be discussed and agreed with provider organisations and may therefore be revised to produce the final plan. (see QIPP plan for further detail)

7.2 Joint Working with the Local Authority

Joint working with the Local Authority (LA) includes, but is not restricted to, the areas of joint commissioning undertaken by the Joint Commissioning Teams. Currently, these are responsible for commissioning:

- Mental health services
- Adults with learning disabilities services
- Alcohol and substance misuse services
- Children's services

A pooled budget covers the cost of the teams but will need formal review during 2012/13 as some functions (e.g. Children's commissioning) have been separated and there is no longer any benefit to continuing a shared budget, and some functions (e.g. Alcohol commissioning) will be moved into Public Health within the Council.

The financial plans for Mental Health are, in general, tied up with the local Modernisation Plan agreed by both PCTs as part of the large scale change to rebuild Shelton Hospital. While this assumes productivity savings, further QIPP savings of approximately £250K will be negotiated during the 2012/13 contract round.

Given the significant investment in Children's Community Services, there is an urgent need to review budgets in line with the Community Trusts' rebasing of the PAM. This will be an early focus for the Children's commissioning team.

Other immediate work in progress includes the on-going review and development of revised service models/service specification. This is being led by a strategic group with members from both Shropshire and Telford & Wrekin councils and CCGs. The current provider is fully engaged, and others able to inform the development of a more robust service model will be invited to contribute.

8. Revenue Financial Plan

Our revenue financial plan has been built up in the context of the factors outlined above, specifically:

8.1 Financial Criteria

The Financial Plan for the next five years fulfils the following criteria:

- It delivers a statutory financial balance
- It provides a sufficient level of recurrent investment to support the delivery of strategic goals
- It makes non recurrent resources available to support any transition costs and transformational change
- It is based on a set of assumptions that provide an overall budget that has a balanced set of financial risks

8.2 Development of the Financial Plan for 2012-13

The Operating Framework and allocations published in December 2011 confirm the planning assumptions for 2012-13 described above, these are built into our plan.

The West Mercia cluster has also set planning assumptions that we have included for the 2012-13 plans, these include:

- Deliver a 1% CCG Insurance Risk Reserve to be held centrally by the cluster
- Deliver a 1% Non CCG Insurance Risk Reserve to be held centrally by the cluster
- Deliver an internal 1% CCG Operational Risk Reserve
- Factor in where relevant the demography impact as modelled by the cluster public health teams- for Telford and Wrekin this represents 1.11%
- Factor in the impact of 2012-13 QIPP schemes

A summary of the 2012-13 financial position is therefore reflected in the table below:

Sources of Funds	£m
PCT Recurrent allocation 2012-13 (notified)	258
PCT Non Recurrent Allocations 2012-13 (estimated)	16
Total	**275**
Application of Funds	
Projected Expenditure 2012-13	278
Target Surplus 2012-13	1
Total	**279**
Estimated funding gap	5

The current agreed QIPP schemes that have been identified are shown in the table below, full details of which are provided in the QIPP Plan. Each of these has been led by GPs and lead commissioners with engagement with providers. Activity assumptions have been made and evaluated by HCS (Healthcare Commissioning Service) and costed by the finance team.

QIPP Scheme	2012-13 Gross Savings Identified (£m)	2012-13 Investment Required (£m)	2012-13 Net Savings Identified (£m)
Urgent Care	1.566	0.410	1.156
Planned Care	1.546	0.324	1.222
RAID	1.000	0.400	0.600
Medicines Management	0.500	0	0.500
Running Costs	0.352	0	0.352
TOTAL	4.964	1.134	3.830

8.3 Development of the Financial Plan 2013/14 onwards

For 2013-14 onwards, the following assumptions have been made:
West Mercia's Planning Assumptions published in December 2011 have been used as the basis of calculations for 2013-14 to 2016-17. These are summarised in the table below:

West Mercia Planning Assumptions	2013-14 %	2014-15 %	2015-16 %	2016-17 %
Revenue Resource Uplift	2.75	2.71	2.71	2.71
Net Expenditure Uplifts:				
Primary Care excl Prescribing	Nil	Nil	Nil	Nil
Prescribing	2.0	2.0	2.0	2.0
Dentistry	Nil	Nil	Nil	Nil
Other Primary Care	Nil	Nil	Nil	Nil
Mental Health & Learning Disab.	-1.5	Nil	Nil	Nil
Continuing Healthcare	Nil	Nil	Nil	Nil
Secondary/Tertiary Acute Care	-1.5	Nil	Nil	Nil
Specialised Commissioning	-1.5	Nil	Nil	Nil
Ambulance Trusts	-1.5	Nil	Nil	Nil
PCT Provider Spend	-1.5	Nil	Nil	Nil
Other PCT Commissioning Spend	Nil	Nil	Nil	Nil

In addition, the Sources and Applications Statements which follow assume the following year on year increases in costs to reflect the impact of demographic change:

- 2012-13 +1.11%
- 2013-14 +1.29%
- 2014-15 +1.33%
- 2015-16 +1.26%
- 2016-17 +1.26%

These reflect analysis carried out by Public Health colleagues in Telford and Wrekin and across the West Mercia Cluster.

As in 2012-13, reserves have been set aside as follows:

- 2% uncommitted on a non-recurrent basis for transformational change
- 1% Insurance Risk Reserve
- 1% Operational Risk Reserve

Additional assumptions include acute cost pressures of approximately £2.8 million per annum, increased costs generated by developments in medical technology of approximately 2% per annum and pressures caused by obesity of approximately 0.3% per annum. These percentage increases again reflect modelling work carried out by Public Health.

8.4 Overall Financial Position

Based on the above information, the Sources and Applications of our revenue funds may be summarised as follows:

	2012-13 £000	2013-14 £000	2014-15 £000	2015-16 £000	2016-17 £000
TOTAL SOURCES OF FUNDS	274,501	281,598	288,785	*296,166*	*303,748*
Applications of Funds:					
Primary Care	66,581	68,805	70,986	73,094	75,206
Mental Health and Learning Disability	15,415	15,380	15,584	15,781	15,970
Continuing Healthcare	6,487	6,571	6,658	6,742	6,823
Secondary & Tertiary Acute	108,502	116,318	126,181	136,345	146,852
Specialised Commissioning	19,663	19,637	19,919	20,189	20,449
Ambulance Trusts	5,003	4,992	5,058	5,122	5,183
Community Providers	28,127	28,062	28,436	28,794	29,140
Other inc commulative savings targets	23,723	20,834	14,964	9,099	3,125
TOTAL APPLICATIONS OF FUNDS	273,501	280,598	287,785	295,166	302,748
SURPLUS / (DEFICIT)	**1,000**	**1,000**	**1,000**	**1,000**	**1,000**

Further detail may be found in Appendix A. This shows the recurrent / non-recurrent split of income and expenditure in each year. Appendices B to F split this information according to the likely future recipient organizations.

9. Cash Management

We will ensure that the cash limit for the financial year, as notified by the DOH, is not exceeded and that bank balances are kept to a minimum. As part of regular reporting to the Cluster and CCG Board, current cash requisitioning status will be included in the Finance report.

10. Capital

As part of the restructuring of the NHS, a significant element of the capital allocation previously provided to the PCT will now be managed by the Shropshire Community Health Services Trust because the predominance of the existing assets have transferred to that organisation and they like all existing trusts will be responsible for their own capital investment plans.

Similarly there is a significant level of uncertainty as to which of the commissioning organisations will have access to capital. A separate property company is being established to manage the retained estate and therefore it is likely that capital to support this estate is likely to be controlled through that company.

However, the PCT Cluster and CCG are keen to retain a significant input into the development of any capital strategy within its area of influence and whilst there is a significant level of uncertainty has continued to maintain a strategic view on its future capital investment requirements.

This outline plan contains the following key areas;

Investment in maintaining existing capital stock, this will be in the order of £120k pa for Commissioning Assets and £480k pa for Provider Assets.

We would continue to support investment with Primary Care and significant areas include:

- The reprovision of Donnington Health Centre (2012/13)
- Extending the facilities at the Malling Primary Care Walk In facility on the PRH site and co-locating some existing secondary care services (2014/15)
- Relocating the Primary Care Open Access in centre from the existing Town Centre location to the Southwater Development being lead by the Local Authority (2013/15).

11. Running Costs

For 2012-13 the PCT will be set a running cost target to operate within. Detailed guidance on the definition of running costs is yet to be released but the basic principle is that it covers all costs that are not purchase of healthcare, this therefore includes all management costs, costs of buildings, equipment, external services etc.

In addition to this target for the PCT, the operating framework clearly stated that CCG's of the future will be set an allocation for running costs of £25 per head of population. This will need to cover directly employed CCG staff and related costs and also all bought in services from a Commissioning Support Service (CSS) organisation.

At the current time the CCG is working to produce a proposed organisational structure that will operate within this target and a transitional plan to enable the PCT and CCG to work together to achieve this.

At the same time the cluster is currently formulating plans for a West Mercia CSS.

The PCT, Cluster and CCG will work together to ensure that the future structure of successor organisations is both affordable and fit for purpose. The key will be to ensure the functions provided by the CCG, and service outputs produced by CSS will ultimately meet the objectives of the CCG. To achieve this will require clear and concise organisational structures, with staff if applicable aligned to

relevant posts. We will need to recognise that there may be some transitional costs associated with streamlining structures in response to producing an affordable structure.

12. Risks and Mitigating Actions

The key risks in the delivery of the financial plan are outlined below along with potential mitigating actions. All risks will be carefully monitored and discussed at both the Cluster and CCG Board.

Key Risks	Mitigating Actions
Delivery of financial savings through QIPP schemes	All proposed QIPP schemes are currently being reviewed and assessed by the Planning and Prioritisation Group with support from Deloitte. Detailed action plans have been requested from leads to include key milestones and monitoring procedures. Engagement with providers through regular meetings to ensure that realistic QIPP plans, actions and trajectories are agreed by all parties. Further QIPP schemes are currently being drawn up by commissioners so that they can be brought on line during the financial year and can be accelerated if another QIPP scheme is experiencing problems or not generating the expected level of savings.
In year cost pressures may arise that are currently unplanned for	Regular financial monitoring of overall budgets and contracted activity will be provided to the CCG to alert to any in year cost pressures as soon as possible. A 1% contingency reserve has been built into the financial plan for both CCG and non CCG budgets. This amounts to a total of £2.6m that is currently unallocated against any specific planned expenditure. This can be prioritised in year for use as and when it is required. The NHS Operating Framework states a requirement for each PCT to clearly identify 2% (£5.1m for T&W) of recurrent resources available non recurrently to invest in transformational change. This funding will be held by West Mercia cluster and CCGs will be able to submit bids for use of this funding.
Uncertainty/change in the system from the creation of new organisations and the transition from one organisation to another	Clear programme plan, with associated costed projects. Programme milestones need to be clearly defined with postholder responsibilities appropriately specified. A communication and engagement plan should be drafted to ensure staff are aware of intentions and actions.

Appendix A: Sources and Application of Funds – Summary

APPENDIX A

NHS TELFORD & WREKIN
Medium Term Financial Plan as at February 2012
Summary Position

TOTALS	2012-13			2013-14			2014-15			2015-16			2016-17		
	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
TOTAL SOURCES OF FUNDS	**258,090**	**16,411**	**274,501**	**265,187**	**16,411**	**281,598**	**272,374**	**16,411**	**288,785**	**279,755**	**16,411**	**296,166**	**287,337**	**16,411**	**303,748**
APPLICATION OF FUNDS:															
Primary Care	53,107	13,474	66,581	55,331	13,474	68,805	57,512	13,474	70,986	59,620	13,474	73,094	61,732	13,474	75,206
Mental Health and Learning Disability	15,415	-	15,415	15,380	-	15,380	15,584	-	15,584	15,781	-	15,781	15,970	-	15,970
Continuing Care spend	6,487	-	6,487	6,571	-	6,571	6,658	-	6,658	6,742	-	6,742	6,823	-	6,823
Secondary or Tertiary acute care	108,502	-	108,502	116,318	-	116,318	126,181	-	126,181	136,345	-	136,345	146,852	-	146,852
Specialised Commissioning	21,202	- 1,539	19,663	21,153	- 1,516	19,637	21,435	- 1,516	19,919	21,705	- 1,516	20,189	21,965	- 1,516	20,449
Ambulance Trusts	5,003	-	5,003	4,992	-	4,992	5,058	-	5,058	5,122	-	5,122	5,183	-	5,183
Community Providers	28,127	-	28,127	28,062	-	28,062	28,436	-	28,436	28,794	-	28,794	29,140	-	29,140
Other PCT Commissioning spend	15,475	3,476	18,951	15,675	3,476	19,151	15,883	3,476	19,359	16,083	3,476	19,559	16,276	3,476	19,752
Reserves	9,736	-	9,736	10,607	-	10,607	10,895	-	10,895	11,190	-	11,190	11,493	-	11,493
Recurrent QIPP Savings Required (-ve figure) 2012-13	- 4,964	-	- 4,964	- 4,964	-	- 4,964	- 4,964	-	- 4,964	- 4,964	-	- 4,964	- 4,964	-	- 4,964
Recurrent QIPP Savings Required (-ve figure) 2013-14	-	-	-	- 3,960	-	- 3,960	- 3,960	-	- 3,960	- 3,960	-	- 3,960	- 3,960	-	- 3,960
Recurrent QIPP Savings Required (-ve figure) 2014-15	-	-	-	-	-	-	- 6,366	-	- 6,366	- 6,366	-	- 6,366	- 6,366	-	- 6,366
Recurrent QIPP Savings Required (-ve figure) 2015-16	-	-	-	-	-	-	-	-	-	- 6,360	-	- 6,360	- 6,360	-	- 6,360
Recurrent QIPP Savings Required (-ve figure) 2016-17	-	-	-	-	-	-	-	-	-	-	-	-	- 6,471	-	- 6,471
TOTAL APPLICATION OF FUNDS	**258,090**	**15,411**	**273,501**	**265,165**	**15,434**	**280,599**	**272,351**	**15,434**	**287,786**	**279,732**	**15,434**	**295,166**	**287,314**	**15,434**	**302,748**
SURPLUS/(DEFICIT)	**-**	**1,000**	**1,000**	**23**	**977**	**1,000**	**23**	**977**	**1,000**	**23**	**977**	**1,000**	**23**	**977**	**1,000**

Appendix B: Sources and Application of Funds – Clinical Commissioning Group

APPENDIX B

NHS TELFORD & WREKIN
Medium Term Financial Plan as at February 2012
Clinical Commissioning Group

Clinical Commissioning Group	2012-13			2013-14			2014-15			2015-16			2016-17		
	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
TOTAL SOURCES OF FUNDS	**193,222**	**2,033**	**195,255**	**198,536**	**2,033**	**200,569**	**203,916**	**2,033**	**205,949**	**209,442**	**2,033**	**211,475**	**215,118**	**2,033**	**217,151**
APPLICATION OF FUNDS:															
Primary Care	27,467	-	27,467	28,378	-	28,378	29,330	-	29,330	30,294	-	30,294	31,271	-	31,271
Mental Health and Learning Disability	15,415	-	15,415	15,380	-	15,380	15,584	-	15,584	15,781	-	15,781	15,970	-	15,970
Continuing Care spend	6,487	-	6,487	6,571	-	6,571	6,658	-	6,658	6,742	-	6,742	6,823	-	6,823
Secondary or Tertiary acute care	108,502	-	108,502	116,318	-	116,318	126,181	-	126,181	136,345	-	136,345	146,852	-	146,852
Specialised Commissioning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ambulance Trusts	5,003	-	5,003	4,992	-	4,992	5,058	-	5,058	5,122	-	5,122	5,183	-	5,183
Community Providers	28,127	-	28,127	28,062	-	28,062	28,436	-	28,436	28,794	-	28,794	29,140	-	29,140
Other PCT Commissioning spend	4,901	2,033	6,934	4,964	2,033	6,997	5,030	2,033	7,063	5,094	2,033	7,127	5,155	2,033	7,188
Reserves	1,932	-	1,932	2,652	-	2,652	2,724	-	2,724	2,798	-	2,798	2,873	-	2,873
Recurrent QIPP Savings Required (-ve figure) 2012-13	- 4,612	-	- 4,612	- 4,612	-	- 4,612	- 4,612	-	- 4,612	- 4,612	-	- 4,612	- 4,612	-	- 4,612
Recurrent QIPP Savings Required (-ve figure) 2013-14	-	-	-	- 4,169	-	- 4,169	- 4,169	-	- 4,169	- 4,169	-	- 4,169	- 4,169	-	- 4,169
Recurrent QIPP Savings Required (-ve figure) 2014-15	-	-	-	-	-	-	- 6,304	-	- 6,304	- 6,304	-	- 6,304	- 6,304	-	- 6,304
Recurrent QIPP Savings Required (-ve figure) 2015-16	-	-	-	-	-	-	-	-	-	- 6,441	-	- 6,441	- 6,441	-	- 6,441
Recurrent QIPP Savings Required (-ve figure) 2016-17	-	-	-	-	-	-	-	-	-	-	-	-	- 6,622	-	- 6,622
TOTAL APPLICATION OF FUNDS	**193,222**	**2,033**	**195,255**	**198,535**	**2,033**	**200,568**	**203,916**	**2,033**	**205,949**	**209,443**	**2,033**	**211,476**	**215,118**	**2,033**	**217,151**
SURPLUS/(DEFICIT)	**-**	**-**	**-**	**0**	**-**	**0**	**- 0**	**-**	**- 0**	**- 0**	**-**	**- 0**	**- 0**	**-**	**- 0**

Appendix C: Sources and Application of Funds – National Commissioning Board

APPENDIX C

NHS TELFORD & WREKIN
Medium Term Financial Plan as at February 2012
National Commissioning Board

National Commissioning Board	2012-13			2013-14			2014-15			2015-16			2016-17		
	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
TOTAL SOURCES OF FUNDS	**46,842**	**11,935**	**58,777**	**48,130**	**11,935**	**60,065**	**49,434**	**11,935**	**61,369**	**50,774**	**11,935**	**62,709**	**52,150**	**11,935**	**64,085**
APPLICATION OF FUNDS:															
Primary Care	25,640	13,474	39,114	26,953	13,474	40,427	28,181	13,474	41,655	29,326	13,474	42,800	30,462	13,474	43,936
Mental Health and Learning Disability	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Continuing Care spend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Secondary or Tertiary acute care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Commissioning	21,202	- 1,539	19,663	21,153	- 1,516	19,637	21,435	- 1,516	19,919	21,705	- 1,516	20,189	21,965	- 1,516	20,449
Ambulance Trusts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other PCT Commissioning spend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Reserves	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Recurrent QIPP Savings Required (-ve figure) 2012-13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Recurrent QIPP Savings Required (-ve figure) 2013-14	-	-	-	1	-	1	1	-	1	1	-	1	1	-	1
Recurrent QIPP Savings Required (-ve figure) 2014-15	-	-	-	-	-	-	- 206	-	- 206	- 206	-	- 206	- 206	-	- 206
Recurrent QIPP Savings Required (-ve figure) 2015-16	-	-	-	-	-	-	-	-	-	- 75	-	- 75	- 75	-	- 75
Recurrent QIPP Savings Required (-ve figure) 2016-17	-	-	-	-	-	-	-	-	-	-	-	-	- 20	-	- 20
TOTAL APPLICATION OF FUNDS	**46,842**	**11,935**	**58,777**	**48,107**	**11,958**	**60,065**	**49,411**	**11,958**	**61,369**	**50,751**	**11,958**	**62,709**	**52,127**	**11,958**	**64,085**
SURPLUS/(DEFICIT)	**-**	**-**	**-**	**23**	**- 23**	**- 0**	**23**	**- 23**	**0**	**23**	**- 23**	**- 0**	**23**	**- 23**	**0**

Appendix D: Sources and Application of Funds – Public Health

APPENDIX D

NHS TELFORD & WREKIN

Medium Term Financial Plan as at February 2012

Public Health

Public Health	2012-13			2013-14			2014-15			2015-16			2016-17		
	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
TOTAL SOURCES OF FUNDS	**4,340**	**1,443**	**5,783**	**4,459**	**1,443**	**5,902**	**4,580**	**1,443**	**6,023**	**4,704**	**1,443**	**6,147**	**4,832**	**1,443**	**6,275**
APPLICATION OF FUNDS:															
Primary Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health and Learning Disability	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Continuing Care spend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Secondary or Tertiary acute care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Commissioning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ambulance Trusts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other PCT Commissioning spend	4,340	1,443	5,783	4,396	1,443	5,839	4,454	1,443	5,897	4,511	1,443	5,954	4,565	1,443	6,008
Reserves	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Recurrent QIPP Savings Required (-ve figure) 2012-13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Recurrent QIPP Savings Required (-ve figure) 2013-14	-	-	-	63	-	63	63	-	63	63	-	63	63	-	63
Recurrent QIPP Savings Required (-ve figure) 2014-15	-	-	-	-	-	-	63	-	63	63	-	63	63	-	63
Recurrent QIPP Savings Required (-ve figure) 2015-16	-	-	-	-	-	-	-	-	-	68	-	68	68	-	68
Recurrent QIPP Savings Required (-ve figure) 2016-17	-	-	-	-	-	-	-	-	-	-	-	-	73	-	73
TOTAL APPLICATION OF FUNDS	**4,340**	**1,443**	**5,783**	**4,459**	**1,443**	**5,902**	**4,580**	**1,443**	**6,023**	**4,705**	**1,443**	**6,148**	**4,832**	**1,443**	**6,275**
SURPLUS/(DEFICIT)	**-**	**-**	**-**	**0**	**-**	**0**	**- 0**	**-**	**- 0**	**- 0**	**-**	**- 0**	**0**	**-**	**0**

Appendix E: Sources and Application of Funds – Corporate

APPENDIX E

NHS TELFORD & WREKIN
Medium Term Financial Plan as at February 2012
Corporate

Corporate	2012-13			2013-14			2014-15			2015-16			2016-17		
	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
TOTAL SOURCES OF FUNDS	**5,882**	**0**	**5,882**	**6,044**	**0**	**6,044**	**6,208**	**0**	**6,208**	**6,376**	**0**	**6,376**	**6,549**	**0**	**6,549**
APPLICATION OF FUNDS:															
Primary Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health and Learning Disability	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Continuing Care spend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Secondary or Tertiary acute care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Commissioning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ambulance Trusts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other PCT Commissioning spend	6,234	-	6,234	6,314	-	6,314	6,398	-	6,398	6,479	-	6,479	6,557	-	6,557
Reserves	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Recurrent QIPP Savings Required (-ve figure) 2012-13	- 352	-	- 352	- 352	-	- 352	- 352	-	- 352	- 352	-	- 352	- 352	-	- 352
Recurrent QIPP Savings Required (-ve figure) 2013-14	-	-	-	81	-	81	81	-	81	81	-	81	81	-	81
Recurrent QIPP Savings Required (-ve figure) 2014-15	-	-	-	-	-	-	80	-	80	80	-	80	80	-	80
Recurrent QIPP Savings Required (-ve figure) 2015-16	-	-	-	-	-	-	-	-	-	88	-	88	88	-	88
Recurrent QIPP Savings Required (-ve figure) 2016-17	-	-	-	-	-	-	-	-	-	-	-	-	95	-	95
TOTAL APPLICATION OF FUNDS	**5,882**	**-**	**5,882**	**6,043**	**-**	**6,043**	**6,207**	**-**	**6,207**	**6,376**	**-**	**6,376**	**6,549**	**-**	**6,549**
SURPLUS/(DEFICIT)	**-**	**-**	**-**	**0**	**-**	**0**	**0**	**-**	**0**	**- 0**	**-**	**- 0**	**- 0**	**-**	**- 0**

Appendix F: Sources and Application of Funds – Reserves

APPENDIX F

NHS TELFORD & WREKIN

Medium Term Financial Plan as at February 2012

Reserves

Reserves	2012-13			2013-14			2014-15			2015-16			2016-17		
	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total	Recurring	Non-Rec	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
TOTAL SOURCES OF FUNDS	**7,804**	**1,000**	**8,804**	**8,019**	**1,000**	**9,019**	**8,236**	**1,000**	**9,236**	**8,459**	**1,000**	**9,459**	**8,688**	**1,000**	**9,688**
APPLICATION OF FUNDS:															
Primary Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health and Learning Disability	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Continuing Care spend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Secondary or Tertiary acute care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Commissioning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ambulance Trusts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other PCT Commissioning spend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Reserves	7,804	-	7,804	7,956	-	7,956	8,171	-	8,171	8,393	-	8,393	8,620	-	8,620
Recurrent QIPP Savings Required (-ve figure) 2012-13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Recurrent QIPP Savings Required (-ve figure) 2013-14	-	-	-	63	-	63	63	-	63	63	-	63	63	-	63
Recurrent QIPP Savings Required (-ve figure) 2014-15	-	-	-	-	-	-	2	-	2	2	-	2	2	-	2
Recurrent QIPP Savings Required (-ve figure) 2015-16	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Recurrent QIPP Savings Required (-ve figure) 2016-17	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
TOTAL APPLICATION OF FUNDS	**7,804**	**-**	**7,804**	**8,019**	**-**	**8,019**	**8,236**	**-**	**8,236**	**8,459**	**-**	**8,459**	**8,688**	**-**	**8,688**
SURPLUS/(DEFICIT)	**-**	**1,000**	**1,000**	**-**	**0**	**1,000**	**1,000**	**-**	**0**	**1,000**	**1,000**	**0**	**1,000**	**1,000**	**0**	**1,000**	**1,000**