

# AGENDA

- Finance Regime & Financial Duties
- 2010/11 Look back
- 2011/12 Plan
- Medium Term Plan



# How does money flow?

- Voted into parliament to be spent on Healthcare
- Allocated to PCT's based on Weighted Capitation formula - needs based
  - Growth in funding determined by
  - Distance from target
  - Pace of change



# Financial Duties

## STATUTORY:

- Breakeven - Revenue
- Cash
- Capital

## OPERATING FRAMEWORK

- Achieve control total
- Spend 2% non recurrently
- Running Costs



# 2010/11 targets achieved:

## Statutory Targets

- Maintain expenditure within budget £920m
- Maintain expenditure within capital allocation £2m
- Remain within cash limit set by Department of Health

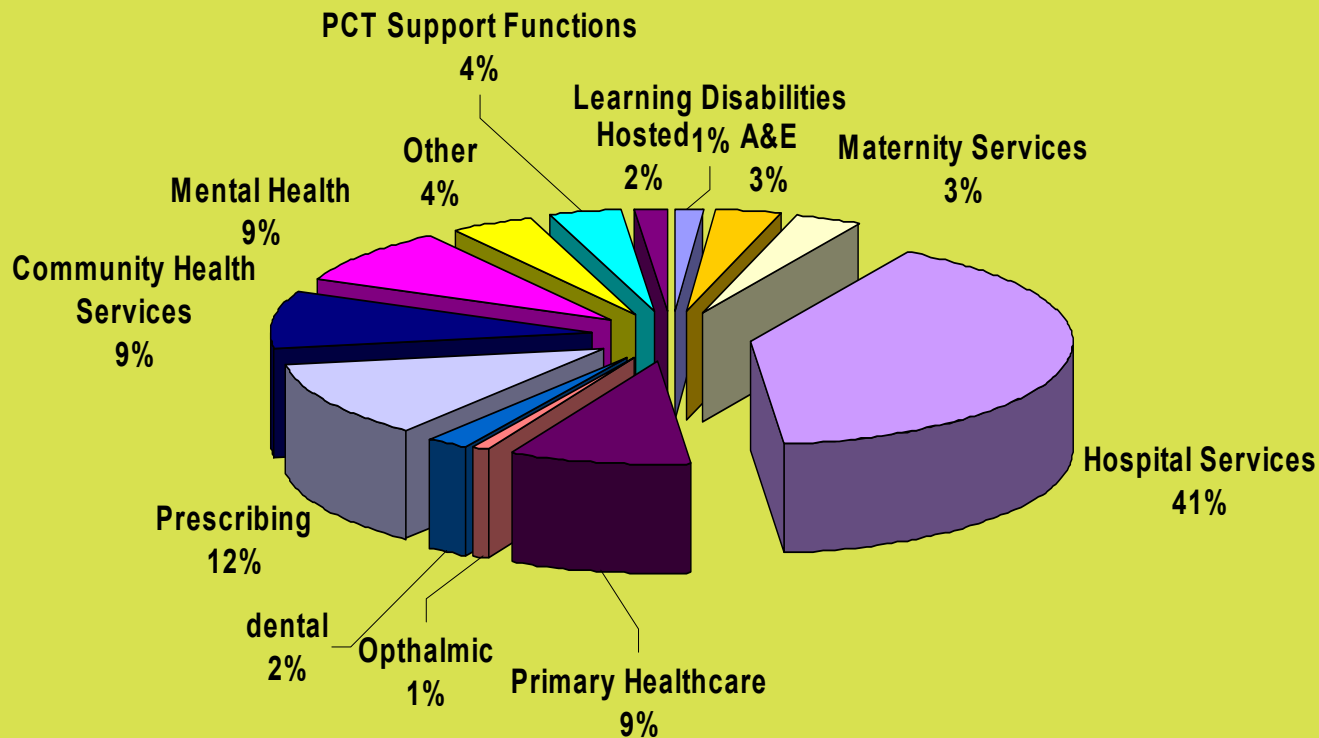
## Other Targets

- Pay suppliers within 30 days of invoice date – 95.1% by Value, 95.3% by number
- PCT Management Cost savings of £2.3m
- Efficiency savings of £15.8m

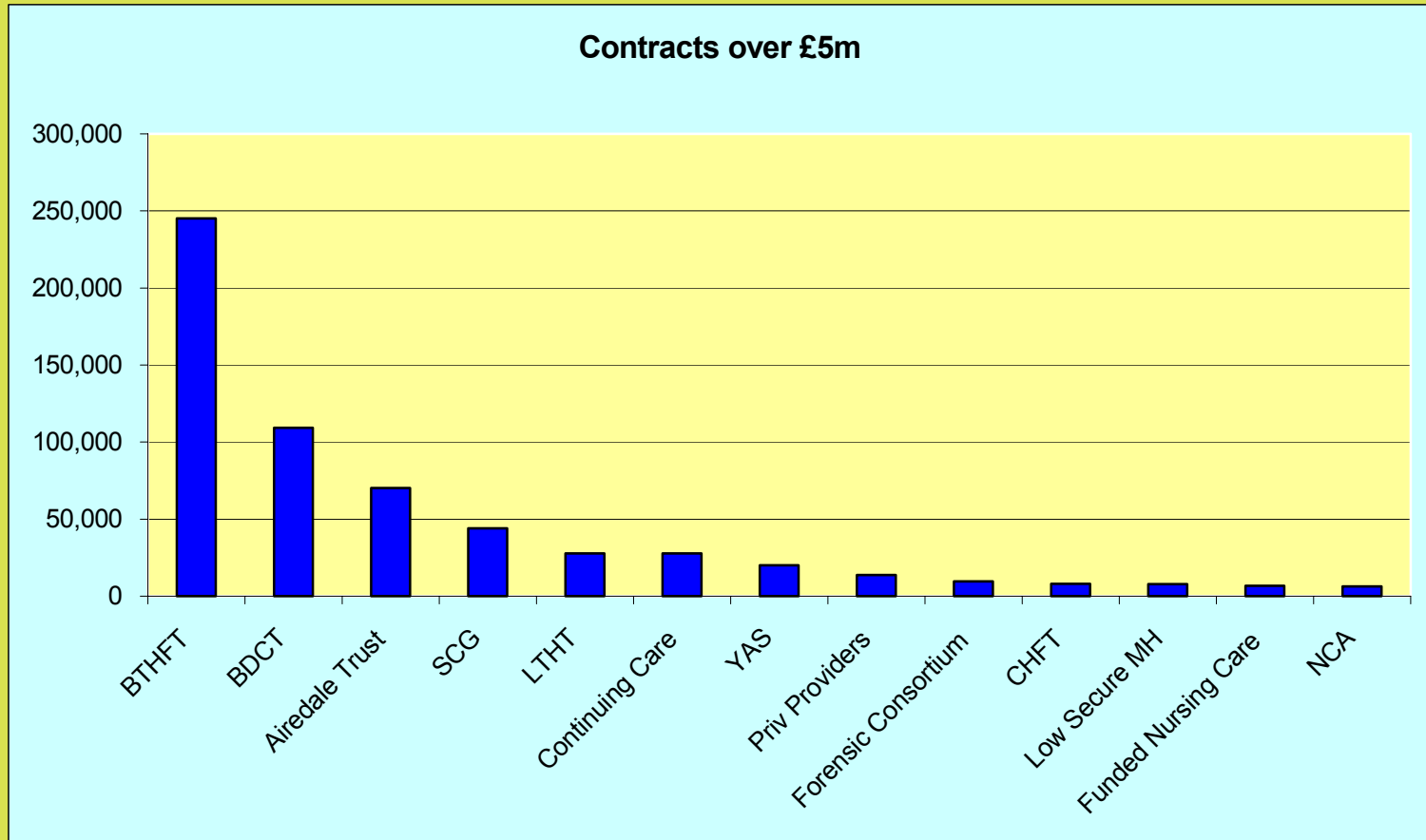


# How 2010-11 money was spent

- Revenue Budget £920m - £1700 per head of population



# Contracts



# Services provided in 2010-11

- 166,433 A&E Attendances
- 8,478 Births
- 9,683,543 prescription items paid for
- 77,897 planned elective admissions
- 163,740 outpatient attendances
- 289,080 District Nurse face to face contacts.



# 2011/12 plan





# 2011/12 High Level Plan

	£m		£m
<b>Growth - 2.2%</b>	<b>19.2</b>		
<b>Less</b>		Primary Care Dev	
Underlying	(5.0)	Health V	
Cancer	(1.4)	DRS	
School Fruit	(0.4)	Family Nurse Partnerships	
Inflation	(3.0)	Mental Health Strategy	
Non elective	(2.5)	Health checks	
Reablement	(1.5)	GP commissioning	
Sub total	<u>(13.8)</u>	Contingency	
		HART/MERIT	
Demographics	(5.9)	Sub Total	<u>(4.8)</u>
Spec Serv	(2.8)		
OPMH	(0.7)	Restructuring	<u>(3.0)</u>
Sub total	<u>(9.4)</u>		
		<b>QIPP Savings Requirement</b>	<b><u>(12.0)</u></b>
<b>Balance</b>	<b><u>(4.2)</u></b>		



# Investment in 2011/12

- Investments in health visiting and family nurse practitioners
- Investment in cancer screening programme
- Investments in diabetic retinopathy screening
- Investments in 'health checks'
- Investments in older peoples mental health
- Investment in re-ablement and other social care services to enable people to be cared for at home
- Investment in new primary care health centres
- Meeting increased costs of general hospital activity due to increased patient demand and the introduction of further new national service tariffs
- Development in specialised services including new drug therapies



# Medium Term Plan



# Cash Settlement

	2010/11	2011/12	2012/13	2013/14	2014/15	4 year	real
Revenue	98.7	101.5	104.0	106.9	109.8		
Increase		2.8	2.5	2.9	2.9	11.1	
%		2.8%	2.5%	2.8%	2.7%	11.2%	1.3%
Capital	5.1	4.4	4.4	4.4	4.6		
Increase		-0.7	0.0	0.0	0.2	-0.5	
%		-13.7%	0.0%	0.0%	4.5%	-9.8%	-17.0%

0.40% Net

**‘Real’ terms growth not sufficient to demand growth arising from demographic pressures, NHS inflation, patient expectations and changes in technology/improved medical in medical science**



# 4 Year Productivity Challenge

**NHS: £15 -£20bn**

**Bradford & Airedale: £148m**

**Delivered through:**

**Quality, Innovation, Productivity, Prevention (QIPP)**



# Whole system QIPP

Whole system engagement

TCB

Whole system change programme

**Integration:** unstable elderly

**PBMA:** CVD, diabetes, vision, respiratory

Organisational change programmes

running costs

workforce theatres, LOS

skill mix supply chain lean process productivity

estates skill mix

prescribing primary care

Clin support, procurement

Integration productivity

**NHSB&A**

**BTHFT**

**AFT**

**BDCT**

**system**

2011-12

£12m

£15m

£11m

£5m

£43m

2012-13

£14m

£16m

£6m

£6m

£42m

2013-14

£5m

£16m

£5m

£5m

£31m

2014-15

£5m

£16m

£5m

£6m

£32m

total

**£36m**

**£63m**

**£27m**

**£22m**

**£148m**

QIPP delivery

