

Strategic Resources Framework (Health & Social Care Expenditure Plans for NI 2015/16)



HSCB Finance

August 2015

Background

The Strategic Resources Framework (SRF) 2015/16 details how the Health and Social Care Board (HSCB) and Public Health Agency (PHA) plan to spend the resources they have been allocated at the beginning of the 2015/16 financial year.

A high level financial plan was set out in the Commissioning Plan 1 April 2015 to 31 March 2016. This plan is subject to on-going refinement as the financial year progresses and in-depth negotiations take place with providers of care regarding services to be delivered and efficiencies to be achieved.

This document sets out the planned position at the end of June 2015. This reflects Service and Budget Agreements (SBAs) issued to Trusts in June 2015 in order to commence financial planning. The plan will be continually updated throughout the year, in particular the detailed out-workings of savings plans. These will be then fully reflected in the opening position of 2016/17 SRF.

In developing the SRF for 2015/16 all available commissioning resources are identified to a Local Commissioning Group population and Programme of Care. This is further broken down to Providers (74% Trusts, 20% Family Health Services, and others such as voluntary bodies). For the Trust element, Trust finance staff provides the detailed analysis which is also informed by HSCB commissioners staff. This allows the plan to be reported at service area. The detail on Family Health Services is shown across the 4 key expenditure areas General Medical Services, Dental Services, Ophthalmic Services and Pharmaceutical Services.

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Note: Some tables in this document may not add due to small rounding.

Executive Summary

The HSCB and PHA have developed expenditure plans for **£4.351bn** at the beginning of 2015/16.

Planned resources are reported on across the following areas:

- Programme of Care (PoC)
- Providers of Health & Social Care
- Family Health Services (FHS)
- Local Commissioning Groups (LCGs)

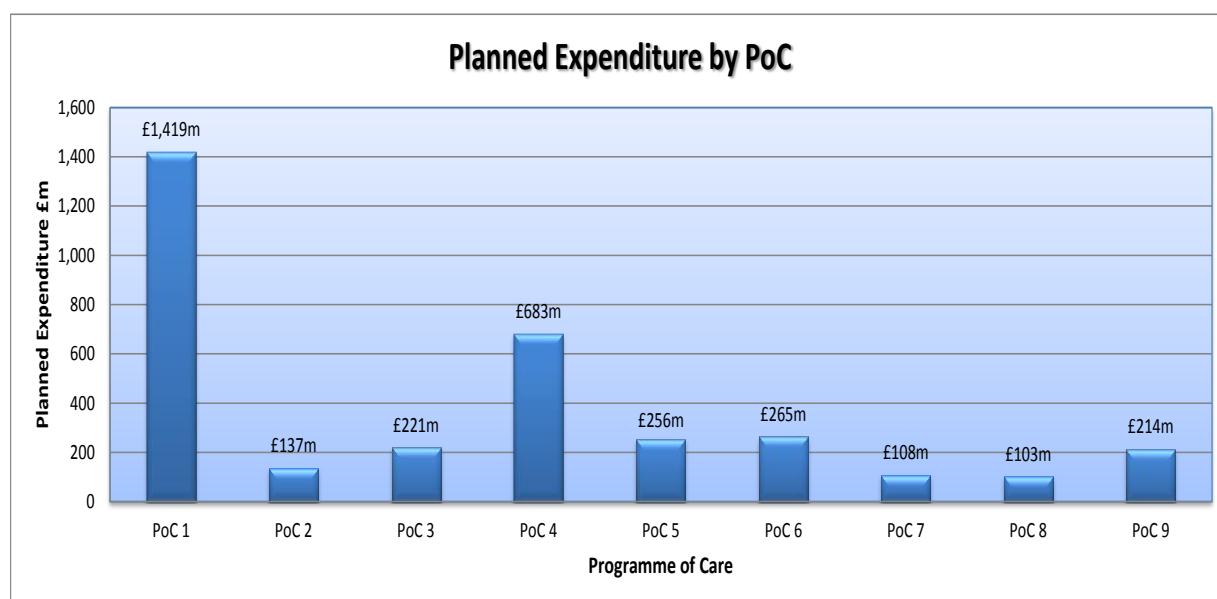
Programmes of Care

All planned expenditure is mapped to PoC to allow reporting. The PoCs are as follows:

- PoC 1 – Acute Services
- PoC 2 – Maternity and Child Health
- PoC 3 – Family and Child Care
- PoC 4 – Elderly Care
- PoC 5 – Mental Health
- PoC 6 – Learning Disability
- PoC 7 – Physical and Sensory Disability
- PoC 8 – Health Promotion & Disease Prevention
- PoC 9 – Primary Health and Adult Community

A number of areas are not categorised to PoC primarily FHS .

Of the **£4,351m** planned expenditure in 2015/16, **£3,406m** is planned to be spent across the 9 PoCs as follows:



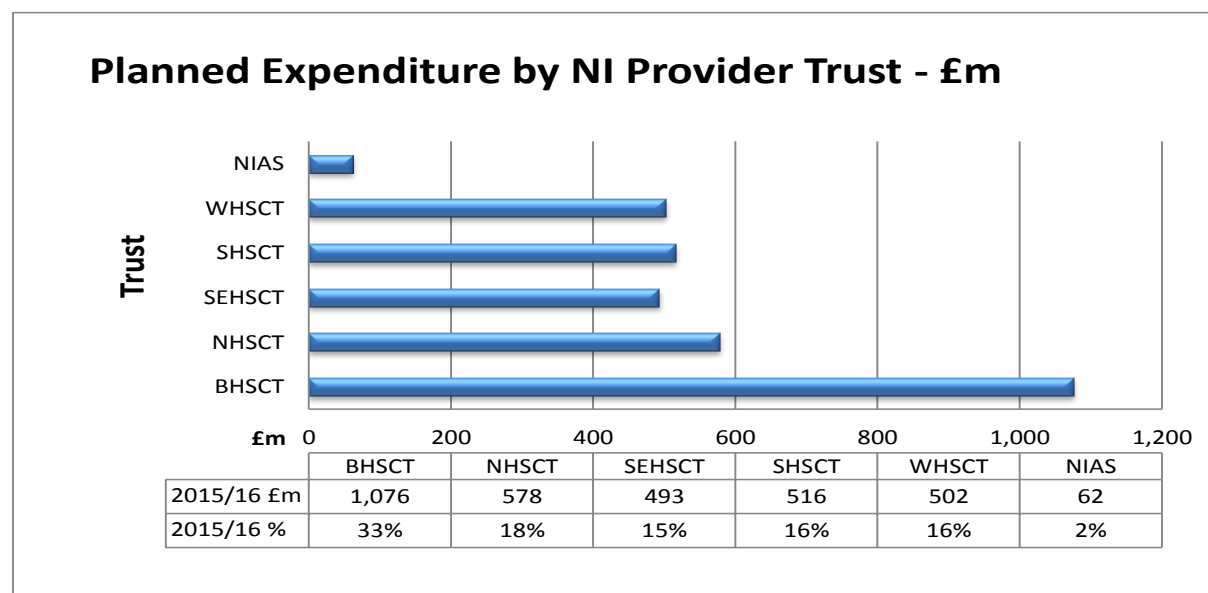
Of the balance not identified to PoC of **£945m** Family Health Services account for **£861m**.

Providers of Health & Social Care:

There are six local Trusts providing the Health & Social Care services to the population of NI:

- Belfast Health & Social Care Trust (BHSCT)
- Northern Health & Social Care Trust (NHSCT)
- South Eastern Health & Social Care Trust (SEHSCT)
- Southern Health & Social Care Trust (SHSCT)
- Western Health & Social Care Trust (WHSCT)
- Northern Ireland Ambulance Service (NIAS)

£3,227m of the **£4,351m** budget is spent across these 6 Trusts as follows:



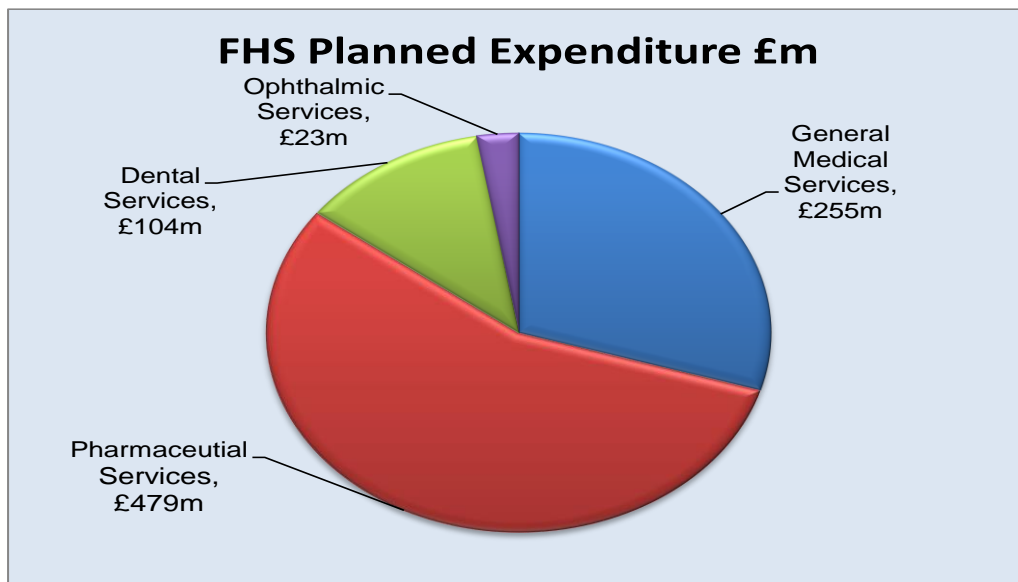
A further **£1,124m** is spent on other providers of health care including FHS, Voluntary Bodies.

Family Health Services:

Family Health Services are provided by Independent contractors covering the areas of

- General Medical Services
- Dental Services
- Ophthalmic Services
- Pharmaceutical Services

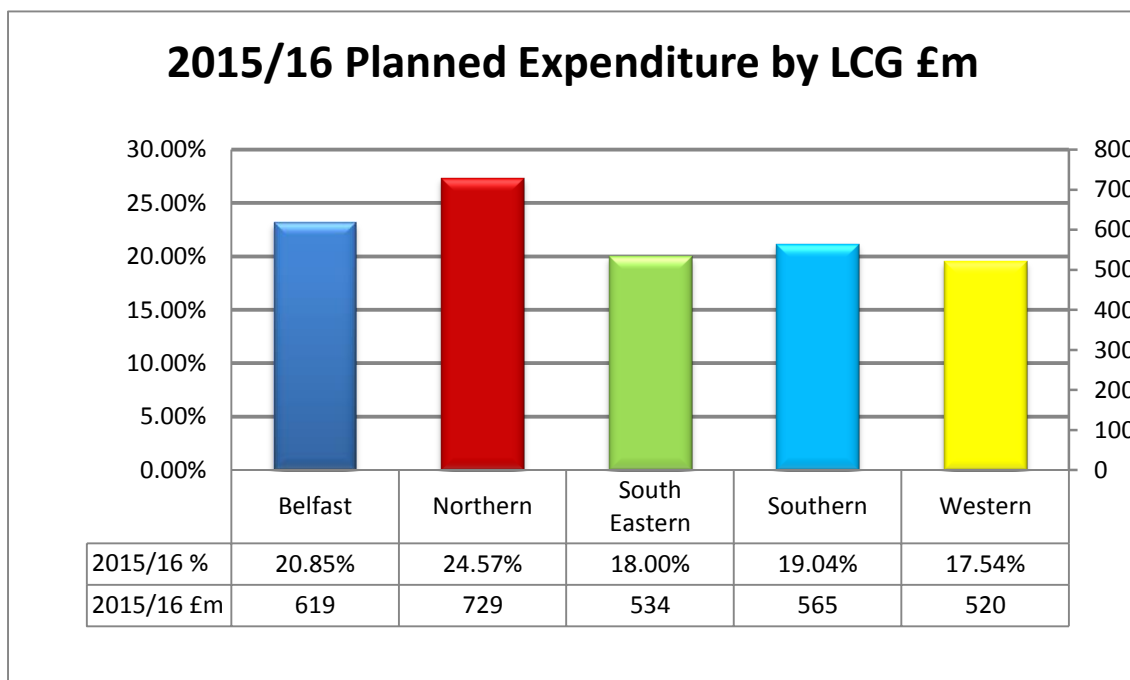
£861m is planned to be spent in this area in 2015/16 across the services as overleaf:



Local Commissioning Groups (LCGs)

Health & Social Care is commissioned across five locality areas with each area having its own local commissioning group. Planned spend of **£2,967m** out of the **£4,351m** has been identified to the Local Commissioning Groups as below.

Areas of spend not identified to a LCG include Regional Services, Family Health Services, Northern Ireland Ambulance Service, Accident & Emergency, Prison Healthcare and Management & Admin.



Section 1: HSCB/PHA: Resource Requirements

In 2015/16 the HSCB and PHA plan to spend **£4,351m** commissioning health and social care on behalf of Northern Ireland's 1.8m resident population. This is an increase of £150m from 2014/15.

This section provides information on the resource requirements of the HSCB and PHA including the additional inescapable pressures anticipated in 2015/16.

Table 1: Resource Requirements

	2015/16
	£'000
HSCB	4,257
PHA	94
Total	4,351

The HSCB/ PHA resource requirements identified in Table 1 represents the opening recurrent and any additional non-recurrent resource requirements for 2015/16 known at the start of the year. Further additional recurrent and non-recurrent income can be received throughout the year and the recurrent effect of this will be included in the opening baseline position in 2016/17.

Table 2 below sets out how the planned expenditure of **£4,351m** has been built up from the opening baseline position in 2015/16.

Table 2: Resource Requirements 2015/16 by Trusts, FHS and Other

	Trust	FHS	Other	TOTAL
Baseline 15/16	3,098	855	248	4,201
Pressures 15/16	236	28	38	302
Slippage	(22)	-	(23)	(45)
Trust Savings	(85)	-	-	(85)
FHS Savings Opportunities 15/16	-	(22)	-	(22)
Total	3,227	861	263	4,351

*Other relates to Voluntary Bodies, Mgmt. & Admin and funds earmarked, but not yet allocated, to Trusts etc.

The HSCB and PHA, in consultation with the DHSSPS and Providers, identified a range of pressures anticipated to require additional resources in 2015/16 over and above the baseline. These include pay and inflation, demographic pressures arising particularly for our growing elderly population and elective care to address waiting lists. In total, these inescapable pressures amounted to **£302m**. These are detailed below in Table 3.

Table 3: 2015/16 Inescapable Pressures

Inescapable Pressures	Total
C/fwd Service Commitments	73
Demography	26
FHS Pressures	28
Non-Pay	27
Pay	10
Service Developments	8
Trust recurrent pressures	131
Total	302

Pressures 15/16

C/fwd Service Commitments

These are service pressures areas with no recurrent funding source which have been carried forward in the 2015/16 Financial Plan from 2014/15 and identified for priority funding. These services were commissioned in 2014/15 with only in-year funding.

Demography

The demography pressures identified take account of the projected costs of increases in population projections.

FHS Pressures

The pressures identified for FHS are primarily to cover anticipated increased costs in Prescribing, Dental, General Medical and Ophthalmic Services including demography, residual demand, pay and non-pay inflation. This also includes a number of pressures areas (£5m) in primary care, covering Out of Hours, diagnostic work and GP premises.

Pay/Non Pay

There is an agreement in NHS England on the 2015/16 pay award but not for 2015/16 HSC pay. The funding identified for pay is based on a 1% uplift, non-recurrent, for those at the top point of their pay scale. Non pay funding arises due to inflationary increases for goods and services and the independent sector care.

Service Developments

There are a number of services developments that are a critical requirement in 2015/16 and must proceed because of statutory or other reasons.

Trust Recurrent Pressures

The HSCB has worked closely with the Trusts in the identification and review of Trust recurrent pressures brought forward for a number of years. As a result, HSCB has recognised £131m in the 2015/16 Financial Plan.

Since 2012/13, the HSC has delivered cash and productivity savings as part of a comprehensive savings programme in order to support the HSCB/PHA achieve a breakeven. Savings of **£152m** are required in 2015/16 in order to break even.

- Trust savings targets (including PPRS) amount to **£85m** in 2105/16.
- **£ 22m** savings from prescribing and primary care PPRS
- Easements through delaying start dates of planned investments of **£45m**

As the additional Executive funding for 2015/16 is limited and the HSCB/PHA must break even, funding solutions of **£152m** must be found from alternative sources. In the interim, following discussions with the DHSSPS, the HSCB will delay the implementation of a number of key projects and the investment in elective care at this stage. As a result, **£31m** of the **£152m** is being funded from temporary solutions. This will be revisited after the June monitoring takes place.

All organisations have been given cash targets to support the HSC system to breakeven financially in 2015/16.

The Trust target is **£85m** in 2015/16. This is **£19m** for Trust Secondary Care Pharmaceutical Price Regulation Scheme (PPRS) and **£66m** Trust savings. PPRS is in both Primary Care and Secondary Care whereby a rebate is allocated to HSCNI by the pharmaceutical industry when spend on branded medicines goes above an agreed growth rate.

Trusts detailed savings targets are reflected in their Trust Delivery Plans for 2015/16. The HSCB and the DHSSPS are reviewing these plans on an on-going basis. Delivering this level of saving is extremely challenging.

Section 2: Planned Investments - Provider Analysis

This section is designed to provide supporting information to demonstrate how the HSCB and PHA resources are planned to be spent by Provider.

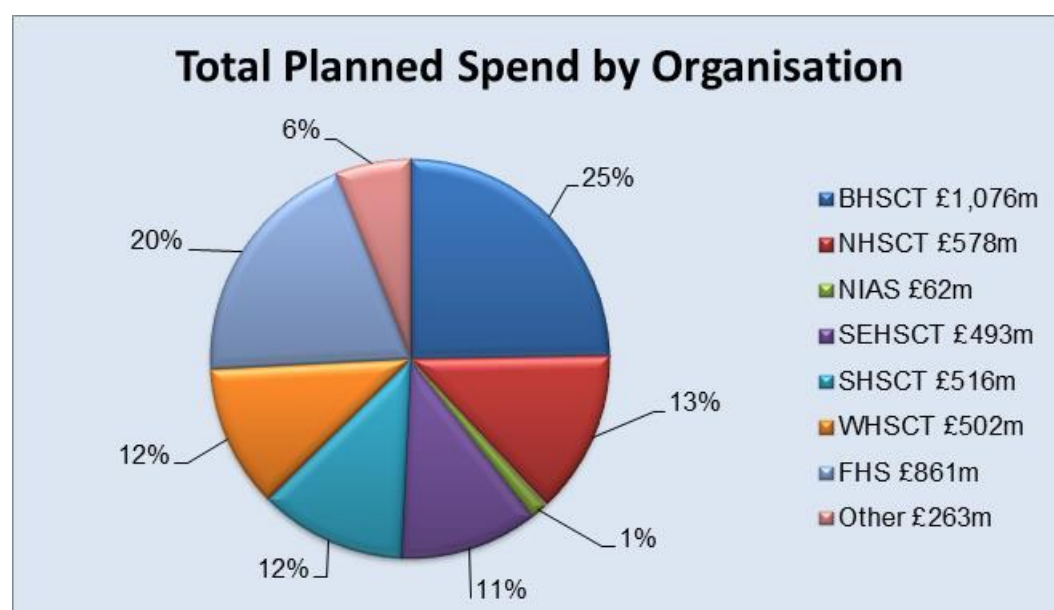
It provides information on the following:

- Planned Spend by Organisation
- Provider Trusts planned spend by category
- Provider Trusts planned spend by PoC
- Family Health Services (FHS)

Planned Spend by Organisation

Of the total **£4,351m** planned by HSCB and PHA, **£3,227m** is allocated to the six provider Trusts in Northern Ireland, **£861m** to FHS the balance of **£263m** includes some funds earmarked for services but final detail on providers still to be agreed at this stage of planning, funds earmarked for organisations such as voluntary bodies, Out of Area Treatment as well as Management & Admin. Figure 1 illustrates the total HSCB and PHA planned expenditure by organisation.

Figure 1: 2015/16 Total Planned Spend by Organisation



The 6 Provider Trusts in Northern Ireland with planned expenditure of **£3,227m** are:

- Belfast Health and Social Care Trust (BHSCT)
- Northern Health and Social Care Trust (NHSCT)
- South Eastern Health and Social Care Trust (SEHSCT)
- Southern Health and Social Care Trust (SHSCT)
- Western Health and Social Care Trust (WHSCT)
- NI Ambulance Service (NIAS)

These deliver a wide range of health and personal social services - hospital, community and social care across Northern Ireland.

Planned Spend by Organisation

Table 4 Provider Trusts planned spend by category

	Trust/Other (£m)										TOTAL
	Trust (£m)							Other (£m)			
	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NIAS	Sub Tot	FHS	Other	Sub Tot	
Baseline 15/16 (incl indicatives)	1,047	552	470	490	480	59	3,098	855	248	1,103	4,201
Pressures 15/16	66	43	36	47	40	4	236	28	38	66	302
Slippage	(10)	(2)	(2)	(5)	(3)	-	(22)	-	(23)	(23)	(45)
Trust Savings	(27)	(15)	(11)	(16)	(14)	(1)	(85)	-	-	-	(85)
FHS Savings Opportunities 15/16	-	-	-	-	-	-	-	(22)	-	(22)	(22)
Total	1,076	578	493	516	502	62	3,227	861	263	1,124	4,351

*Other relates to FHS, Voluntary Bodies, Mgmt. & Admin and funds earmarked, but not yet allocated, to Trusts etc.

There is a more detailed analysis of the Trust element of the opening baseline (excluding indicatives) included in the Appendices 1 - 6 by PoC and service area.

The pressures, slippage and Trust savings figures for 2015/16 have been identified in the Trust Service Budget Agreements (SBA). Trusts will receive additional resources during the 2015/16 year as earmarked but not yet identified to a provider funds are agreed.

Family Health Services (FHS) comprises general medicine, pharmacy, dental and ophthalmic services and are provided directly to local populations at a cost of **£861m** to the HSCB.

Other planned expenditure, **£263m**, includes voluntary bodies, health agencies; care provided outside NI for NI residents and HSCB/PHA management & administration costs. This is not the entire expenditure on the independent sector as Trusts within NI also purchase care directly from the independent sector in areas such as nursing home and domiciliary care.

Provider Trusts planned spend by POC

Table 5 below provides a PoC analysis of the Trust planned expenditure figure of **£3,227m**:

Table 5: 2015/16 Overall Provider Trusts planned spend by Programme of Care

PoC	BHSCT £m	NHSCT £m	NIAS £m	SEHSCT £m	SHSCT £m	WHSCT £m	Total	
							£m	%
PoC 1 - Acute	564	172	62	172	183	196	1,348	41.77%
PoC 2 - Maternal & Child Health	31	26	-	27	28	24	136	4.23%
PoC 3 - Family & Childcare	45	42	-	42	34	37	200	6.19%
PoC 4 - Older People	150	163	-	123	128	114	679	21.03%
PoC 5 - Mental Health	67	51	-	33	41	42	234	7.25%
PoC 6 - Learning Disability	74	51	-	44	54	37	259	8.03%
PoC 7 - Physical & Sensory Disability	30	23	-	17	17	18	106	3.28%
PoC 8 - Health Promotion	19	16	-	8	13	10	65	2.00%
PoC 9 - Primary Health & Adult Communi	96	33	-	27	20	25	201	6.22%
Total	1,076	578	62	493	516	502	3,227	100.00%

The figures in Table 5 show that BHSCT receives a significant proportion of resources. This Trust provides the majority of regional services for all of Northern Ireland and hence requires an increased share of resources in proportion to its population size.

Planned expenditure in Trusts includes acute pressures covering very specific inescapable pressures for specialist drugs and waiting lists.

Demographic pressures due to the increasing elderly population impact on both the acute and elderly population.

The strategic direction set out in Transforming Your Care (TYC) will shift resources from the acute setting to the community/personal social services within the Trust and FHS. It is therefore anticipated that when this happens there will be a reduction in the acute Programme of Care spend.

The TYC anticipated shift from the acute setting to the community/personal social services and FHS may also impact on the total resources spent on the BHSCT. This will occur if the people currently attending BHSCT to receive acute care from outside this area receive their care in the future in a community setting which will be funded by their local Trust.

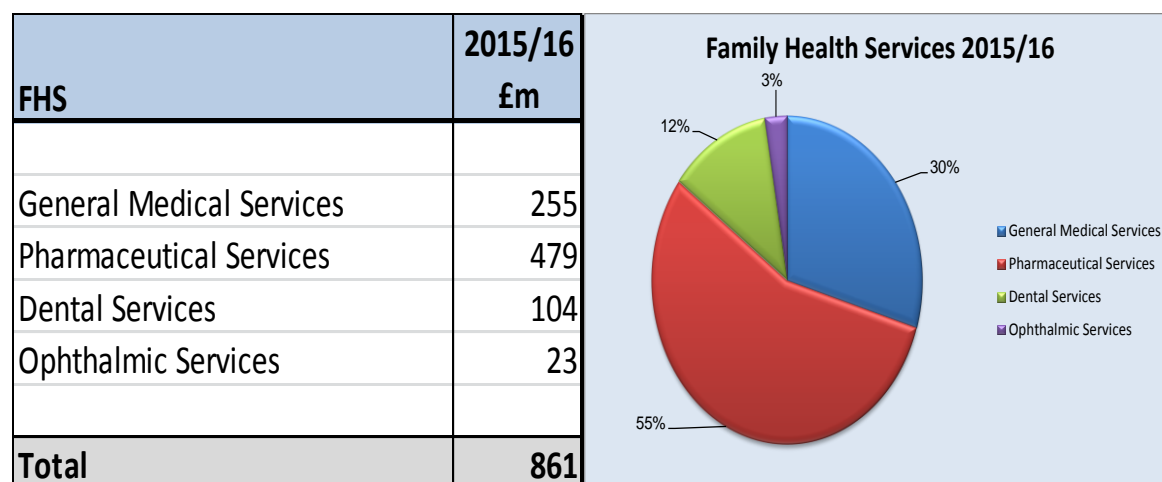
In order to allow comparison across consistent headings the HSC uses Programmes of Care. However, Trusts' budgets are not managed on a strict Programme of Care basis, e.g. in some Trusts children's directorates cover a number of Programmes of Care - maternity, family and child care, children with learning disabilities (learning disability) and in addition there are separate budgets for estates, human resources,

finance - all of these costs have to be apportioned to one of the nine Programmes of Care to allow comparisons.

It is anticipated that a rebasing exercise will be carried out in 2016/17 to ensure the SRF reflects the impact of efficiencies and any service redesign across all Trusts.

Family Health Services

The HSCB/PHA commission services from a range of FHS providers amounting to **£861m**.



The HSCB will be resourcing additional inescapable pressures of **£28m** in the 2015/16 plan, covering:

- £18m in Pharmacy
- £3m in Dental Services
- £6m in General Medical Services
- £1m in Ophthalmic Services

The inescapable pressures in Pharmacy are driven by an increase in prescribing volumes and an increasing range of new drugs available in line with NICE guidance.

In total FHS will be also be contributing **£22m** towards the total efficiency savings. The primary source of efficiency savings within FHS is in pharmacy.

Section 3: Planned Investment - Programme of Care (POC)

Programmes of Care are divisions used to plan and monitor the health and social care sector by allowing performance to be measured, targets set and services managed on a comparative basis. All expenditure does not fall naturally into PoC. Apportioning is used therefore to map expenditure into programmes.

This section illustrates how **£3.406bn** of the **£4.351bn** resources are planned to be spent across Programme of Care.

The nine Programmes of Care are:

- (POC 1) Acute Services
- (POC 2) Maternity and Child Health
- (POC 3) Family and Child Care
- (POC 4) Elderly Care
- (POC 5) Mental Health
- (POC 6) Learning Disability
- (POC 7) Physical and Sensory Disability
- (POC 8) Health Promotion and Disease Prevention
- (POC 9) Primary Health and Adult Community

In addition to the nine Programmes of Care this report also details expenditure plans for the FHS (**£861m**), which relate to the following services:

- General Medical Services (GMS)
- Dental Services
- Pharmaceutical Services
- Ophthalmic Services

An amount of planned expenditure (**£84m**) is not split to PoC or FHS. This other planned spend relates to Management and Admin, Business Services Organisation and DIS.

Table 6 sets out how the total resources are planned to be allocated across the Programmes of Care, Family Health Services and Other areas:

Table 6: Planned Expenditure by Programme of Care

PoC	2015/16 £m	2015/16 %
PoC 1 - Acute	1,419	42%
PoC 2 - Maternal & Child Health	137	4%
PoC 3 - Family & Childcare	221	6%
PoC 4 - Older People	683	20%
PoC 5 - Mental Health	256	8%
PoC 6 - Learning Disability	265	8%
PoC 7 - Physical & Sensory Disability	108	3%
PoC 8 - Health Promotion	103	3%
PoC 9 - Primary Health & Adult Community	214	6%
Sub-Total	3,406	100%
FHS	861	
Other*	84	
Total	4,351	

*Other refers to Management & Admin, BSO, and DIS

Table 7 and 8 below give further detail on planned spend by POC.

Table 7: Planned 2015/16 expenditure by PoC by baseline, funding solutions and pressures

	PoC/Other (£m)											
	1	2	3	4	5	6	7	8	9	FHS	Other*	Total
Baseline 15/16	1,385	132	207	643	246	251	104	98	201	855	79	4,201
Pressures 15/16	123	9	19	54	16	19	6	6	18	28	5	302
Slippage	(43)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	-	-	(45)
Trust Savings	(45)	(3)	(4)	(15)	(5)	(5)	(2)	(1)	(4)	-	-	(85)
Savings Opportunities 15/16	-	-	-	-	-	-	-	-	-	(22)	-	(22)
Total	1,419	137	221	683	256	265	108	103	214	861	84	4,351

*Other refers to Management & Admin, BSO, and DIS

The pressures which are going to be funded in 2015/16 are shown by category in Table 8. Only a proportion of the pressures identified in the planning process can be funded. The balance, having been further reviewed and prioritised, could feed into subsequent DHSSPS monitoring bids.

Table 8: Inescapable pressures by Programme of Care

Inescapable Pressures	PoC / Other (£m)											
	1	2	3	4	5	6	7	8	9	FHS	Other*	Total
C/fwd Service Commitments	48	1	4	2	1	1	0	2	11	-	4	73
Demography	9	0	0	13	1	0	0	0	0	-	-	26
FHS Pressures	-	-	-	-	-	-	-	-	-	23	-	23
Non-Pay	12	1	2	5	2	2	1	1	1	-	1	27
Pay	4	0	1	2	1	1	0	0	1	-	0	10
Primary Care pressures	-	-	-	-	-	-	-	-	-	5	-	5
Service Developments	1	0	3	-	-	4	-	0	0	-	-	8
Trust recurrent pressures	49	7	9	32	11	12	5	2	5	-	-	131
Total	123	9	19	54	16	19	6	6	18	28	5	302

* BSO, DIS and Management & Admin

Section 4: Planned Investment - Local Commissioning Groups (LCGs)

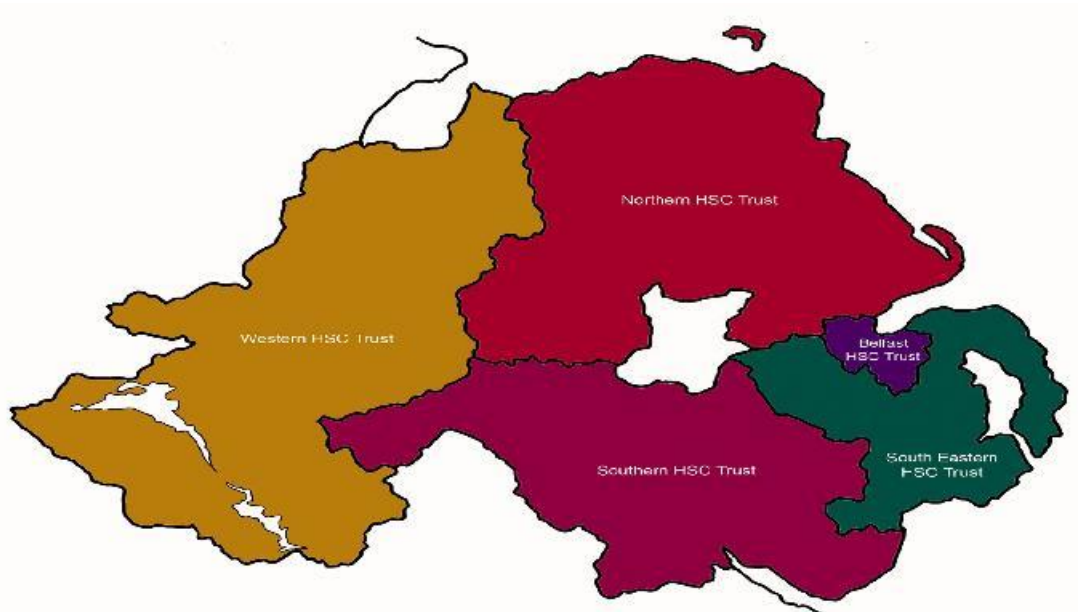
Ensuring resources are fairly distributed across local populations is a core objective in the Commissioning process. This section illustrates how resources are planned to be spent across Local Commissioning Group (LCG).

Funds are attributed to LCG using the following methodology:

- Community and Personal Social Services planned spend by Trust mirrors the LCG as these services are locally based. These include services such as district nursing, health visiting, social work and domiciliary care.
- Acute planned spend is identified to the LCG based on historical data mapping the postcode of the patient and associated costs from a Trust to a LCG. It is important to note that the analysis of acute services to LCG can only ever be indicative as referral patterns and demand for services change year on year.
- Planned spend on NIAS, A&E, Regional Services and Prison Services are not identified to LCG.
- FHS has not been identified to LCG as it is mainly practice based and therefore cannot be compared to the resident population base which is used for the LCG analysis e.g. where people do not routinely use pharmacists or opticians in their local area.

Following its establishment in April 2009, the new HSCB established 5 Local Commissioning Groups across Northern Ireland, and these have geographical boundaries that are co-terminus with the boundaries of the 5 HSC Trusts, as reflected in Map 1 below.

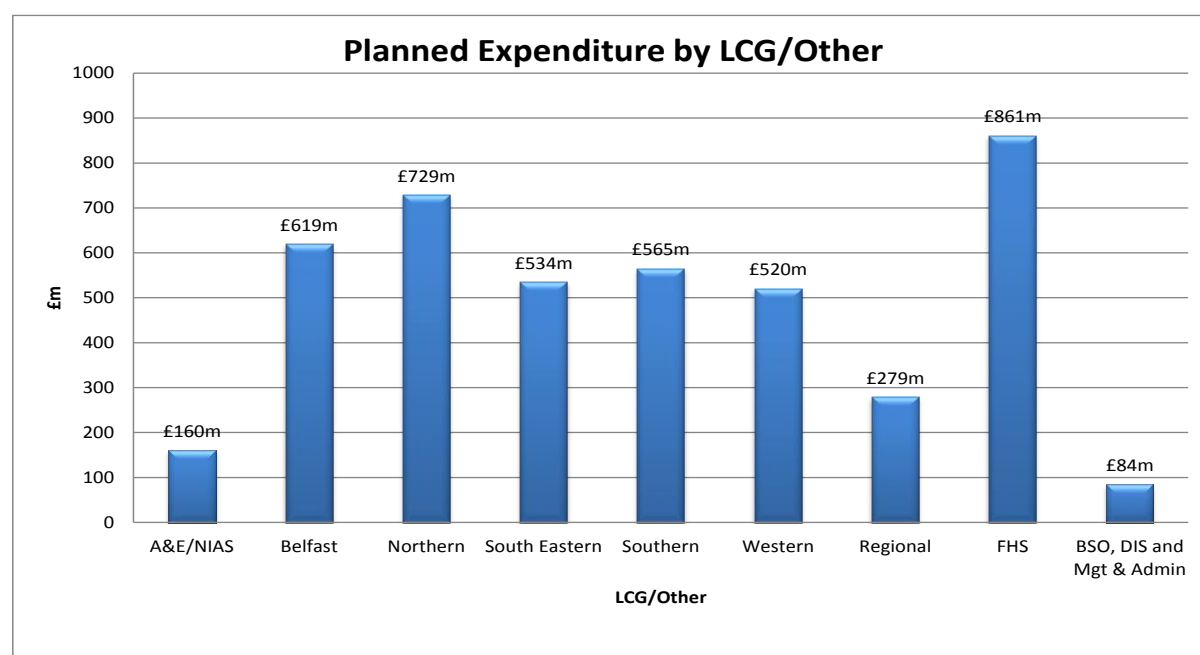
Map 1: Health and Social Care Trusts, Northern Ireland



Hospital spend does not always fall neatly within the boundaries of Trusts as patients often travel to receive acute care outside their own area.

Figure 2 shows how the total resources are planned to be spent across localities. This reflects the different population sizes and need profiles within each locality e.g. the Northern LCG crude resident population is the largest with 24.36% and the Western LCG the smallest with 16.95%. Family Health Services (FHS) are not assigned to LCG in the graph as these are managed on a different population base, as stated above. A&E and Prison services have been included in the Regional classification as these are managed on a Northern Ireland basis.

Figure 2: 2015/16 Planned Expenditure by LCG



The following Tables demonstrate how each Local Commissioning Group plans to allocate its resources, Table 9 by providers of Health and Social Care and Table 10 by Programme of Care.

Table 9: Planned spend by LCG (and Other) by Trust

Trust	Local Commissioning Group (£m)								
	A&E/ NIAS	Belfast	Northern	South Eastern	Southern	Western	Regional (incl Prisons)	FHS	Total
BHSCT	22	537	129	120	51	28	190		1,076
NHSCT	17	1	544			1	14		578
NIAS	62								62
SEHSCT	28	40	3	378	5		39		493
SHSCT	16	1	5	6	472	2	14		516
WHSCT	13		7		4	457	22		502
Non Trust - Vols, ECRs etc	2	40	41	30	33	33		861	1,040
Sub Total	160	619	729	534	565	520	279	861	4,267
Other *									84
TOTAL	160	619	729	534	565	520	279	861	4,351

* BSO, DIS and Management & Admin

Table 10: 2015/16 LCG Planned spend by POC

Programme of Care	Local Commissioning Group (£m)							Regional (incl Prisons)	Total
	A&E/ NIAS	Belfast	Northern	South Eastern	Southern	Western			
PoC 1 - Acute	160	204	280	191	206	198	179	1,419	
PoC 2 - Maternity & Child Health		24	33	28	27	25		137	
PoC 3 - Family & Childcare		45	47	40	39	43	8	221	
PoC 4 - Older People		145	167	127	128	115		683	
PoC 5 - Mental Health		61	60	39	49	47		256	
PoC 6 - Learning Disability		57	61	54	55	38		265	
PoC 7 - Physical & Sensory Disability		26	22	17	19	16	8	108	
PoC 8 - Health Promotion		27	24	15	19	17		103	
PoC 9 - Primary Health & Adult Community		29	37	22	22	22	83	214	
Sub Total	160	619	729	534	565	520	279	3,406	
FHS								861	
Other *								84	
TOTAL	160	619	729	534	565	520	279	4,351	

* BSO, DIS and Management & Admin

These figures include results from rebasing exercise carried out by 5 of the 6 provider Trusts in 2013/14 and 2014/15.

Regional services such as renal dialysis, oncology, cardiac surgery, neurosurgery and haematology (clinical) as well as prison healthcare have been excluded from analysis to LCG as all LCGs have access to these services based on need.

Table 9 shows that whilst the majority of planned expenditure within a LCG is with the host Trust, the LCG commission services on behalf of their population from other Trusts and non-trust bodies.

Conclusion

In 2015/16 the HSC will face a challenging financial agenda if it is to achieve its primary financial target of break even. Having a robust suite of financial plans which take account of inescapable pressures, available income and potential sources of funds through efficiencies is essential to set the direction for financial stability.

This document demonstrates how the financial plan impacts across Providers, Programmes of Care and Local Commissioning Group areas showing that:

- The financial plan will fund additional inescapable pressures in 2015/16 of **£302m**;
- Additional income of **£150m** has been received therefore funding solutions of **£152m** have been identified to deliver financial break even and fund the **£302m** pressures;
- At the time of this plan just over **£3bn** of the total resources available is planned to be spent on local provider Trusts and **£861m** is planned to be spent on FHS and other resources have also been earmarked from voluntaries and other providers; and
- Of the Trust expenditure almost **63%** of the planned spend by Programme of Care is spent on acute services and elderly care, with the financial plan reflecting significant demographic pressures due to the increasing elderly population impact on both these POCs.

As with any plan the information within this report is subject to on-going change and refinement, for example, where additional resources are received in-year or where efficiency plans have been refined.

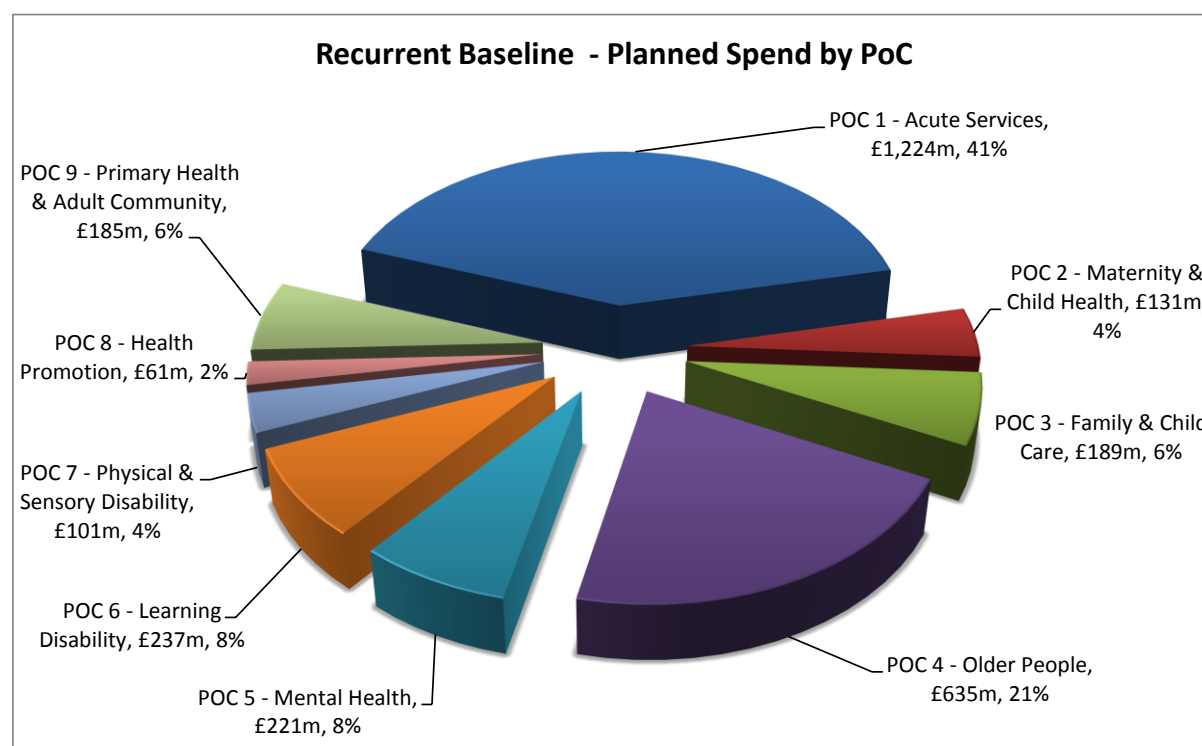
In preparation for the 2016/17 SRF a detailed review of baseline resources is planned. This will help development reporting at a detailed level.

GLOSSARY

A&E	Accident and Emergency Services
BSO	Business Services Organisation
CFRG	Capitation Formula Review Group
DIS	Department of Information Services
DHSSPS	Department of Health, Social Services and Public Safety
FHS	Family Health Services
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
ICP	Integrated Care Partnership
LCG	Local Commissioning Group
LHEG	Local Health Economy Group
NIAS	Northern Ireland Ambulance Service
PHA	Public Health Agency
POC	Programmes of Care
QICR	Quality Improvement Cost Reduction
RCCE	Revenue Consequences of Capital Expenditure
SBAs	Service and Budget Agreements
SRF	Strategic Resources Framework
TYC	Transforming Your Care
VER/VR	Voluntary Early Retirement/Voluntary Redundancy

Total Planned Expenditure (allTrusts) by PoC and Service Line 2015/16*

Of the total **£3,098m** resources identified to Trusts baselines, **£2,985m** is the recurrent baseline which can also be shown at service line level at the time of developing this plan. The balance is made up of indicative allocations for which detailed business cases will be available by the end of the planned period. These will be reflected at service line level in the opening 2016/17 SRF.



POC	£m
PoC 1	1,224
PoC 2	131
PoC 3	189
PoC 4	635
PoC 5	221
PoC 6	237
PoC 7	101
PoC 8	61
PoC 9	185
Grand Total	2,985

PoC 1 - Acute Services	£m
Accident and Emergency	150
Cardiology	76
General Medicine	186
General Surgery	146
Intensive/High Dependency	78
Medical & Clinical Oncology	51
Trauma and Orthopaedics	111
Other Acute	426
Trauma and Orthopaedics	111
Grand Total	1,224

PoC 2 - Maternity & Child health	£m
AHPS	17
Grants, Goods & Services	1
Non Acute Hospital	83
Nursing	20
Other Comm / PSS	10
Grand Total	131

PoC 3 - Family & Childcare	£m
AHPS	1
Domiciliary Care	1
Grants, Goods & Services	52
Nursing	4
Other Comm / PSS	31
Residential Home Care	26
Social Work	75
Grand Total	189

PoC 4 - Older People	£m
AHPS	29
Domiciliary Care	161
Grants, Goods & Services	15
Non Acute Hospital	103
Nursing	48
Nursing Home Care	150
Other Acute	6
Other Comm / PSS	39
Residential Home Care	59
Social Work	24
Grand Total	635

PoC 5 - Mental Health	£m
AHPS	4
Domiciliary Care	5
Grants, Goods & Services	10
Non Acute Hospital	91
Nursing	21
Nursing Home Care	13
Other Comm / PSS	60
Residential Home Care	5
Social Work	12
Grand Total	221

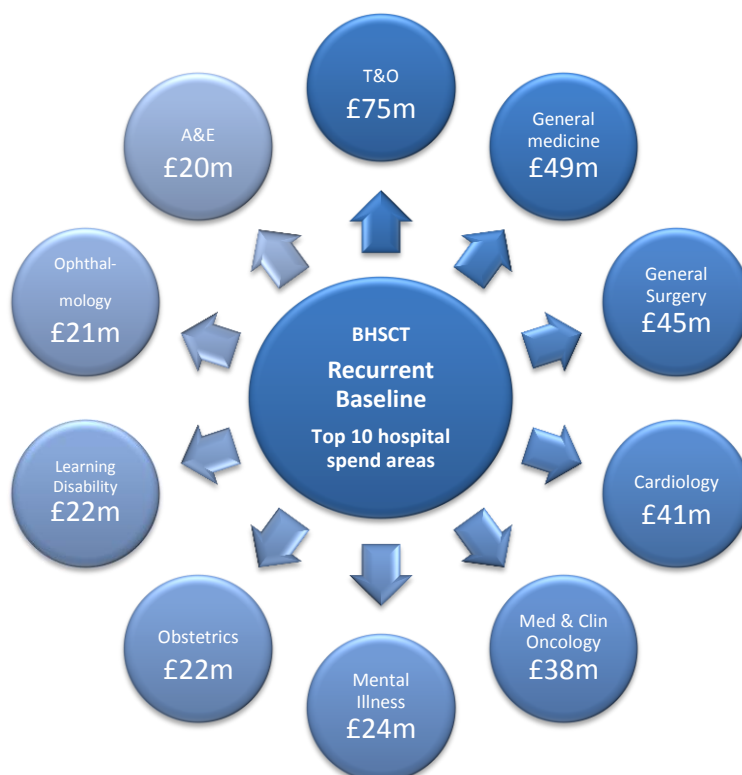
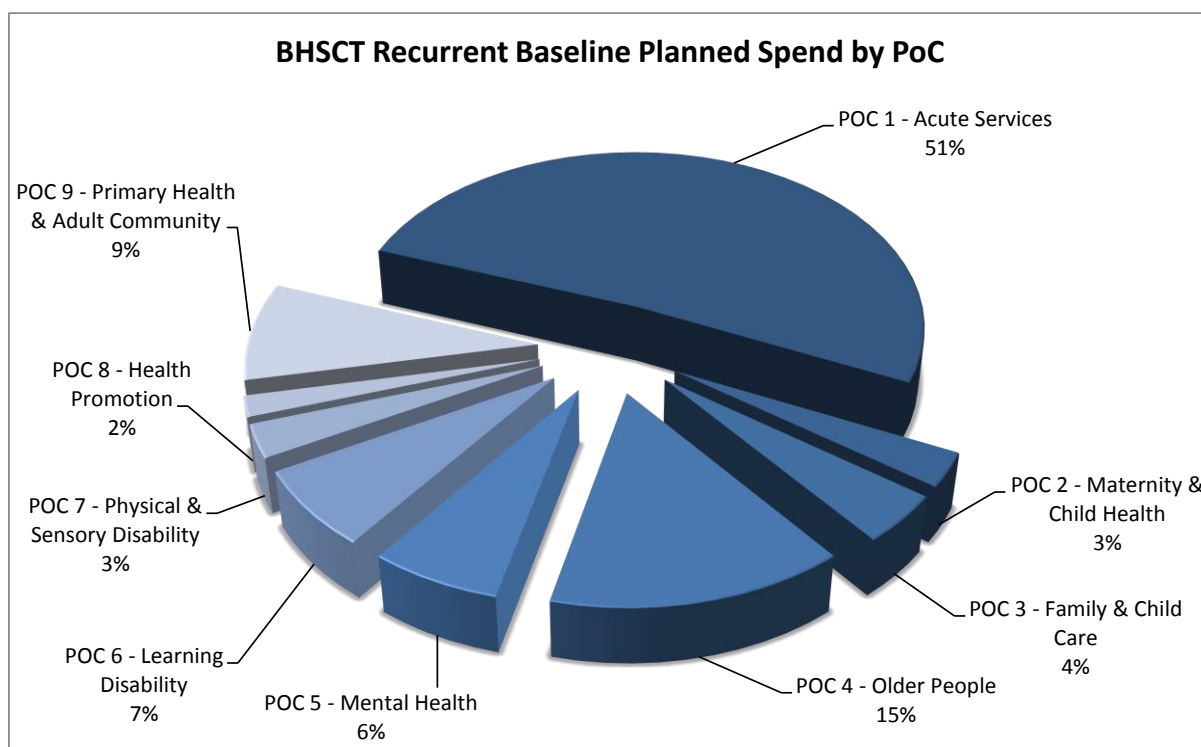
PoC 6 - Learning Disability	£m
AHPS	8
Domiciliary Care	18
Grants, Goods & Services	11
Non Acute Hospital	29
Nursing	6
Nursing Home Care	30
Other Comm / PSS	77
Residential Home Care	43
Social Work	15
Grand Total	237

PoC 7 - Physical & Sensory Disability	£m
AHPS	10
Domiciliary Care	27
Grants, Goods & Services	13
Non Acute Hospital	11
Nursing	2
Nursing Home Care	9
Other Comm / PSS	16
Residential Home Care	2
Social Work	12
Grand Total	101

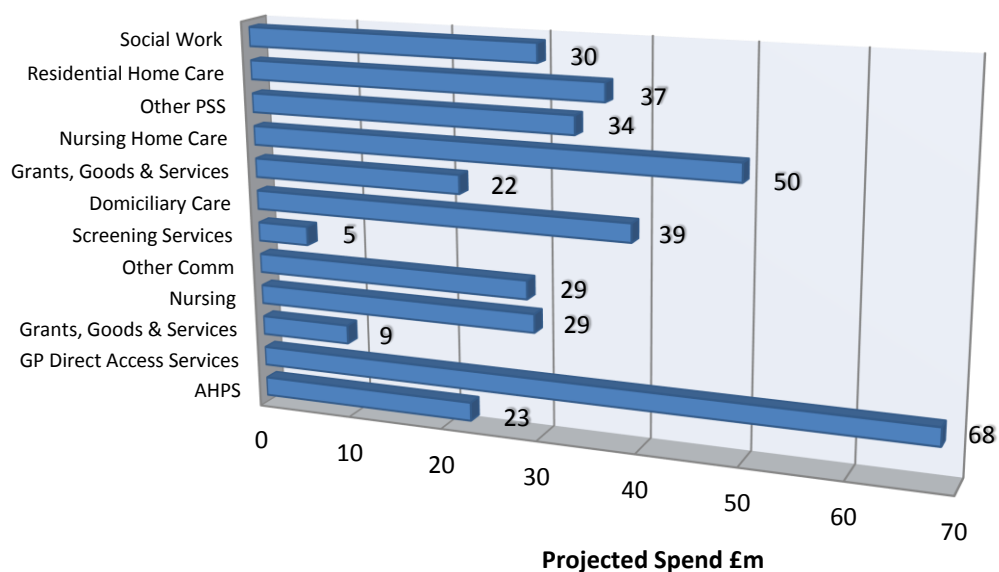
PoC 8 - Health Promotion	£m
AHPS	1
Grants, Goods & Services	11
Nursing	31
Other Comm / PSS	8
Screening Services	11
Grand Total	61

PoC 9 - Primary Health & Adult Community	£m
AHPS	20
GP Direct Access Services	118
Grants, Goods & Services	16
Nursing	24
Other Comm / PSS	6
Grand Total	185

**BHSCT Recurrent Baseline –
Planned Expenditure by PoC and Service Line 2015/16***



BHSCT Recurrent baseline - Community & PSS by Service Area



BHSCT - Recurrent Baseline by POC	£m
PoC 1	512
PoC 2	30
PoC 3	43
PoC 4	145
PoC 5	64
PoC 6	69
PoC 7	29
PoC 8	18
PoC 9	86
Grand Total	996

PoC 1- Acute Services	£m
Trauma and Orthopaedics	76
General Medicine	49
General Surgery	45
Cardiology	41
Medical & Clinical Oncology	38
Intensive/High Dependency	36
Accident and Emergency	20
Other Acute	207
Grand Total	512

PoC 2 - Maternity & Child Health	£m
Non Acute Hospital	23
Nursing	3
AHPS	3
Other Comm / PSS	2
Grand Total	30

Poc 3 - Family & Childcare	£m
Social Work	17
Grants, Goods & Services	13
Residential Home Care	5
AHPS	1
Nursing	1
Other Comm / PSS	5
Grand Total	43

Poc 4 - Older People	£m
Nursing Home Care	35
Domiciliary Care	31
Non Acute Hospital	23
Residential Home Care	16
Nursing	9
AHPS	7
Social Work	4
Grants, Goods & Services	4
Other Comm / PSS	16
Grand Total	145

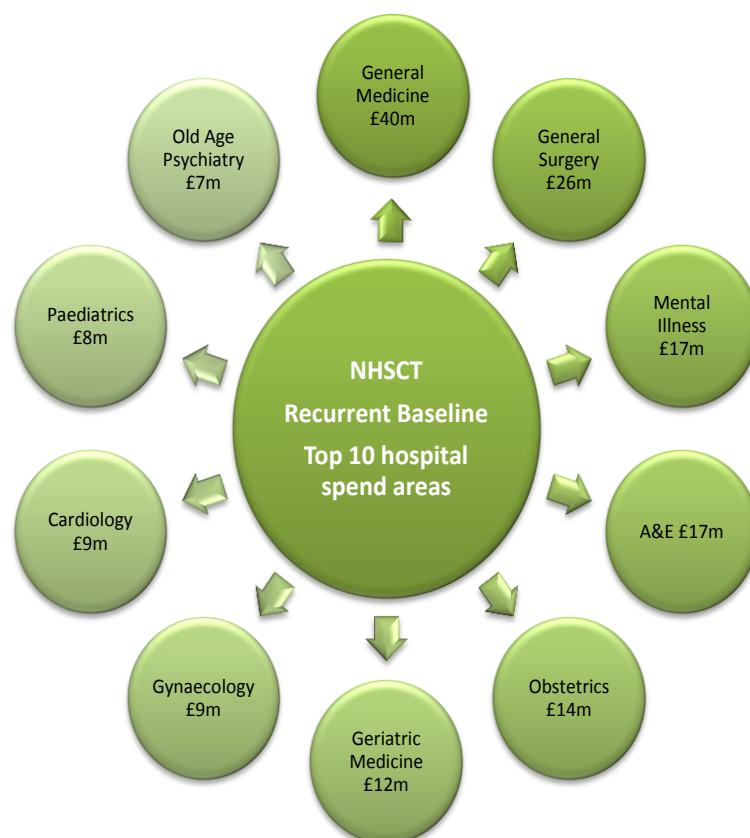
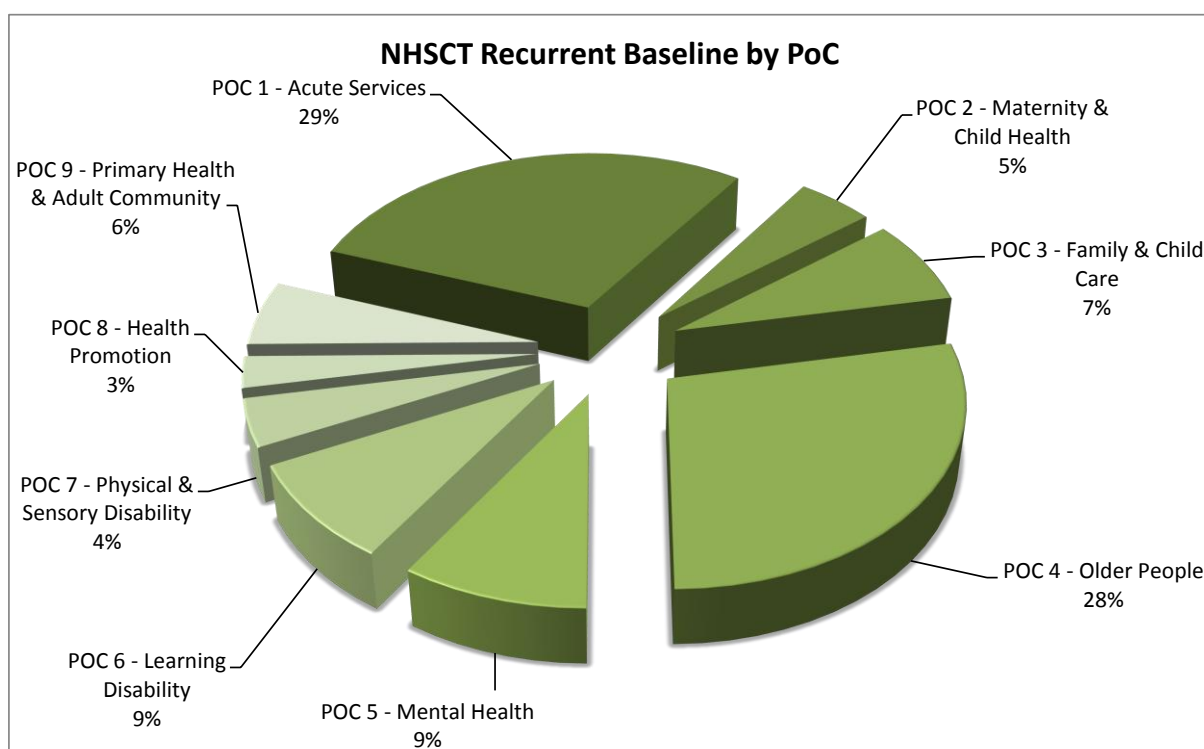
PoC 5 - Mental Health	£m
Non Acute Hospital	36
Nursing Home Care	5
Nursing	4
Grants, Goods & Services	4
Social Work	3
Residential Home Care	2
Domiciliary Care	1
Other Comm / PSS	10
Grand Total	64

PoC 6 - Learning Disability	£m
Non Acute Hospital	22
Residential Home Care	13
Nursing Home Care	7
Social Work	3
Grants, Goods & Services	3
Domiciliary Care	2
AHPS	1
Nursing	1
Other Comm / PSS	17
Grand Total	69

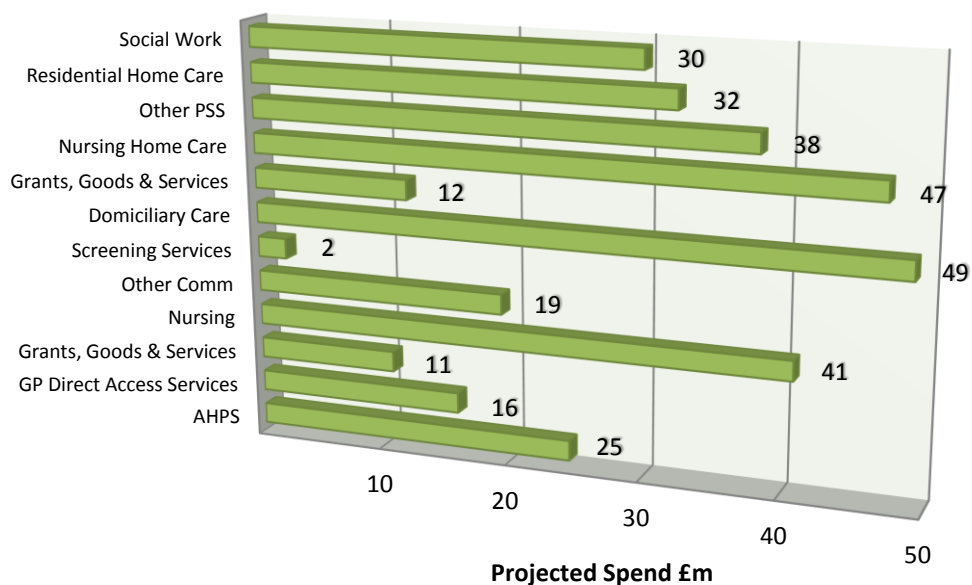
PoC 7 - Physical & Sensory Disability	£m
Non Acute Hospital	6
Domiciliary Care	5
Grants, Goods & Services	4
AHPS	3
Social Work	3
Nursing Home Care	3
Residential Home Care	1
Other Comm / PSS	4
Grand Total	29

PoC 8 - Health Promotion	£m
Nursing	8
Screening Services	5
Grants, Goods & Services	4
Other Comm / PSS	1
Grand Total	18

PoC 9 - Primary Health & Adult Community	£m
GP Direct Access	68
AHPS	8
Nursing	5
Other Comm / PSS	5
Grand Total	86

NHSCT Planned Baseline Expenditure by PoC and Service Line 2015/16*

NHSCT Recurrent Baseline - Community & PSS by Service Area



NHSCT - Recurrent Baseline by POC	£m
PoC 1	155
PoC 2	25
PoC 3	40
PoC 4	150
PoC 5	49
PoC 6	47
PoC 7	23
PoC 8	15
PoC 9	31
Grand Total	534

PoC 1- Acute Services	£m
General Medicine	40
General Surgery	26
Accident and Emergency	17
Intensive/High Dependency	11
Cardiology	9
Medical & Clinical Oncology	3
Other Acute	50
Grand Total	155

PoC 2 - Maternity & Child Health	£m
Non Acute Hospital	14
Nursing	5
AHPS	5
Grants, Goods & Services	
Other Comm / PSS	1
Grand Total	25

Poc 3 - Family & Childcare	£m
Social Work	15
Grants, Goods & Services	10
Residential Home Care	6
Nursing	1
Other Comm / PSS	8
Grand Total	40

Poc 4 - Older People	£m
Domiciliary Care	38
Nursing Home Care	35
Non Acute Hospital	25
Residential Home Care	17
Nursing	13
AHPS	8
Social Work	6
Grants, Goods & Services	3
Other Comm / PSS	5
Grand Total	150

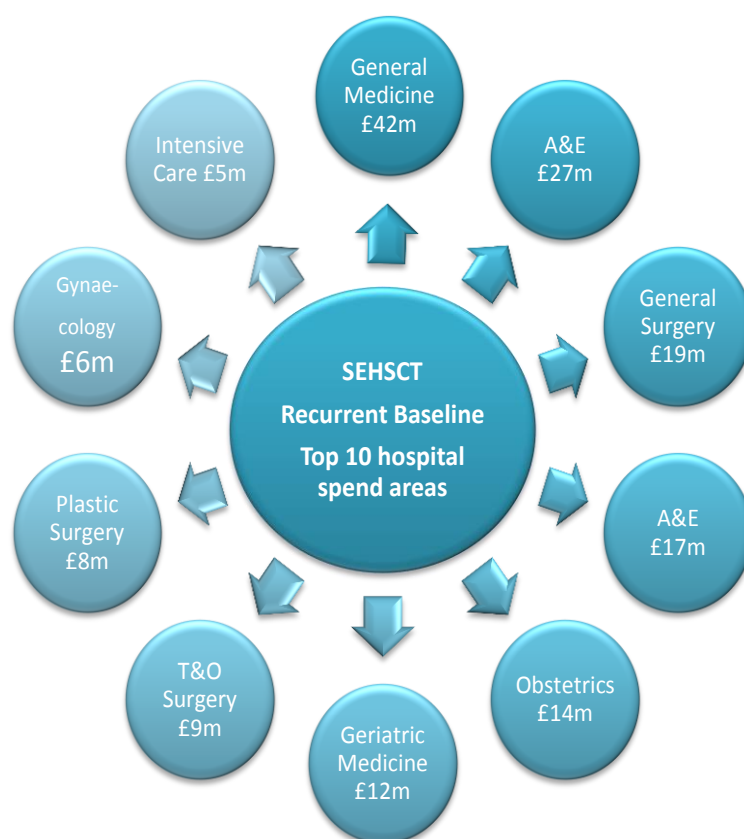
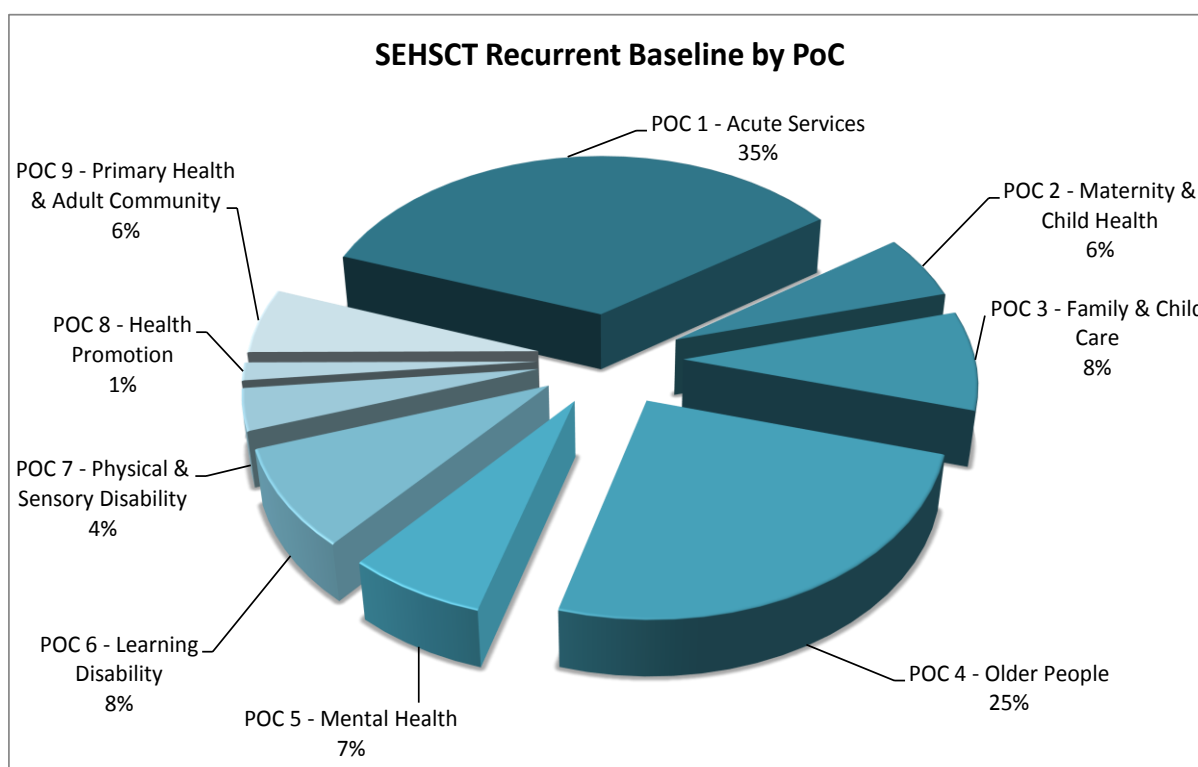
PoC 5 - Mental Health	£m
Non Acute Hospital	17
Nursing	3
Social Work	3
Nursing Home Care	2
Residential Home Care	2
AHPS	2
Domiciliary Care	1
Grants, Goods & Services	1
Other Comm / PSS	16
Grand Total	49

PoC 6 - Learning Disability	£m
Nursing Home Care	8
Residential Home Care	6
Social Work	4
Domiciliary Care	3
AHPS	2
Grants, Goods & Services	2
Nursing	1
Other Comm / PSS	21
Grand Total	47

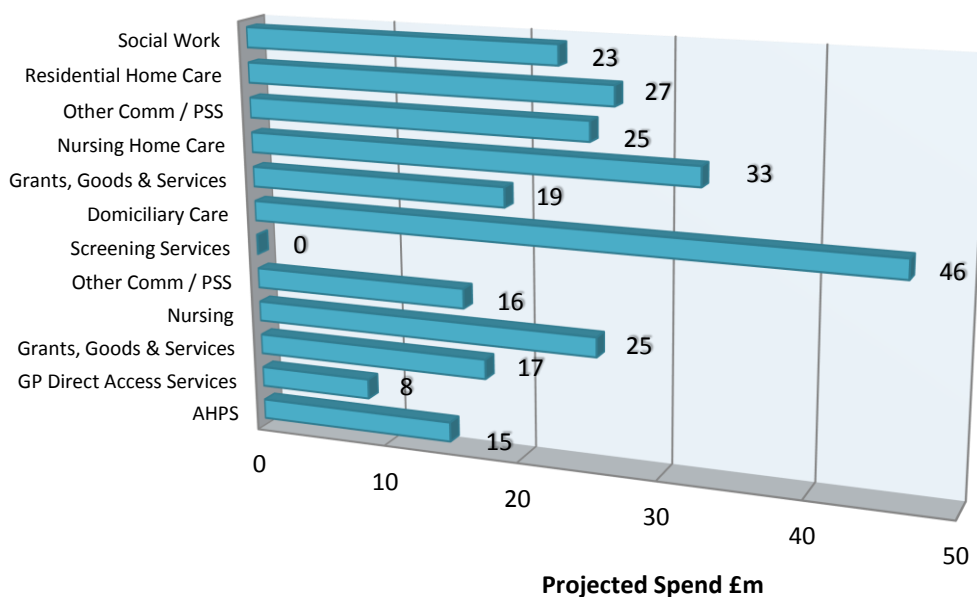
PoC 7 - Physical & Sensory Disability	£m
Domiciliary Care	6
Grants, Goods & Services	3
AHPS	3
Social Work	2
Nursing Home Care	2
Nursing	1
Residential Home Care	1
Other Comm / PSS	5
Grand Total	22

PoC 8 - Health Promotion	£m
Nursing	8
Screening Services	2
Grants, Goods & Services	2
Other Comm / PSS	3
Grand Total	15

PoC 9 - Primary Health & Adult Community	£m
GP Direct Access Services	16
Nursing	8
AHPS	5
Grants, Goods & Services	2
Grand Total	31

SEHSCT Planned Expenditure by PoC and Service Line 2015/16*

SEHSCT Recurrent Baseline - Community & PSS by Service Area



SEHSCT - Recurrent Baseline by PoC	£m
PoC 1	159
PoC 2	26
PoC 3	39
PoC 4	115
PoC 5	31
PoC 6	39
PoC 7	17
PoC 8	7
PoC 9	26
Grand Total	460

PoC 1- Acute Services	£m
General Medicine	42
Accident and Emergency	27
General Surgery	19
Trauma and Orthopaedics	9
Intensive/High Dependency	8
Cardiology	5
Medical & Clinical Oncology	4
Other Acute	46
Grand Total	159

PoC 2 - Maternity & Child Health	£m
Non Acute Hospital	14
Nursing	4
AHPS	4
Other Comm / PSS	3
Grand Total	26

Poc 3 - Family & Childcare	£m
Social Work	13
Grants, Goods & Services	13
Residential Home Care	4
Other Comm / PSS	10
Grand Total	39

Poc 4 - Older People	£m
Domiciliary Care	33
Nursing Home Care	27
Non Acute Hospital	15
Residential Home Care	13
Nursing	8
AHPS	5
Social Work	4
Grants, Goods & Services	3
Other Comm / PSS	6
Grand Total	115

PoC 5 - Mental Health	£m
Non Acute Hospital	15
Nursing	3
Grants, Goods & Services	3
Social Work	2
Nursing Home Care	1
Other Comm / PSS	7
Grand Total	31

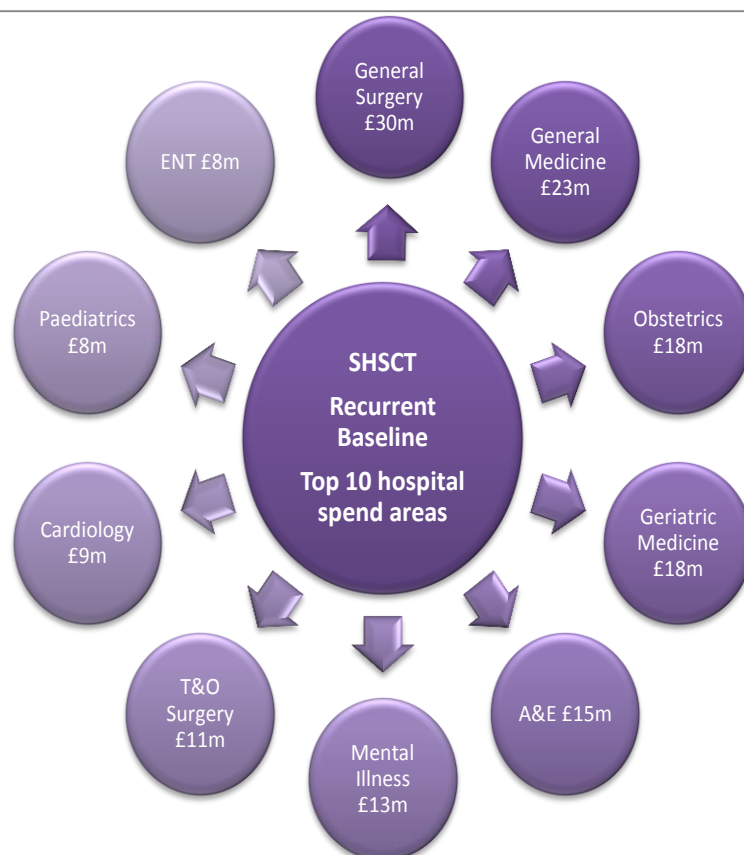
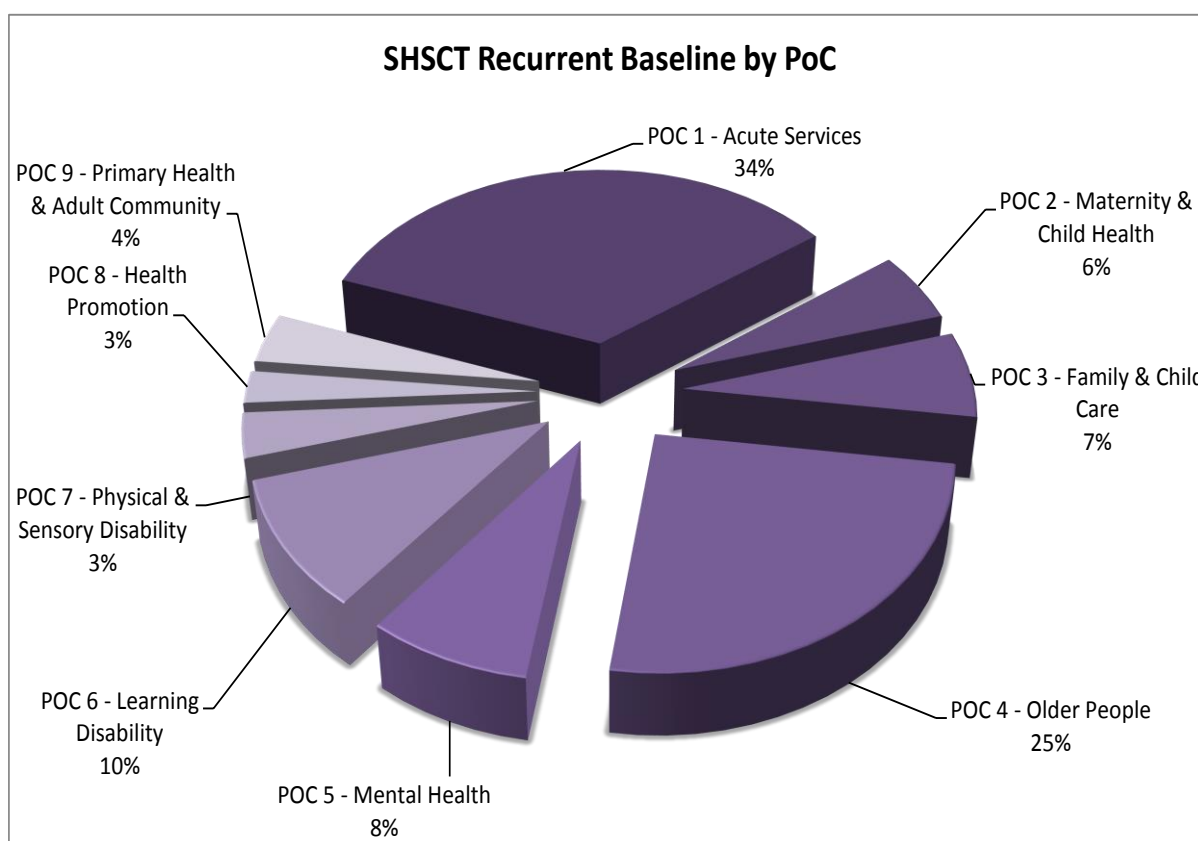
PoC 6 - Learning Disability	£m
Residential Home Care	9
Domiciliary Care	7
Grants, Goods & Services	4
Nursing Home Care	3
Social Work	2
Nursing	1
AHPS	1
Other Comm / PSS	13
Grand Total	39

PoC 7 - Physical & Sensory Disability	£m
Domiciliary Care	5
Non Acute Hospital	3
Grants, Goods & Services	2
Social Work	2
Nursing Home Care	1
AHPS	1
Other Comm / PSS	2
Grand Total	17

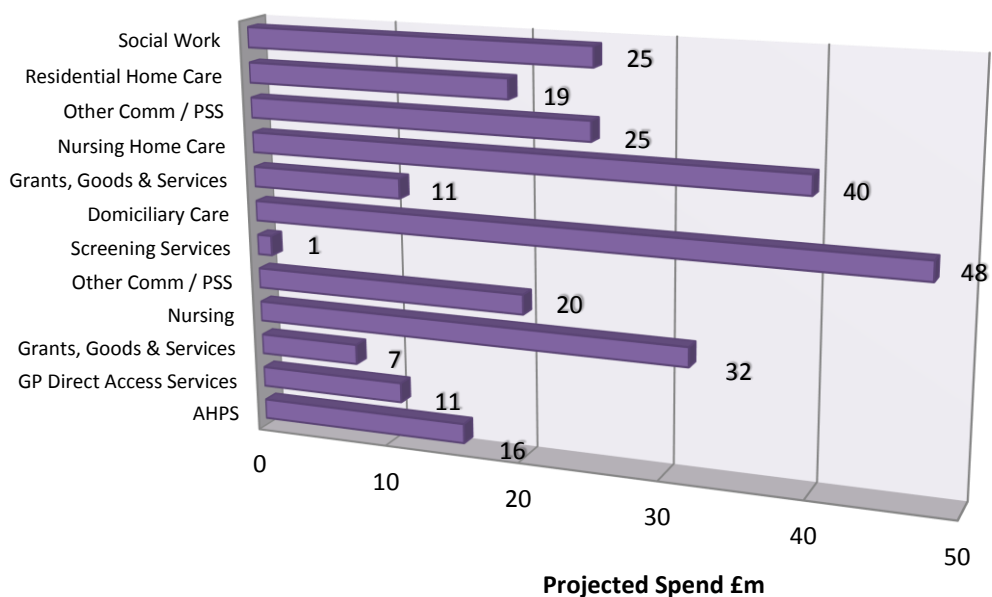
PoC 8 - Health Promotion	£m
Nursing	4
Grants, Goods & Services	2
Grand Total	7

PoC 9 - Primary Health & Adult Community	£m
Grants, Goods & Services	10
GP Direct Access	8
Nursing	4
AHPS	3
Grand Total	26

SHSCT Planned Baseline Expenditure by PoC and Service Line 2015/16*



SHSCT Recurrent Baseline - Community & PSS by Service Area



SHSCT Recurrent Baseline by POC	£m
PoC 1	163
PoC 2	26
PoC 3	32
PoC 4	119
PoC 5	38
PoC 6	48
PoC 7	17
PoC 8	12
PoC 9	19
Grand Total	474

PoC 1- Acute Services	£m
General Surgery	30
General Medicine	23
Accident and Emergency	15
Trauma and Orthopaedics	11
Intensive/High Dependency	10
Cardiology	9
Medical & Clinical Oncology	3
Other Acute	62
Grand Total	163

PoC 2 - Maternity & Child Health	£m
Non Acute Hospital	18
Nursing	4
AHPS	2
Other Comm / PSS	2
Grand Total	26

Poc 3 - Family & Childcare	£m
Social Work	14
Grants, Goods & Services	7
Residential Home Care	5
Nursing	1
Other Comm / PSS	5
Grand Total	32

Poc 4 - Older People	£m
Domiciliary Care	35
Nursing Home Care	27
Non Acute Hospital	23
Nursing	8
Residential Home Care	7
AHPS	5
Social Work	3
Grants, Goods & Services	2
Other Comm / PSS	8
Grand Total	119

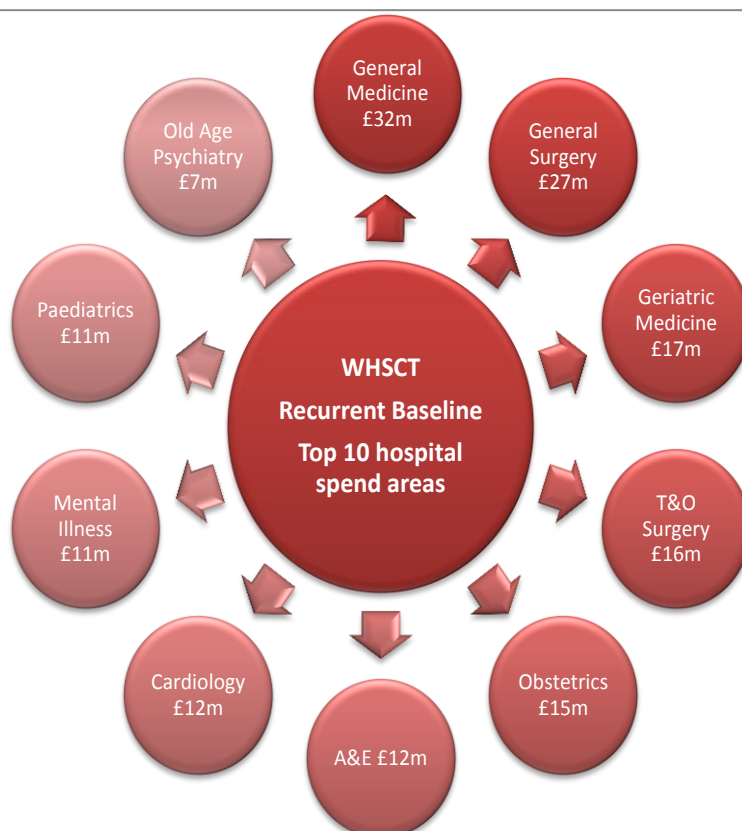
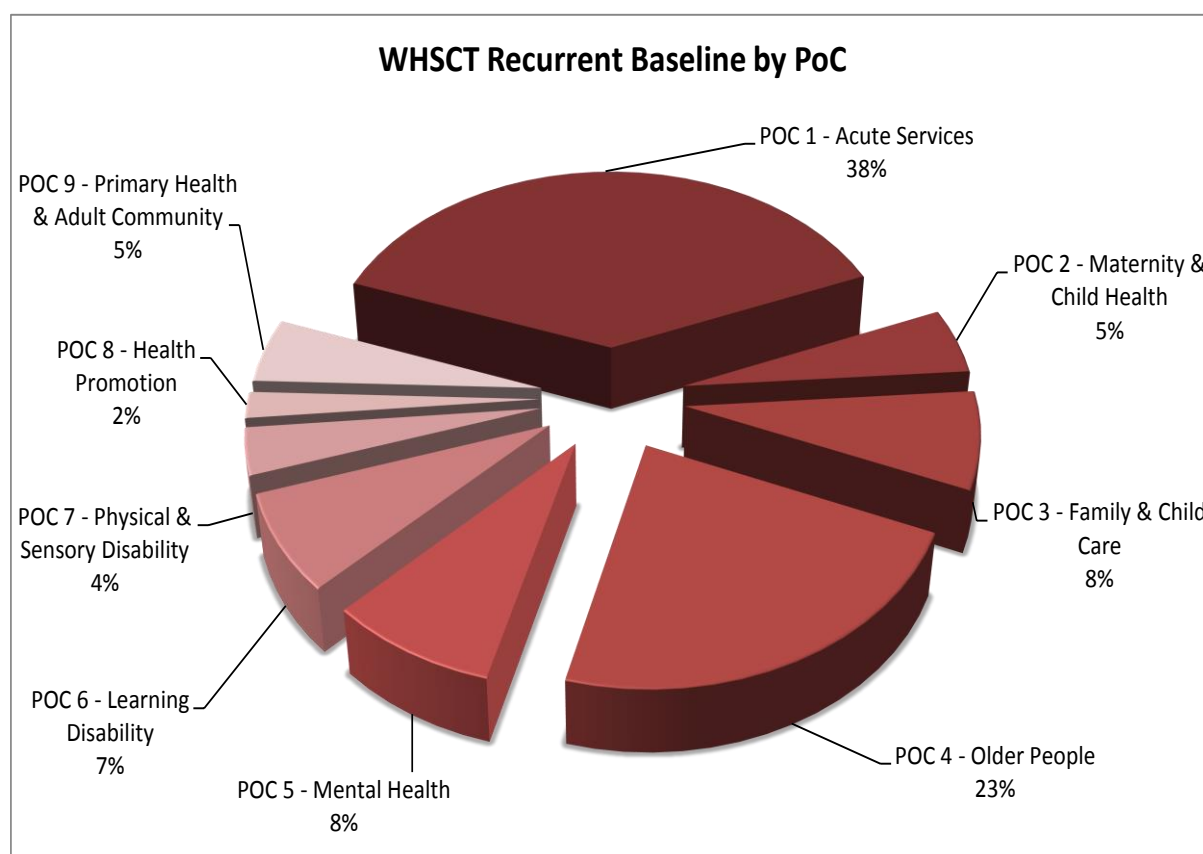
PoC 5 - Mental Health	£m
Non Acute Hospital	12
Nursing	5
Nursing Home Care	3
Social Work	2
Domiciliary Care	2
Grants, Goods & Services	1
AHPS	1
Residential Home Care	1
Other Comm / PSS	11
Grand Total	38

PoC 6 - Learning Disability	£m
Nursing Home Care	8
Residential Home Care	7
Domiciliary Care	5
Social Work	4
Non Acute Hospital	3
AHPS	3
Grants, Goods & Services	2
Nursing	1
Other Comm / PSS	14
Grand Total	48

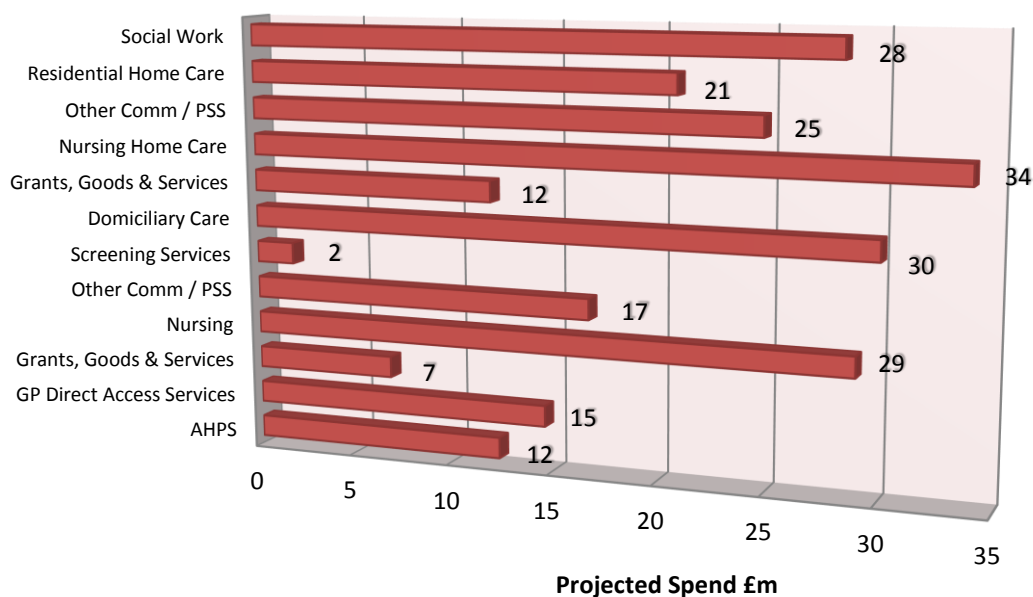
PoC 7 - Physical & Sensory Disability	£m
Domiciliary Care	5
Social Work	3
AHPS	2
Grants, Goods & Services	2
Nursing	1
Nursing Home Care	1
Other Comm / PSS	2
Grand Total	17

PoC 8 - Health Promotion	£m
Nursing	7
Grants, Goods & Services	1
Screening Services	1
Other Comm / PSS	2
Grand Total	12

PoC 9 - Primary Health & Adult Community	£m
GP Direct Access	11
Nursing	3
Grants, Goods & Services	2
AHPS	2
Grand Total	19

WHSTC Planned Baseline Expenditure by PoC and Service Line 2015/16*

WHSCT Recurrent Baseline - Community & PSS by Service Area



WHSCT Recurrent Baseline by POC	£m
PoC 1	177
PoC 2	23
PoC 3	35
PoC 4	105
PoC 5	39
PoC 6	35
PoC 7	17
PoC 8	9
PoC 9	23
Grand Total	463

PoC 1- Acute Services	£m
Accident and Emergency	12
General Medicine	32
General Surgery	27
Intensive/High Dependency	14
Medical & Clinical Oncology	3
Other Acute	62
Trauma and Orthopaedics	16
Cardiology	12
Grand Total	177

PoC 2 - Maternity & Child Health	£m
Non Acute Hospital	15
Nursing	4
AHPS	3
Other Comm / PSS	2
Grand Total	23

Poc 3 - Family & Childcare	£m
Social Work	16
Grants, Goods & Services	9
Residential Home Care	6
Nursing	1
Other Comm / PSS	3
Grand Total	35

Poc 4 - Older People	£m
Nursing Home Care	25
Non Acute Hospital	24
Domiciliary Care	23
Nursing	10
Social Work	6
Residential Home Care	5
AHPS	5
Grants, Goods & Services	2
Other Comm / PSS	5
Grand Total	105

Poc 5 - Mental Health	£m
Non Acute Hospital	11
Nursing	5
Social Work	2
Nursing Home Care	2
Grants, Goods & Services	1
AHPS	1
Residential Home Care	1
Other Comm / PSS	16
Grand Total	39

Poc 6 - Learning Disability	£m
Residential Home Care	9
Nursing Home Care	5
Non Acute Hospital	3
Social Work	2
Domiciliary Care	2
Nursing	1
AHPS	1
Other Comm / PSS	12
Grand Total	35

PoC 7 - Physical & Sensory Disability	£m
Domiciliary Care	5
Grants, Goods & Services	2
Social Work	2
Non Acute Hospital	2
Nursing Home Care	2
AHPS	1
Other Comm / PSS	3
Grand Total	17

PoC 8 - Health Promotion	£m
Nursing	4
Screening Services	2
Grants, Goods & Services	2
Other Comm / PSS	2
Grand Total	9

PoC 9 - Primary Health & Adult Community	£m
GP Direct Access	15
Nursing	4
AHPS	3
Grants, Goods & Services	2
Grand Total	23