

Medium Term Financial Framework

2024/25 to 2028/29

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Section 1: Introduction

Context

NHS Grampian is responsible for working with partners to improve the health of the people in Grampian, and for providing the health and care services that people need. We also provide a number of specialist clinical and support services to other NHS Boards within the North of Scotland and Scotland as a whole. We also fund the treatment of Grampian residents in facilities located elsewhere in Scotland and the rest of the UK.

We are the fourth largest health board in Scotland by general funding allocation, and our services are delivered through a number of Portfolios and a range of Primary and Community Care services delegated to the three Integration Joint Boards (IJBs) covering Aberdeen City, Aberdeenshire and Moray. The IJBs are legally constituted cross sector bodies providing a focus for NHS Grampian to work in partnership with other agencies, including Local Authorities and Primary Healthcare contractors, in the provision of integrated services to the local communities.

NHS Grampian employs 17,700 staff and through a full range of contracted services (72 General Medical, 132 Pharmacy, 91 Dental and 57 Opticians) provide the full range of primary, community and specialist health services to the 586,000 people who live in Grampian. We have an extensive infrastructure and operate from 100 locations, as well as providing care in people's own homes or homely settings across an area covering 3,000 square miles.

All our direct clinical services are supported by corporate functions such as Facilities, E-Health, Finance and Human Resources.

Purpose

Medium term financial planning is an important part of the strategic planning process. The financial position for public services continues to be challenging, therefore it is important that the NHS Grampian's ambitions are set within the context of the funding which is available.

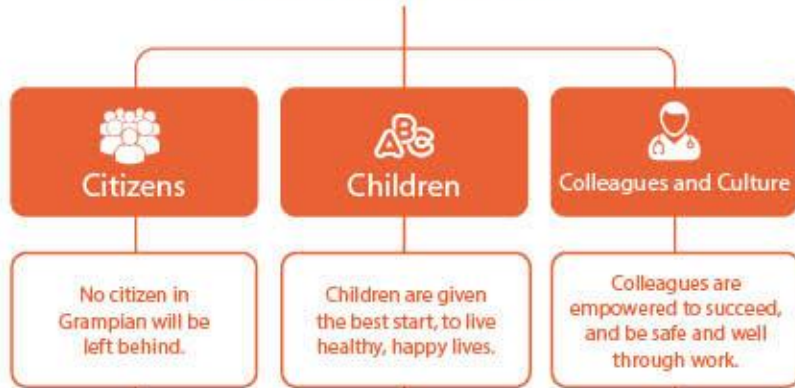
The purpose of this Medium Term Financial Framework (MTFF) is to ensure that resources are targeted at the delivery of the priorities set out in the NHS Grampian "Plan For The Future" and also to support the annual budget setting process. This Financial Framework will assist NHS Grampian to plan based on the totality of resources across the health system to meet the needs of the population of Grampian and support the delivery of the NHS Grampian Annual Delivery Plans from 2024 -2029.





PEOPLE

Joining with People to Flourish



- Ongoing active engagement, continually creating connections to build trust.
- Citizens are enabled to live well, preventing the preventable.
- Citizens are treated as individuals, supporting their specific needs and circumstances.

- Early years' development is prioritised.
- Children with neurodevelopmental profiles are identified at the earliest stage.
- Support for children experiencing adverse childhood events (ACEs) is streamlined.
- Families are supported at all stages and in all aspects of their children's physical and mental health and wellbeing.

- A workforce able to do today's work today, and innovate for tomorrow.
- Work and roles that support people's health, safety and wellbeing.
- People are included, supported and empowered to make their best contribution.



PLACES

Using our places to proactively seek the best health and wellbeing and fairness for all.



- We support Grampian's economy through local recruitment and procurement, and development of employment opportunities.
- Our facilities and infrastructure are shared by community and agency partners.
- Our procurement process applies fully-embedded social value principles.
- Our healthcare expertise is sought by partners to support their policy and decision-making.

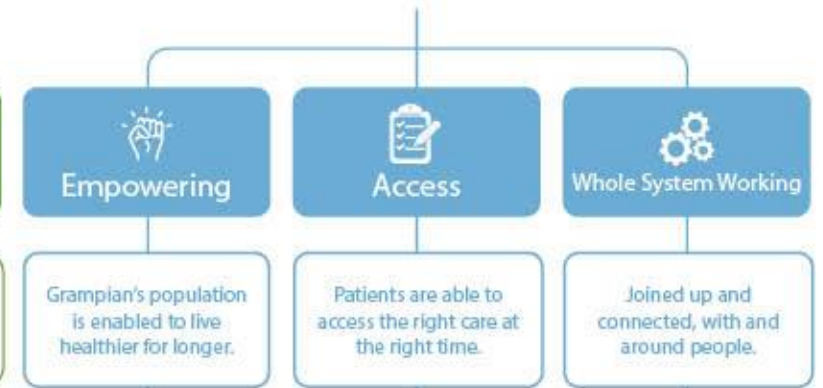
- Community assets are integrated in all that we do with and for communities.
- We use a place-based wellbeing approach in partnership with our communities.
- Grampian's communities are resilient.

- Environmental decision making is applied as standard.
- We maximise the use of existing infrastructure in a sustainable way.
- We have a minimal waste culture, where it is easy for people to make the sustainable/environmental choice.



PATHWAYS

Enabling a partnership approach to our pathways of care.



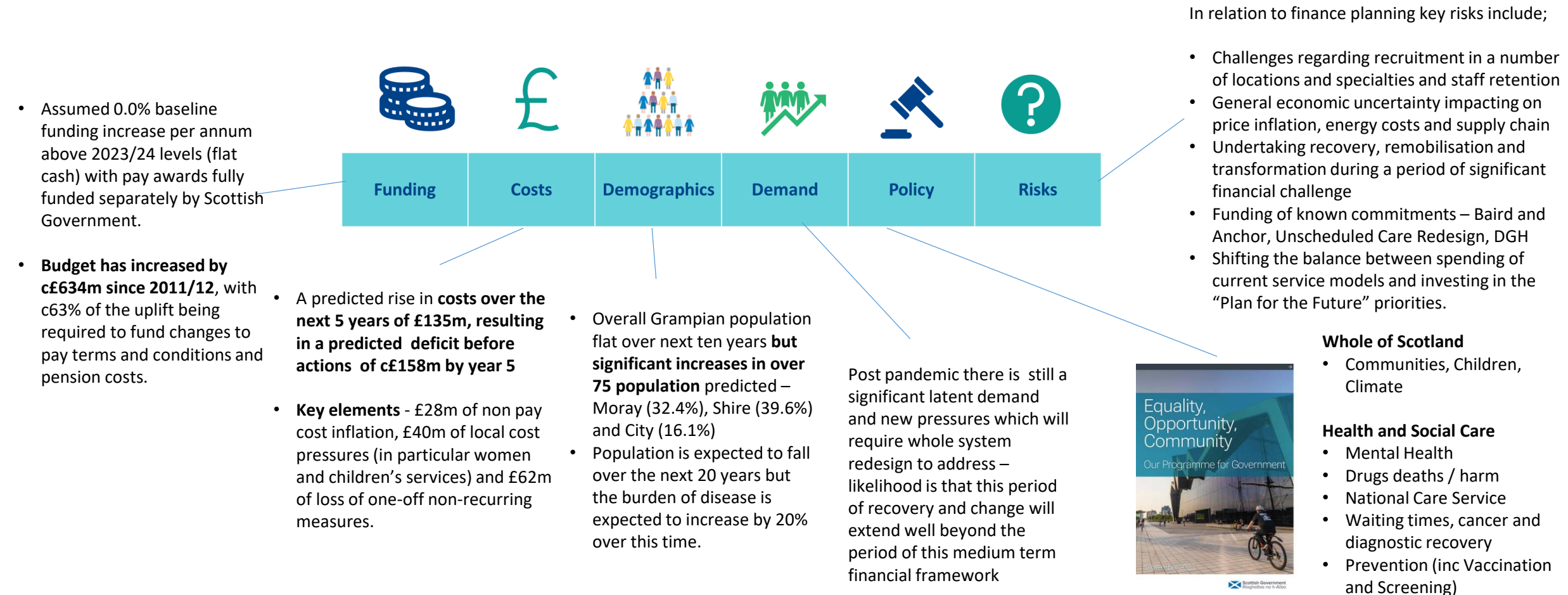
- Individuals are able to easily access and understand information to support themselves to live well.
- Individuals are empowered to manage their conditions in a way that best suits them.
- Mental and physical wellbeing are of equal importance as part of a holistic approach to healthcare.
- Secondary prevention is delivered as part of all pathways.

- Care is delivered in a timely way.
- People are able to access care in the way that best suits them.
- Pathways of care are adaptable and focussed around individuals.
- Care is delivered safely, with no avoidable harm.

- Avoidable differences in healthcare are minimised.
- Partnership working enables the right care to be delivered in the right place.
- Pathways are seamless, and easy to access and navigate.
- Consideration is given to individuals' circumstances beyond their healthcare needs.

Section 2: Overview of factors impacting on financial plan

The Medium Term Financial Framework provides an opportunity for NHS Grampian to set out an understanding of the financial climate in which it will operate over the medium term (the next five years) and the assumptions underpinning our planning. In terms of understanding the medium term there is a need to consider our own strategic priorities and a range of factors, which are illustrated below and reflect the complexity of issues which can impact on our financial position. These factors are described in more detail in the following sections, with key high level points noted below:



Funding

Source and allocation of funding (see Appendix 1)

Scottish Government is the main source of funding for NHS Grampian. 91% of our funding comes directly from the Scottish Government. This means that changes to policy, legislation or changes in the economy can have an impact on the funding that is available each year for health and social care. Scottish Government revenue funding of NHS Grampian has increased by £634m since 2011/12 (see Appendix 2). For the first time ever, baseline funding is not due to increase in 2024/25 except for the value of any nationally agreed pay awards where it is assumed that full funding will be provided by the Scottish Government.

The National Resource Allocation Committee (NRAC) allocation formula is the formula that is used to derive relative budget shares for Health Boards. It is based on population size adjusted for age / sex mix, deprivation and rurality. In 2024/25 NHS Grampian receives 9.74% of total Health Board funding under the formula.

Roughly 37% of NHS Grampian's total budget is delegated to the three Health & Social Care Partnerships (HSCPs) in Grampian which are overseen by the Integration Joint Boards. These cover Aberdeen City, Aberdeenshire and Moray. The HSCPs are responsible for the commissioning and operation of a range of community health, primary care and social care services. They also receive funding contributions from their aligned Councils. This means that any changes to the level of Scottish Government funding received by Councils will impact on the level of budgets which are delegated to the HSCPs and the level of savings which the HSCPs are required to make in order to meet demand, demographic and inflationary pressures.

The budget setting process of the Scottish Government is agreed through the Scottish Parliament with an annual budget announcement which confirms the amount of revenue funding for the health service and other parts of the public sector. NHS Grampian actively engages with Scottish Government colleagues to advise on the potential impacts of different budget scenarios for the Health service.

Currently Scottish Government budget announcements only cover an annual period and do not cover the medium term. The MTFF makes assumptions about the future funding levels from the Scottish Government based on an estimated increase of **0.0% per annum above 2023/24 levels but with separate funding being provided to fully cover annual pay awards.**

In addition we expect to receive earmarked funding in line with the Programme for Government – the largest funding allocations will be aligned to the policy commitments, in particular reducing drug deaths and harm from drugs and alcohol, planned care and cancer recovery and mental health (in particular CAMHS).

Costs

Financial planning requires assumptions to be made about demand and cost pressures which could be faced by NHS Grampian over the medium term. These have been informed by the local and national context within which NHS Grampian operates.

Each year NHS Grampian will face cost pressures as a result of a range of factors including demand, inflation and changes in legislation / regulations. This Framework has assessed the key factors likely to impact over the medium term and estimates that NHS Grampian will face new expenditure, demand pressures and loss of non-recurring support of £135.4 million over the next five years.

Loss of non-recurring support in 2024/25 reflects the difference between the 2023/24 financial outturn (£24.9m) and underlying financial pressures (£77.1m). It represents non-recurring Scottish Government funding and non-recurring savings used to support the Board's position in 2023/24.

	2024/25	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m	£m
Budget Pressures					
Pay Inflation	1.1	1.1	1.1	1.1	1.1
Contractual Inflation	1.9	1.5	1.5	1.5	1.5
Hospital Drugs & Prescribing	4.0	4.0	4.0	4.0	4.0
Local Pressures	11.1	12.0	6.0	6.0	6.0
Loss of Non Recurring Support	52.2	9.7			
Income Uplift	-0.2	-0.2	-0.2	-0.2	-0.2
Total Budget Pressures	70.1	28.1	12.4	12.4	12.4
Financial Challenge	-92.8	-99.5	-84.0	-68.5	-53.0

Key assumptions

- Pay inflation – assume annual uplifts funded separately by Scottish Government. Small incremental drift increase for medical staffing.
- Non pay inflation – year 1 is detailed projection. Years 2 -5 assume £1.5m for General Inflation & Energy combined.
- Hospital drugs – reflected Scottish Medicines Consortium approvals and development of new treatments.
- Local pressures – includes provision for know future costs – Baird and ANCHOR plus general service developments to deal with high risk issues and commitments agreed at national level.

Demographics

The impact of an ageing population, the need to remobilise services that operated at reduced levels during the Covid 19 pandemic and advances in medical treatment all mean that many of our service areas have experienced increases in demand in recent years which can often result in higher levels of financial and workforce support being required on a year by year basis.

This creates a challenging environment in which to operate, managing demand within the financial constraints whilst transforming services and delivering on national and local priorities. Whilst the overall population increase across Grampian will be modest over next 5 years, there is a significant predicted increase across all three local authority areas in the over 75 age group.

Age profile by 2028	Aberdeen	Shire	Moray
0-15	14.6%	17.3%	14.6%
16-24	12.5%	9.2%	9.3%
25-44	31.9%	22.9%	23.3%
45-64	23.2%	27.7%	26.7%
65-74	9.6%	11.9%	13.4%
75 & over	8.2%	11.0%	12.7%
All ages	100.0%	100.0%	100.0%

Projected % Population Change for Grampian by Age 2018-2043

	% Change
<i>Population</i>	
0-15	-12.5%
Working Age	-1.2%
Pensionable Age	24.4%
75 & over	73.8%
All ages	1.6%

Aberdeen City

Over the next 10 years, the population of Aberdeen City is projected to increase by 0.1% due to natural change (more births than deaths). Total net migration is projected to result in a population increase of 1.0% over the same period.

Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-3.2%) and the 75 and over age group is projected to see the largest percentage increase (+16.1%). In terms of size, however, 25 to 44 is projected to remain the largest age group

Aberdeenshire

Over the next 10 years, the population of Aberdeenshire is projected to decrease by 0.3% due to natural change (more deaths than births). Total net migration is projected to result in a population increase of 2.8% over the same period.

Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-5.3%) and the 75 and over age group is projected to see the largest percentage increase (+39.6%). In terms of size, however, 45 to 64 is projected to remain the largest age group.

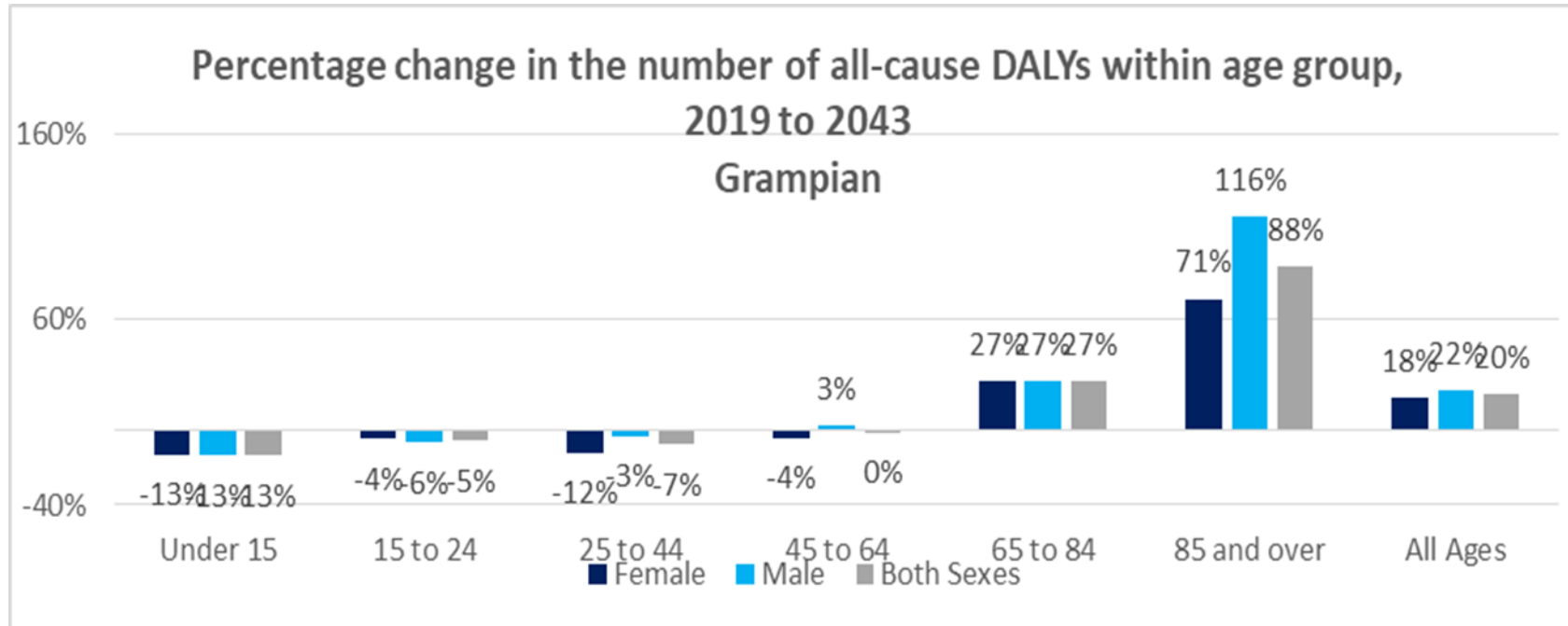
Moray

Over the next 10 years, the population of Moray is projected to decrease by 2.6% due to natural change (more deaths than births). Total net migration is projected to result in a population increase of 2.6% over the same period.

Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-14.1%) and the 75 and over age group is projected to see the largest percentage increase (+32.4%). In terms of size, however, 45 to 64 is projected to remain the largest age group.

Demographics

Forecasting the future burden of disease: Incorporating the impact of demographic transition over the next 20 years - Disability Adjusted Life Years



- The annual disease burden is forecast to increase 20% over a similar period.
- To retain the overall health needs in 2019, the forecasted annual disease burden in 2043 would need to reduce by 17%, which is equivalent to eradicating the entire disease burden of cancer in 2019.
- In terms of overall health needs, the sub-group with the largest forecasted annual crude disease burden is those aged 65 to 84 years. This is due to the interaction between the extent of health needs and increasing size of this population sub-group.

The health of our population is at risk of deteriorating and existing inequalities have increased.

The way healthcare is delivered has been changing – this needs to continue.

Climate change is one of the biggest threats to health and our biggest opportunity.

A CASE FOR CHANGE

We can help keep people well for longer, reduce new health problems and stop some from getting worse.

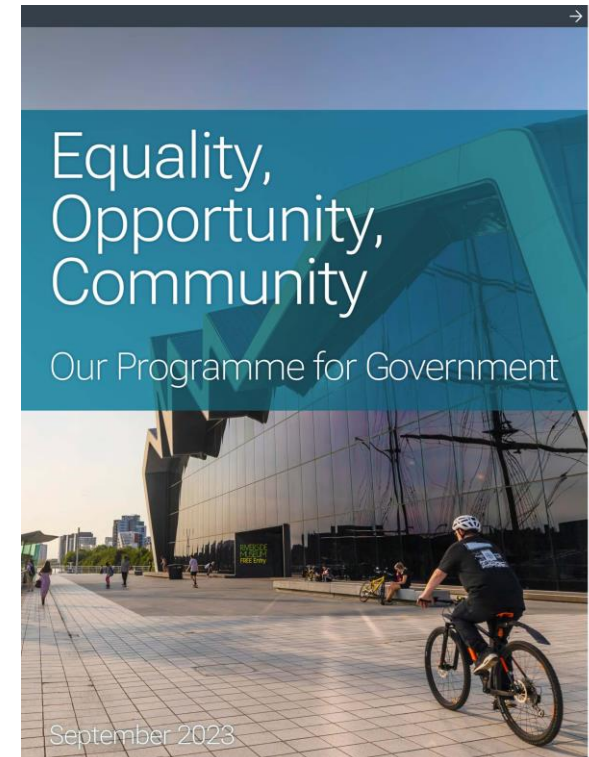
The pandemic has shown how we can care for ourselves with the right tools.

Good health is a means to an end – it is our communities that help us flourish.

National Policy

In 2023 the Scottish Government announced its Programme for Government which contained a number of plans for NHS services. The key pledges are summarised below:

- Continue to tackle waiting lists and protect planned care, including investment in National Treatment Centres.
- Provide support from the Centre for Sustainable Delivery to improve productivity and efficiency.
- Improve consistency of service provision to reduce the level of delayed discharges and hospital occupancy.
- Continue to expand Hospital at Home and other pathways to improve flow.
- Implement Agenda for Change review and revised pay bargaining processes for Junior Doctors.
- Improve access to GP services through expansion of Multi Disciplinary Teams.
- Establish Expert General Medical Generalist GP role.
- Improve Cancer Outcomes by implementation of new Cancer Strategy.
- Continue to embed Medication Assisted Treatment Standards.
 - Publish a refreshed Tobacco Action Plan.
- Publish a new Mental Health & Wellbeing Delivery Plan and accompanying Workforce Plan.
- Establish a new Mental Health & Capacity Reform Programme.
- Improve miscarriage services.
- Continue to work to improve Gender Identity Healthcare.



Local Policy – NHS Grampian’s Plan For The Future



 **PEOPLE**
Joining with people to flourish.

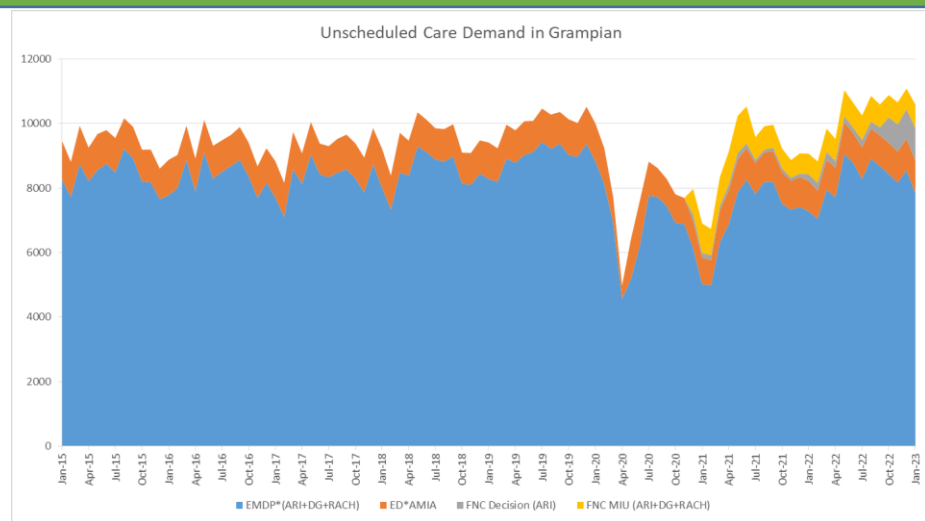
 **PLACES**
Using our places to proactively seek the best health and wellbeing and fairness for all.

 **PATHWAYS**
Enabling a partnership approach to our pathways of care.

Demand

Post Covid 19 Pandemic, the Scottish Government is keen for the NHS in Scotland to recover and remobilise in order to restore activity back to pre-Covid levels and deal with the backlog of clinical activity that has built up during the pandemic. In reality it may take several years of increased capacity to clear backlogs. Moving to a position where Covid is treated as endemic rather than an epidemic and also securing greater workforce capacity will be key issues in the remobilisation effort. Prior to COVID, health and social care was facing demand pressures and understanding demand and capacity on a whole system basis will be key to determining our plans for the medium term

Unscheduled Care is now exceeding pre-Covid demand



Community Care services have been significantly impacted during the period of the COVID response and meeting future demand in the context of our changing demographics will be key

Primary Care contractors

Care Home & Homely settings

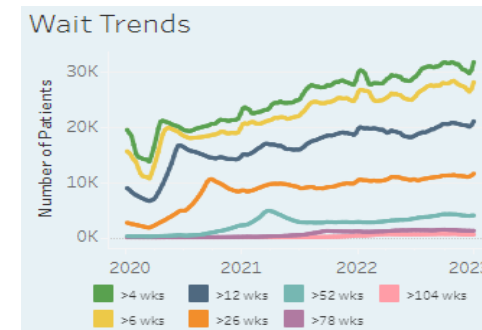
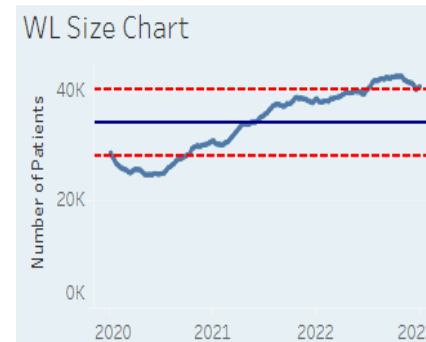
Care at Home

Community Hubs

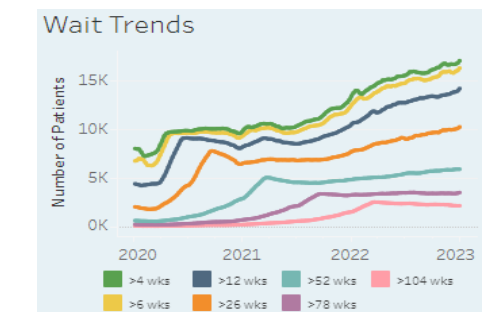
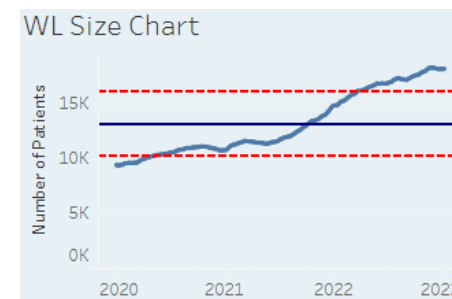
Addressing the waiting lists for treatment will be a key priority and the scale and size of the challenges will require a whole system approach.

Planning the use of our resources will require consideration of both unscheduled and planned care demand and capacity, and recognition of the workforce that will be available to support.

Focus on supporting the developmental milestones for children which will cause a much larger longer term impact if not addressed.



Consultant Outpatients List Size & Waiting Times have increased



TTG Inpatients - List Size & Waiting Times have increased

Risk

Challenging economic conditions

The Global, UK and Scottish economy all have an impact on the population of Grampian across a range of areas including earnings, taxation and employment. They also impact on the funding available to support public spending and in turn, the funding available to Health Boards to deliver services. Scotland's funding is largely dependent on funding from the UK Government and income from devolved tax revenues. The latest economic update from the Scottish Government (February 2024) highlights the following economic factors:-

- Whilst economic conditions remain challenging, forward indicators provide signs that economic conditions are improving, with inflation now expected to fall faster than was thought at the end of 2023.
- Latest GDP data showed that growth slowed at the end of 2023 with output falling in the three months to November 2023.
- Easing inflationary pressures coupled with the feeling that interest rates have now peaked has improved business confidence.
- Unemployment remains extremely low while there continues to be real terms earnings growth.
- Economic conditions are expected to improve in 2024 with improving GDP growth and falling inflation.

Risks specific to the Medium Term Financial Framework

The MTFF is a financial model and as such has risks associated with it. As an organisation NHS Grampian needs to be aware of these risks but should not become risk averse when developing its future plans. NHS Grampian recognises strategic risks through regular review of the NHS Grampian Risk Register. This is used to ensure significant risk is identified and effective mitigating actions implemented which reduce these risks to acceptable levels whilst securing service delivery within available resources.

Risk

Specific Financial Risks

There are a number of specific financial risks relevant to NHS Grampian that will require to be monitored and mitigated over the five year period. The key risks in this category are:

Pay & Pensions

It has been assumed that all nationally agreed pay awards will be fully funded by specific funding from Scottish Government. If this is not the case, then each additional 1% would increase NHS Grampian's financial gap by £6.9 million.

Delivery of Efficiencies Programme

There is a very high risk that efficiencies cannot be delivered at the level to achieve financial targets without serious consequences. Plans are in place to deliver a proportion of the proposed efficiencies target each year, but not the full level required. The required levels of savings for each year are many times greater than any level previously delivered by NHS Grampian in a single financial year.

Level of Operational Overspend

Our financial plan assumes a consistent level of operational overspend of £5 million a month. Many of our services are still experiencing significant pressures with capacity and patient flow leading to excess costs. If these pressures increase there is a risk that operational overspends will also increase. Related to this risk, we have also provided for a low level of general inflation in our financial plan.

Integration

No provision has been made in our plan to support the three Grampian HSCPs in dealing with overspends during the next five years. This is a very significant risk as two of the three Grampian HSCPs are projected to overspend in 2023/24 and they are likely to face similar financial pressures to NHS Grampian on their pooled budgets in 2024/25. We will work closely with the Chief Finance Officers to monitor the situation.

Health & Care Staffing Act

This Act comes into effect in April 2024 and has the potential to increase the demand for additional staffing within services as they seek to increase staffing levels to the standards recommended by the various workforce measurement tools. There is no provision in our financial plan for any increased staffing impact resulting from the Act.

Trend Analysis

This table shows how NHS Grampian now spends £1 of resource in 2023/24 compared with 11 years ago in 2012/13:-

Heading	2012/13	2023/24	Change
Medical Staffing	£0.14	£0.14	
Nursing	£0.19	£0.22	+3p
Other Staff Groups	£0.17	£0.20	+3p
Drugs incl GP Prescribing	£0.14	£0.13	-1p
Medical Supplies & Equipment	£0.06	£0.06	
Maintenance, Energy & Rates	£0.03	£0.03	
Resource Transfer	£0.03	£0.04	+1p
Cross Boundary Activity	£0.03	£0.02	-1p
Other Non Pay	£0.05	£0.03	-2p
Capital Charges	£0.02	£0.02	
Primary Care Services	£0.14	£0.11	-3p
Total	£1.00	£1.00	

We now spend a higher proportion of our resource on pay costs (56% pay / 44% non-pay) than we did 11 years ago when the split was 50/50.

Section 3: Financial projections – five years to 2028/29

	2024/25	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m	£m
Estimated Outturn	1533.3	1582.0	1582.2	1566.7	1551.2
Budget Pressures					
Pay Inflation	1.1	1.1	1.1	1.1	1.1
Contractual Inflation	1.9	1.5	1.5	1.5	1.5
Hospital Drugs & Prescribing	4.0	4.0	4.0	4.0	4.0
Local Pressures	11.1	12.0	6.0	6.0	6.0
Loss of Non Recurring Support	52.2	9.7			
Income Uplift	-0.2	-0.2	-0.2	-0.2	-0.2
Total Budget Pressures	70.1	28.1	12.4	12.4	12.4
Estimated Budget Required	1603.4	1610.1	1594.6	1579.1	1563.6
Estimated Funding					
Scottish Govt	1510.6	1510.6	1510.6	1510.6	1510.6
Financial Challenge	-92.8	-99.5	-84.0	-68.5	-53.0
Savings					
3% Efficiency (excl IJBs)	-21.4	-24.9	-24.9	-24.9	-24.9
Other Efficiency Measures (Non Rec)	-13.5	-10.0	-10.0	-10.0	-10.0
Service Redesign & Transformation		-3.0	-3.0	-3.0	-3.0
Total Savings	-34.9	-37.9	-37.9	-37.9	-37.9
Remaining Balance	-57.9	-61.6	-46.1	-30.6	-15.1

Key points

- Improving annual position over the next five years with annual deficit falling from £57.9m in year 1 to £15.1m in year 5.
- Projections suggest that NHS Grampian will still not achieve revenue break even by 2028/29
- Projected cumulative financial gap over the next 5 years of £236.2m. No assumption in projections that this will be paid back.
- A requirement to develop our strategy to achieve financial sustainability in the longer term
- Outwith Programme for Government Funding there will be limited opportunities in short to medium term to invest in new developments other than through revenue neutral redesign.

Section 4 – Principles & Approach To Financial Management

The MTFF is based on the following key principles:

1. No further recurring commitments shall be made against non-recurring funding allocations given the current reassessment of a number of funding streams at a national level.
2. Financial planning is required on a whole system basis with improved alignment of the financial resources of NHS Grampian and the Health & Social Care Partnerships in order to obtain maximum value and efficiency in the delivery of services.
3. Service redesign or transformation should be delivered at a reduced cost compared to the existing cost of services being redesigned, after any one-off costs associated with the redesign have been considered. Examples would be delivering extra activity for the same costs or the same activity for less cost.
4. Financial resources and intent should align fully with NHS Grampian's Plan for the Future.
5. In compliance with the Fairer Scotland Duty 2018, in our financial planning, NHS Grampian will continue to allocate additional resources to help improve health outcomes for people living in socio-economically deprived communities. Similarly, we will also support people with “protected characteristics”, as defined by the Equality Act 2010.
6. The environmental agenda will also be at the forefront of our financial decision making.
7. Supporting and recognising the value that preventative activities and services bring to peoples' lives, we will protect preventative spend and over the medium term seek to increase spend on preventative activities.

Efficiency Savings Assumptions

The high level route map for efficiency savings over the life of the MTFF is based on:-

1. Achievement of 3% recurring efficiency savings each year from general efficiency. Focus will be on areas where we can take local action highlighted in the table below:

Prescribing /Realistic Medicine	Agency Nursing	Medical Locums	Non Medical Agency
Vacancy Control	Income Generation	Estates	Energy Management & Waste
Procurement	Banding Payments	Taxis & Transport	Overtime
Minimising Sickness Absence	Spend to Save Investments	Postage & Telecomms	Unregistered Nursing Establishments

2. Achievement of at least £10m of non-recurring savings each year from minimising provisions, delaying planned investments and review of balance sheet.

Efficiency Savings Assumptions

Savings from improved efficiency will not be sufficient to balance NHS Grampian's financial position. Savings from more fundamental service redesign and transformation will be required. This work is likely to be focussed on the following areas:-

- Regional Working – What's Our Approach?
- Annual Delivery Plan – What's in and what's out?
- Prescribing – How can we reduce spend?
- What can we stop doing?
- Value & Sustainability – new areas of focus to deliver efficiencies.
- Digital Strategy – areas of automation to release savings?
- Dr Gray's Hospital – plan for financial sustainability.
- Realistic Medicine – explore procedures offering little or no value.

Efficiency Savings – Overall Approach

Building a Programme of Works



Plan
for the
Future

NHS
Grampian

Work streams:

GRIP & CONTROL

INTERIM
MEASURES

CORPORATE
CONTROLS

EFFICIENCY

VALUE & SUSTAINABILITY

VALUE
BASED
HEALTH
CARE

WORKFORCE
OPTIMISATION

SERVICE
OPTIMISATION

TRANSFORMATION

SERVICE
CAPACITY

TREATMENT
OPTIONS

NATIONAL
WORKSTREAMS

UNDERPINNED BY COMMUNICATIONS & ENGAGEMENT

Increase in complexity

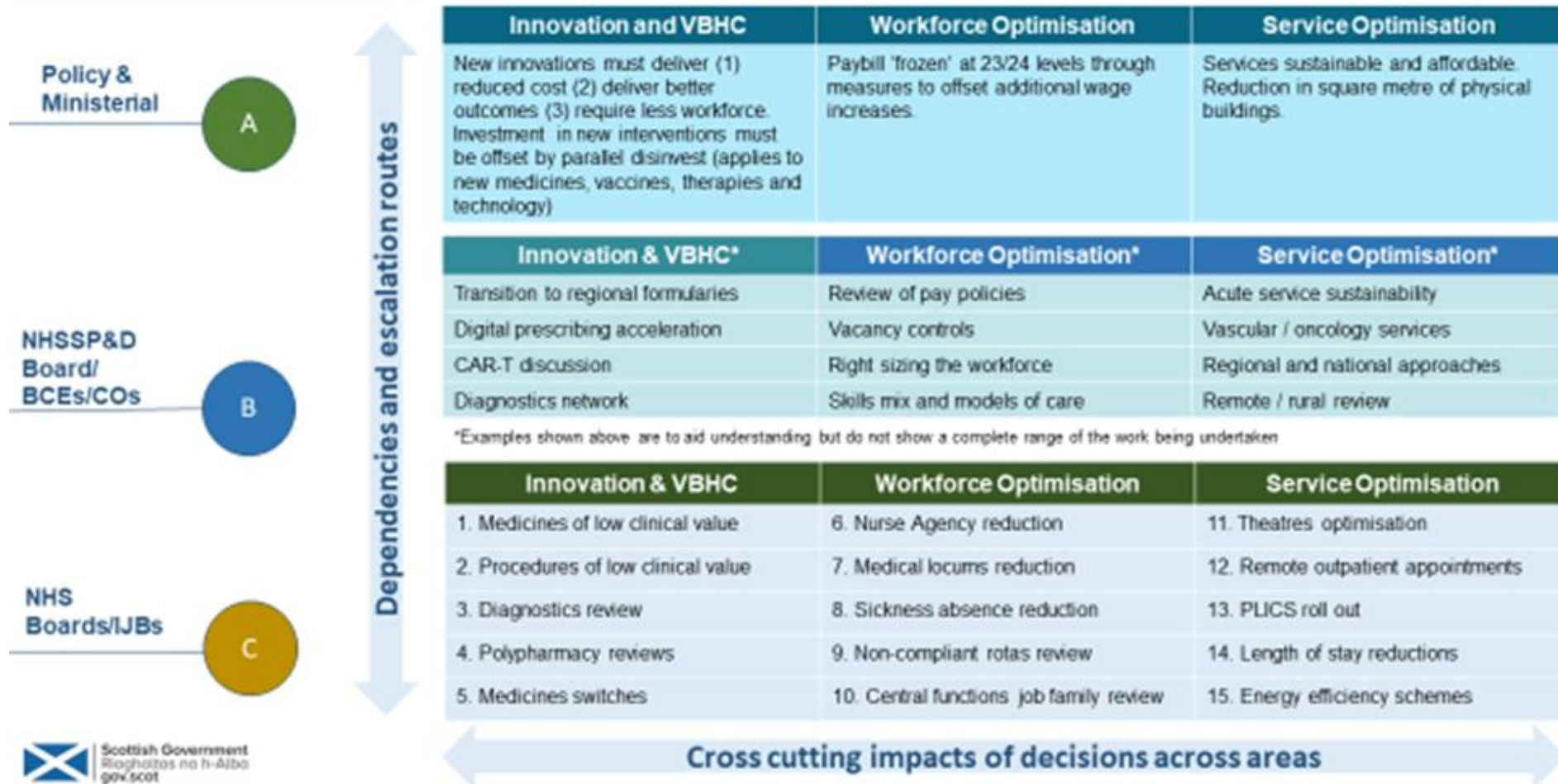


Efficiency Savings – Finding The Balance



Efficiency Savings - The Authorising Environment

Decision Making Levels



Section 5: Sensitivity analysis

Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if these assumptions change. This effectively tests “what if” scenarios and enables the Board to determine potential fluctuations which could exist within the financial model.

The table below shows what would happen if the main assumptions increase by 1%. For example, if pay awards were 1% higher than the assumptions made in the model, this would represent an additional cost of £6.9 million in 2024/25.

The figures in the table are for NHS Grampian non-delegated services only (i.e. they do not cover IJB delegated budgets).

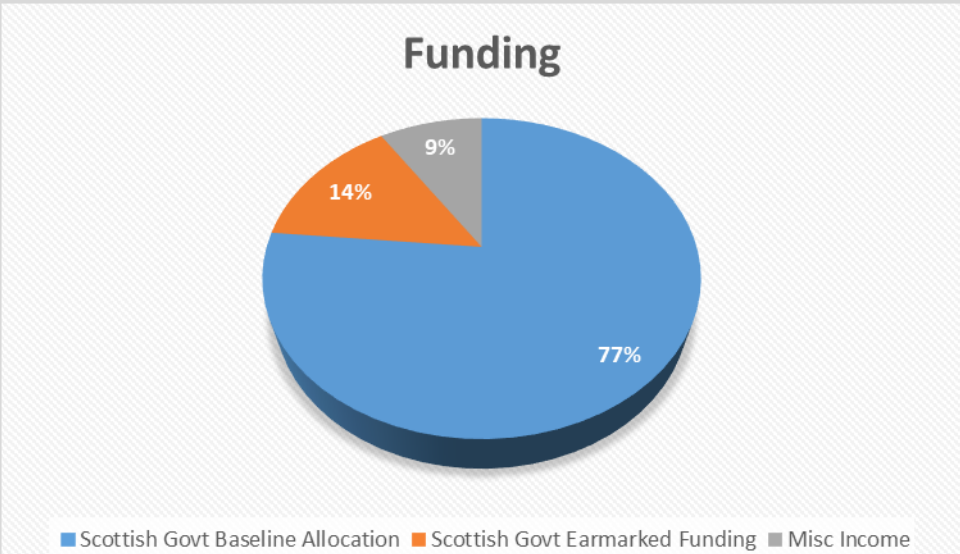
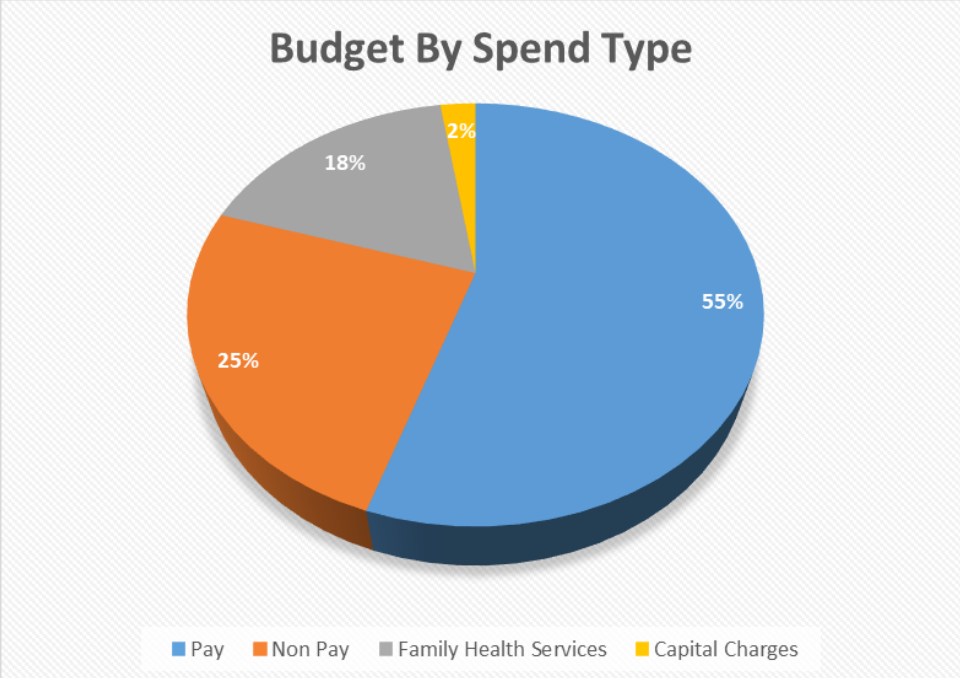
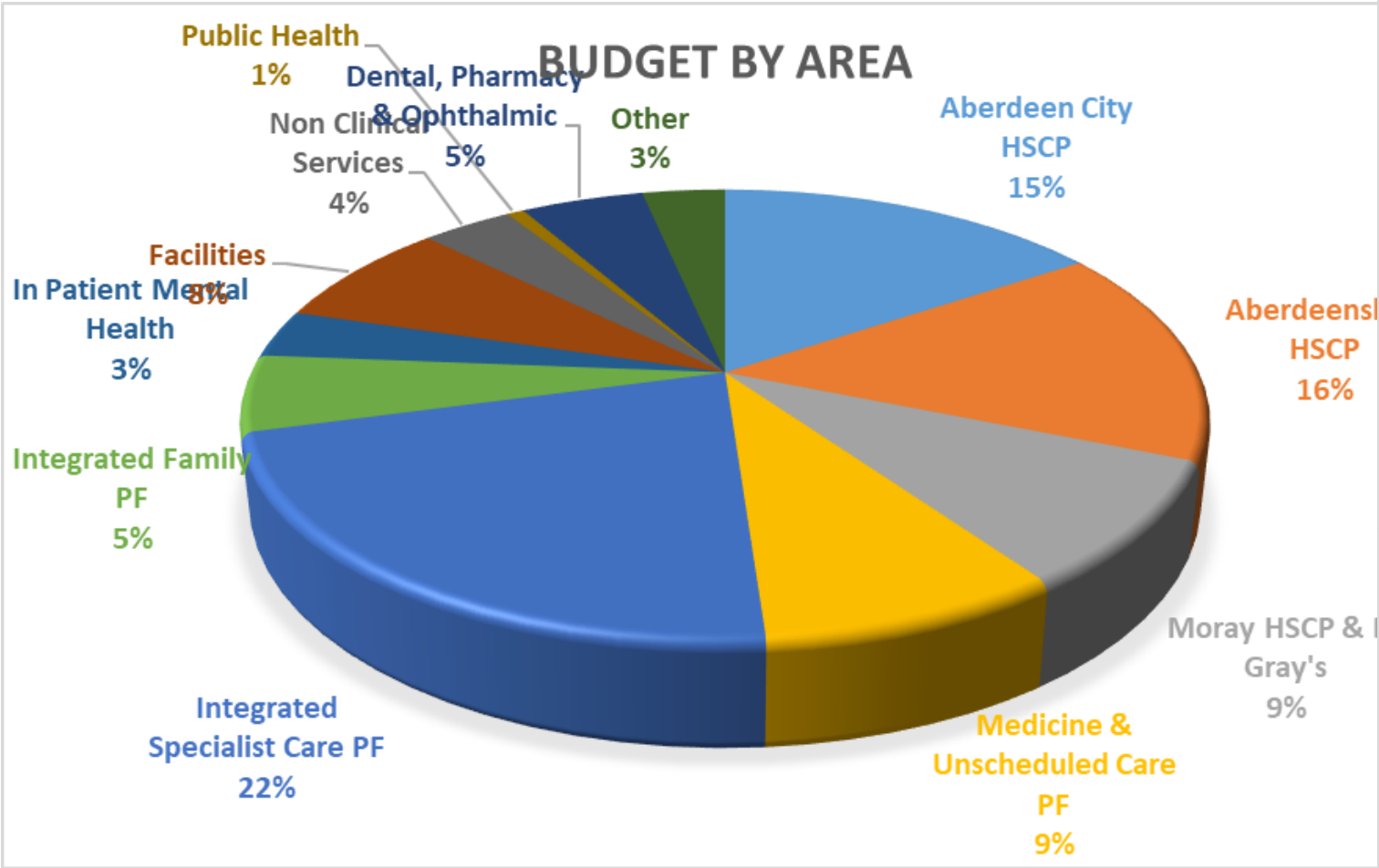
	2024/25	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m	£m
Funding					
1% Scottish Govt Increase	8.3	8.3	8.3	8.3	8.3
1% Scottish Govt Decrease	-8.3	-8.3	-8.3	-8.3	-8.3
Costs					
1% Pay Increase	-6.9	-6.9	-6.9	-6.9	-6.9
1% Non Pay Increase	-3.4	-3.4	-3.4	-3.4	-3.4
0.25% Demographic Increase	-2.6	-2.6	-2.6	-2.6	-2.6
1% Pay Decrease	6.9	6.9	6.9	6.9	6.9
1% Non Pay Decrease	3.4	3.4	3.4	3.4	3.4
0.25% Demographic Decrease	2.6	2.6	2.6	2.6	2.6

Section 5: Sensitivity Scenarios

To understand the implications of changes in assumptions a number of scenarios have been modelled using a combination of different changes in the main assumptions. The impact of these scenarios on the financial gap is shown in the table below:

		2024/25	2025/26	2026/27	2027/28	2028/29
		£m	£m	£m	£m	£m
Unadjusted Model		-57.9	-61.6	-46.1	-30.6	-15.1
Scenario 1 (Best Case)	Funding +1% / Pressures -1%	-36.7	-40.4	-24.9	-9.4	6.1
Scenario 2 (Worst Case)	Funding -1% / Pressures +1%	-79.1	-82.8	-67.3	-51.8	-36.3
Scenario 3	Funding No Change / Pressures +1%	-70.8	-74.5	-59.0	-43.5	-28.0
Scenario 4	Funding No Change / Pressures -1%	-45.0	-48.7	-33.2	-17.7	-2.2

Appendix 1: Overview of current budget by area / type



Appendix 2: Changes in funding over twelve years to 2022/23

	2011/12	%	2016/17	%	2019/20	%	2023/24	%
IJB Budgets & Family Health	394.4	46%	471.7	44%	524.2	44%	638.0	43%
Inpatient Mental Health	30.0	3%	35.0	3%	39.4	3%	50.8	3%
Acute & Dr Gray's	316.4	37%	413.8	39%	478.1	40%	575.2	39%
Facilities & Estates	59.0	7%	72.9	7%	81.3	7%	114.8	8%
Corporate Services	40.6	5%	51.1	5%	56.1	5%	65.1	4%
Other	19.9	2%	22.7	2%	16.6	1%	49.8	3%
Total	860.3	100%	1067.2	100%	1195.7	100%	1493.7	100%