NHS
South Devon and Torbay
Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

Integrated Plan 2013-2016

Broadsands by LHG Creative

Contents

Introduction

This plan sets out the priorities and outcomes for patients that South Devon and Torbay Clinical Commissioning Group (CCG) will be working with its partners to achieve in the next three years.

All of these are aimed at improving healthcare for our population, and ensuring that our local health and care services are sustainable for the long term.

2013/14 marks the first year of the Clinical Commissioning Group – and the first time that NHS commissioning has been led by local doctors and healthcare professionals.

The CCG looks at the needs of the local population and then plans, designs and commissions (buys) the best possible services to meet those needs.

As part of this, we will make the best use of patients' experience of the care they have, and use what they tell us to influence our decision-making. When we measure how well we are doing or how good services are, the experience that patients have will be a crucial factor.

The CCG is committed to making sure all health and care services are joined up, so that local people get really well coordinated care and no-one falls through the gaps.

In the new health system, we also have Health and Wellbeing Boards providing local leadership to make sure improvements are made. The Health and Wellbeing Boards of Torbay and Devon have played a big part in developing this plan, making sure all the local organisations' plans fit together well, for the benefit of our communities.

We know the next few years will be demanding. Across the NHS, we all have to make efficiency savings, so that the money can go back into services to meet growing need. However, there has already been significant progress with this, and we are confident the plans we are making with NHS, social care, and other organisations will help us take more steps towards delivering excellent, joined-up care for everyone in our CCG area.

The dedication already demonstrated by our staff will be really important in ensuring we achieve all that we are setting out to achieve for the people of South Devon and Torbay.

This is a shorter version of our full Integrated Plan; if you would like the fuller version, please do ask us.

Dr Derek Greatorex
CCG chair

Dr Sam Barrell
Chief clinical officer

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Transforming care with joined-up services

Our vision is to have excellent, joined-up care for everyone. We also believe that services should be built on patient needs, not on what organisations need or find convenient.

We know people need care and support from a range of organisations, and that moving between them can be difficult. We want to see health, social care, mental health and GP services working together so that care is really well co-ordinated and no-one falls through the gaps. In South Devon and Torbay, we have a Joined Up Health and Care Cabinet working on this.

Three studies in a row have shown that, with the right personal care services, 30-40% of the patients in a community hospital bed could be at home.

Those personal care and other services need to be made available. We want to promote wellbeing and independence, so over the next three years we will expect to see the number of inpatient beds reducing, with an improvement in seven-days-a-week community services that help people be cared for at home. This is not a cheaper option, but evidence shows it is better for patients. We will discuss this with our communities.

Our priorities – 'Plan on a Page'

We have been gathering information and talking to partners and patients, so that as we developed our priorities we could be sure they were backed by good evidence, and took the whole of the local health and care system into account.

As part of this, a comprehensive picture has been drawn up of our communities, their health and their needs. This is all contained in what is called the South Devon & Torbay Joint Strategic Needs Assessment (JSNA), carried out with Torbay and Devon local authorities.

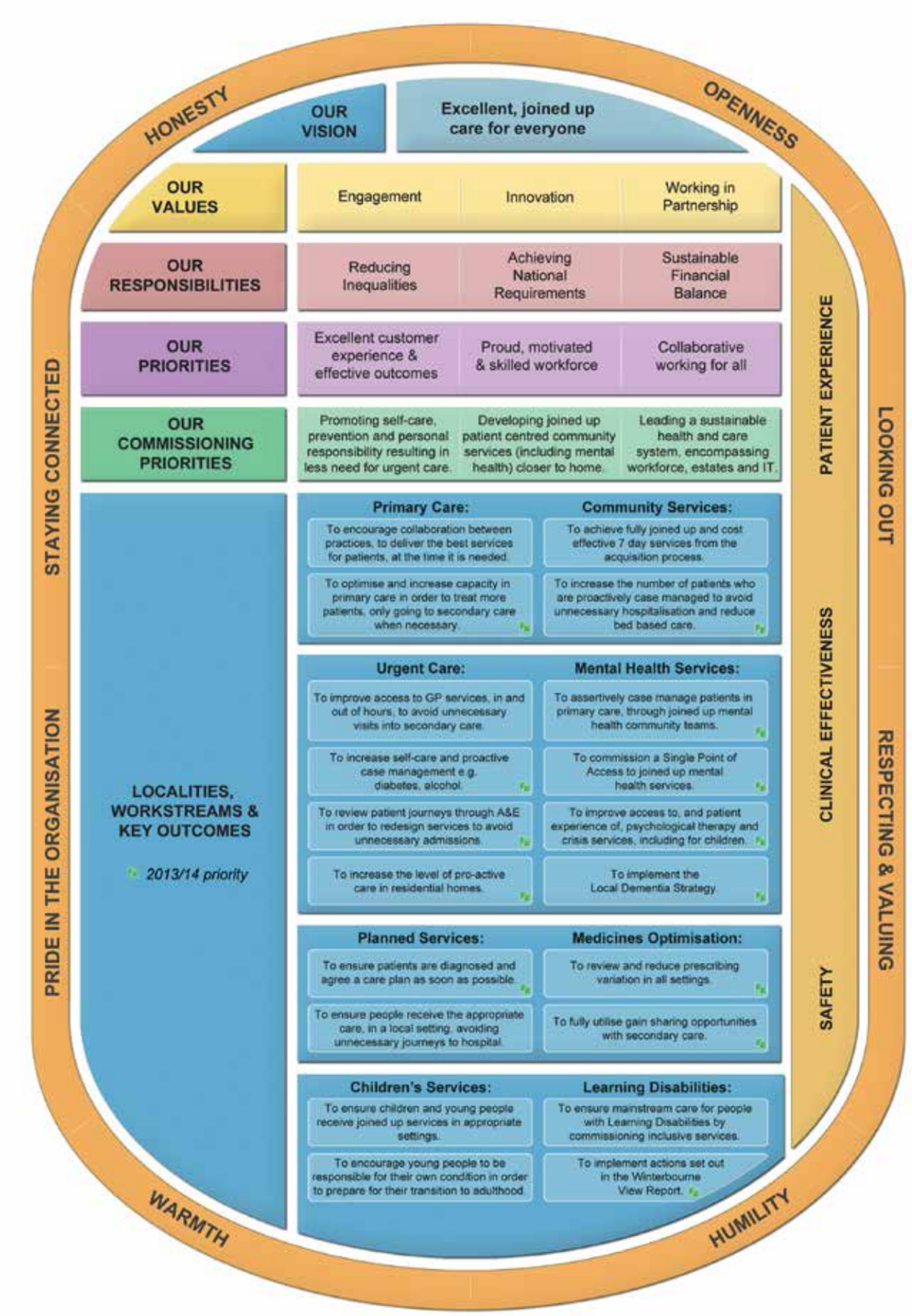
We have added other information and intelligence, such as benchmarking data, which tells us what standards should be expected if you look at how everyone is doing in the country as a whole. Our doctors and healthcare professionals have also contributed, both in our CCG Governing Body and in the five smaller areas (our localities) that together make up our CCG.

We have put everything we most want to achieve into our 'Plan on a Page'. This sets out our vision, our responsibilities, our priorities for our own organisation and our priorities for health and care.

It includes different strands of work, 'the work streams', which will be vital in achieving what we are aiming for. The 'Plan on a Page' also includes meeting our statutory duties, as well as national requirements for things like waiting times. Quality – making sure services are safe and that patients experience good, compassionate care – runs through all our plans. Our values and behaviour are important because they tell staff and the wider public how we want to be, and how we will go about achieving our priorities.

Our vision is to have excellent, joined-up care for everyone. We also believe that services should be built on patient needs, not on what organisations need or find convenient.

Our priorities – 'Plan on a Page'



Improving services

We have led a large number of service improvements in the last year, helping make sure that the same level of services is available in both the Torbay area and the rest of our South Devon area.

Among these are:

- the virtual ward – which sees patients most at risk of being admitted to hospital being actively managed to avoid an emergency, and to help keep them well enough to stay at home
- extending our intermediate care service (the half-way house between hospital and independence at home) from Torbay into South Devon
- testing a 'single point of access' in South Devon, to help GPs get the right care for people who might otherwise have to go into hospital
- working with colleagues from Torbay Hospital, community services and care homes, to improve medical care and the quality of life for people in these homes
- cutting waiting times for physiotherapy

Improving outcomes (results) for patients

We have continued to improve outcomes for patients. In particular:

- We have statistically lower levels of people dying from cardiovascular disease.
- The number of emergency hospital admissions for people with chronic conditions that can be looked after by GP practices, such as asthma, are low compared with in other CCGs and have dropped this year as well.
- More patients here say they are satisfied with GP services, both in and out of normal working hours.
- Patient experiences of services at Torbay Hospital continue to be very good.

National standards

We have also kept up or improved performance against the day-to-day work standards set out in the NHS Constitution. In particular:

- The time people wait for treatment or tests is falling – although there are still some longer waits in orthopaedics which we are working to put right.
- We are meeting the requirements for waiting times for cancer patients.
- We are meeting the requirements for the time people wait in Accident and Emergency.

Widecombe in the Moor by Martin Bodman

What our community looks like

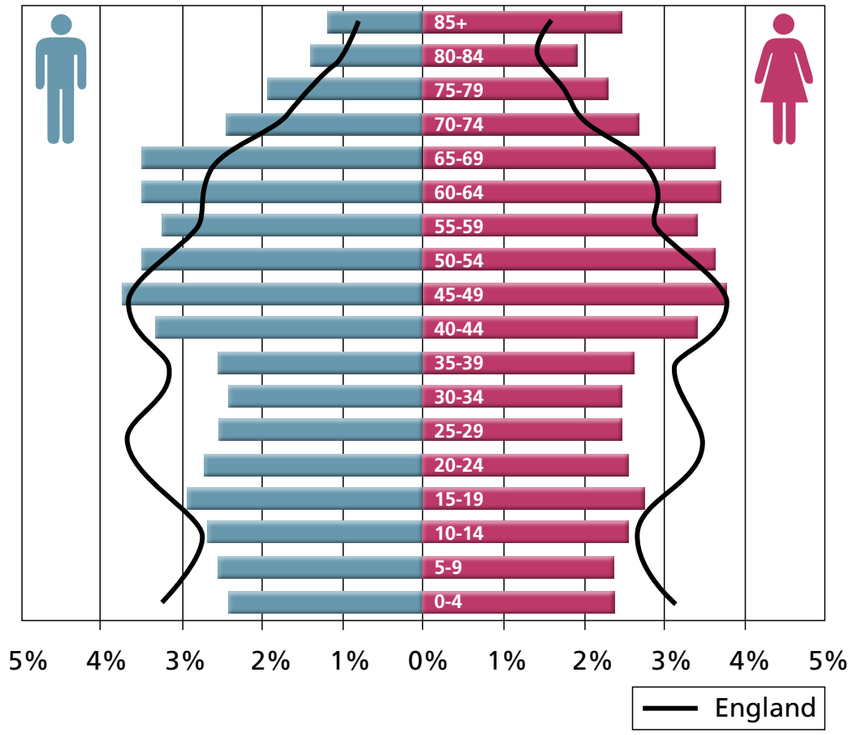
Our CCG reaches from the South Devon coastline to the open moorland of Dartmoor. We cover some 310 square miles and have about 284,500 people registered with our GPs. This is likely to grow to 300,000 by 2021 – and the proportion who are over 85 by then will also grow.

Our picturesque area is a popular place to retire, so we already have a noticeably higher proportion of older people. We welcome and embrace this, at the same time as recognising that it has an impact on the health and social care services that need to be provided. Older people need more help managing long-term conditions, have more injuries resulting from trips and falls, and more age-related diseases. We need to meet these needs, at the same time as making sure the rest of the population get the health and social care they need, too.

Because South Devon and Torbay is popular with tourists, an extra 75,000 to 100,000 people are here during the summer.

We also have pockets where people have lower life expectancy. These communities tend to have more smokers and excess drinkers. But they also have poorer housing, job opportunities and education – all factors that contribute to people's overall health and wellbeing.

2012 population pyramid for South Devon and Torbay Clinical Commissioning Group registered patients compared with the 2012 estimate for England.



Innovation in our work

The Department of Health report 'Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS' sets out an agenda for spreading innovation at pace and scale throughout the NHS. The spread of innovative approaches will be vital in transforming patient services, improving quality and helping us achieve better services in a challenging financial environment.

We are actively working with industry and with our two universities in Devon to create a culture within which 'joined-up' innovative thinking can flourish. We are playing an active part, at Board level, in the South West Peninsula Academic Health Science Network.

We encourage creative ideas from patients, our staff and other organisations, at every level.

Some priorities

As set out in our Plan on a Page, our three commissioning priorities are:

- promoting self-care, prevention and personal responsibility
- developing joined-up, patient-centred community services (including mental health services) closer to home
- leading a sustainable health and care system, encompassing workforce, buildings and information/computer systems

We have chosen three specific areas to set a path for improvement so that we can measure whether we have made improvements for patients in terms of our comissioning priorities. These are:

- reduce hospital admissions caused by alcohol, using active case management
- reduce emergency hospital admissions from care homes
- reduce the length of time patients have to wait from assessment to treatment for mental health conditions

These measures will form part of our 'CCG Progress Monitoring Dashboard' for next year. (Other things that indicate progress will also be on the dashboard, such as finance.)

Work streams and key outcomes

The areas of work ('work streams') set out on the following pages will be carried out over the next three years to ensure that we can achieve our three over-arching commissioning priorities and improve the safety and quality of services as they are experienced by the people using them.

Care by GP practices (primary care)

What the evidence tells us

We know that 90% of all patient contacts are made in GP practices. Consultations have increased over the last ten years and an ageing population with more people living with long-term conditions is already putting further demands on GP services. Spending on primary care has risen by only modest amounts in the last few years.

The 2012/13 Joint Strategic Needs Assessment highlights the role of primary care in a number of areas, including in tackling hospital admissions, managing health through prevention and in the best possible management of long-term conditions. The impact on primary care of managing these long-term conditions is significant – they account for 50% of all GP appointments.

Key work to be done

This year: we will establish a primary care redesign group to work on the primary care strategy and outcomes for primary care. The group will include clinical and management staff from the CCG, members of the Local Medical Committee and the NHS England Area Team.

We will devise and implement a primary care quality dashboard so that we can see variation in quality and access more quickly – and act to reduce it.

We will commission and engage practices in programmes that are designed to improve access and patient experience. These include Dr First, Productive General Practice and the Primary Care Foundation's 'Urgent Access in Primary Care' scheme. We plan to see a 2% reduction in emergency hospital admissions from practices participating in these schemes.

We will ensure that the issues of primary care capacity and demand are part of the whole-system redesign work being undertaken as part of the Joined Up Cabinet work.

Acting on patient feedback, all redesign boards will continue to identify the areas of care that could be made available closer to patients. This includes planned and unplanned care as well as preventive health. This work will need to include an assessment of the workload for primary care and the resources necessary to achieve change.

In years two and three we will:

- implement the primary care strategy and reduce variation in quality and access to primary care services
- evaluate the three programmes (Dr First, etc) to find out what works best from each
- provide additional targeted investment in primary care, according to quality improvements, capacity issues and improvements in access

What we want to achieve:

Increase the capacity in primary care to treat more patients, so they go on to hospital services only where absolutely necessary.

Encourage collaboration between practices, to deliver the best services for patients, at the time they are needed.

Community care

What we want to achieve:

Provide fully joined-up and cost-effective seven-day services.

Increase the numbers of patients who are actively case managed to avoid unnecessary hospitalisation.

What the evidence tells us

The over-85 population in South Devon and Torbay is expected to increase from 3.9% in 2012 to 4.8% in 2021, higher than the national average. It is unsurprising that older people cost the most per person in terms of hospital care.

People with long-term conditions are the most frequent users of healthcare services. They account for 29% of the population, but use 50% of all GP appointments and 70% of all inpatient bed days. But many of these conditions can be controlled through self-care. The number of people with more than one long-term condition is expected to rise by a third in the next ten years. We need to develop care plans that treat the patient as a whole, not by each condition.

We know that people with the respiratory illness Chronic Obstructive Pulmonary Disease (COPD) can be supported to live better with their condition through self-care and support.

Key work to be done

This year: we will build on our 'virtual ward' model, with more support from multi-disciplinary teams and 'outreach' support from Torbay Hospital. We will identify the top 5% high-risk patients and intervene early to increase their health and wellbeing, reduce their likelihood of emergency admissions and make sure that self-care is at the heart of their care plans.

For patients who are at the end of their life, we will increase the number of those whose wishes are registered electronically, and ensure each of these patients is offered a plan for stepping up their treatment if appropriate.

Care homes will be paired up with local GP practices and community teams, to improve care and reduce emergency hospital admissions.

We will aim for community nursing to promote and support self-care, and tackle social isolation and mental health needs, especially in frail older people. We want to achieve really good partnership among district nursing, health, social care, voluntary sector partners and patients, to support care in people's homes (including care homes) and other community settings.

In years two and three we will:

- implement self-care training for all staff involved in the virtual wards
- with our locality commissioning groups, work towards each care home having a linked GP practice and community nurse
- increase the provision of community services to allow for discharge from acute hospitals seven days a week
- define the role of community hospitals, working with our communities
- develop a commissioner strategy for carers

Urgent care

What we want to achieve:

Improve access to GP services, in and out of hours, to help avoid unnecessary visits to Torbay Hospital.

Increase self-care and active case management in patients with conditions such as diabetes and alcohol-related health problems.

Review patient journeys through A&E and use that learning to help redesign services to avoid unnecessary admissions.

Increase levels of active care in residential homes.

What the evidence tells us

In South Devon and Torbay, we have seen a sharp rise in emergency hospital admissions in 2012, in line with national trends. Even so, our admissions are still assessed nationally as being generally lower than would have been expected.

Emergency admissions for injuries and poisonings (related to both prescribed medication and recreational drug use) are markedly higher than would be expected for our population and significantly higher in the over-75 age group. Fractures of the neck of femur (hip) and lower limbs are also significantly higher than we might expect.

Key work to be done

This year: we will carry out a review of all minor injury units, taking in opening hours, staffing and demand, to ensure there is a consistent minimum service on offer at all units. This will reduce variation in the way these services are used, and in the experience patients have.

We will improve medical support for patients who are receiving intermediate care (the 'halfway house' between hospital and independence at home). This will apply to patients in care homes and to those receiving care in their own homes, and will provide a bridge for those well enough to leave hospital but still needing some support.

As well as patient journeys through A&E, for all long-term condition specialties detailed reviews will be carried out of emergency admissions and emergency re-admissions by diagnosis, and care put in place to help avoid admissions where appropriate.

To reduce alcohol-related hospital admissions, we will work intensively with a small cohort of individuals with complex needs who experience compromised psychological and/or physical health due to alcohol. The aim will be to keep them well and supported in the community.

We will work with our care homes to improve the quality of life of patients in those homes, reducing the numbers needing to be admitted to hospital. Hospital-based nurses will offer training and support to nurses in the nursing homes so they can carry out treatments such as intravenous treatments and blood transfusions.

We will commission a self-care service which provides a flexible approach to offering advice and support with self-care.

In years two and three we will:

- increase the provision of community services to allow for discharge of patients from acute hospitals seven days a week
- develop 'urgent care centres' in the community, according to need, which will provide a wider range of services, including x-ray and diagnostics, as an alternative to A&E

Our localities

Locality priorities

Torquay and Paignton and Brixham

Urgent care: both of the localities will improve the management of patients in care homes by working with the medical admissions team on better training for care home staff and to develop one-to-one links between care homes and practices.
Planned care: both of the localities will work with the Devon Access and Referral Team (DART), to improve the quality of referrals, ensuring that primary care/community-based interventions have taken place, and to provide wider education about agreed clinical pathways.

Newton Abbot

Community care: the locality will develop an integrated community team for managing complex, multi-system medicine at home. It will actively manage caseloads, supported by Newton Abbot Hospital. It will continue to develop virtual ward best practice.

Coastal

Nursing homes: the locality will improve the use of treatment escalation plans/ special messages and staff education and will develop the role of community nurses within care homes.

Moor to Sea

Primary care: the locality will develop capacity to improve the management of long-term conditions and urgent care and make sure patients have good access to the right care. It wants to enable joined-up working between primary care, district nurses, care homes, social services, mental health services and the voluntary sector.

Mental health, dementia and autism

What the evidence tells us

The government's 'No Health without mental health: A cross-governmental mental health outcomes strategy for people of all ages' sets out the vision to improve outcomes for people who use mental health services and to promote positive mental health and wellbeing among the whole population.

Estimates tell us that in any one year approximately one British adult in four experiences at least one diagnosable mental-health disorder.

The number of people with dementia in South Devon and Torbay is estimated at about 5,000 now and is projected to increase to 10,000 by 2021.

Statutory guidance sets out how we must meet the needs of people with autism.

Key work to be done

This year: we will engage with people who use mental health services, as a first step in redesigning them. In response to patient feedback, we will commission a 'single point of access' for mental health services, including crisis, older people's mental health services and drug and alcohol services. We will work with providers to agree protocols for the transition of patients into primary care, to include fast-track access back into specialist services if needed. We will work with providers and our commissioning localities to develop relationships between hospital specialists and community teams. We will also explore the possibility of having a named link worker for each locality, and mental health input into the 'virtual ward' case-management of patients to help them stay at home.

We will ensure better access to – and choice of – evidence-based psychological therapy. We will aim to reduce waiting times for specialist psychological therapies and health psychology services to 18 weeks. We also want to further develop a home treatment approach to urgent psychiatric care for people experiencing acute emotional distress and anxiety.

We will implement memory clinics for dementia across South Devon and Torbay. We will ensure consistent access to drugs for those diagnosed with dementia and, where appropriate, to anti-psychotic drugs. We will also work with care homes to ensure residents with dementia live well.

We will work with local authority colleagues to produce a strategy for autism. We will also be reviewing services to ensure ease of access and use for adults and children with autism.

In years two and three we will:

- move towards a greater emphasis on early intervention services as we move from a treatment and management approach towards a preventive model
- work on delivery of the eating-disorder day service and increased access to therapy for people with personality disorders

What we want to achieve:

Assertively case manage patients in primary care, through integrating mental health staff into community teams.

Commission a Single Point of Access to joined-up mental health services.

Improve choice of, access to, and patient experience of, psychological therapy and crisis services, especially for children.

Implement the local Dementia Strategy.

Planned care (operations and procedures booked in advance)

What we want to achieve:

Diagnose patients and provide them with a care plan as soon as possible.

Provide patients with an appropriate level of intervention in a local setting, avoiding unnecessary journeys to hospital.

What the evidence tells us

Comparing ourselves with others through benchmarking data suggests we need to look at the top seven specialties that account for 50% of the amount spent on first outpatient appointments. These are orthopaedics, obstetrics, ophthalmology, ear, nose and throat (ENT), gynaecology, paediatrics and colorectal surgery, but our focus will also be on the specialties accounting for 50% of spending on follow-up appointments – orthopaedics, paediatrics, ENT, cardiology, clinical oncology and ophthalmology.

Planned hospital admissions are significantly higher than expected in the younger age groups, but significantly lower than expected for the older age groups. There is a significantly higher than expected number of planned admissions for cancer treatments, including ongoing treatments, and attendances at fracture clinics.

Key work to be done

For most conditions, doctors and healthcare professionals have agreed a 'care pathway' which sets out the route that each patient with that condition will follow through their care, stage by stage. These pathways are used by the Devon Access and Referrals Team (DART) when they make appointments for patients.

This year: we will review our commissioning with DART to make sure agreed pathways are better adhered to, beginning with musculoskeletal pathways. We plan that this will lead to a 2% reduction in total referrals. We will implement clinical referral triage, a system that will see letters referring patients being reviewed by a clinician, to determine the most appropriate place for the patient to be seen and thereby to avoid unnecessary hospitalisation.

We will review follow-up patterns in the top six acute specialties that account for 50% of what is spent in this area, and review consultant-to-consultant referral management. We plan that this will lead to a 2% reduction in total follow-up appointments.

We will develop commissioning strategies for planned care specialties, including dermatology, ophthalmology, paediatrics/child health, musculoskeletal and pain.

We will also examine how self-management can be used effectively in planned care.

In years two and three we will:

- continue to improve pathway compliance through the use of DART
- review the link with intermediate care services and commission pathways that make sense to patients
- explore how technology/innovation can improve referral management
- commission self-management/expert patient programmes to improve patients' quality of life

Children's Services

What the evidence tells us

Analysis from the Joint Strategic Needs Assessment indicates concern about smoking in pregnancy, which is linked with increased risk of cot death and complex medical conditions. It also points up lower breastfeeding rates among the localities of Torquay, Paignton and Brixham, and Newton Abbot. Uptake of childhood immunisations is low in Moor to Sea.

Childhood obesity has been linked with poorer health outcomes for children, such as asthma, diabetes, psychological ill-health and cardiovascular risk factors. Obesity and overweight among reception years has reduced over the last three years while levels in Year 6 children have remained relatively static.

Hospital admissions in young people for unintentional and deliberate injuries are highest in the Torquay locality. Unplanned hospitalisations for asthma, diabetes and epilepsy in the under-19s in 2011/12 were highest in Torquay, which accounted for around a quarter.

Child poverty estimates, at 20% of all children, are higher than those seen regionally and nationally. Child poverty can have a significant impact on emotional and mental health, and can lead to admissions to hospital and increased safeguarding concerns. The rate per 10,000 of children in Torbay who were the subject of a child protection plan at 31 March 2012 was the highest in England.

Key work to be done

This year: we will develop commissioning intentions for community paediatric and nursing services, as well as the role and scope of primary mental health work. We will keep improving access to psychological therapies

We will review the follow-up behaviour of acute paediatrics and consultant-to-consultant referral management.

We will develop commissioning strategies for paediatrics/child health and scope how self-management can be used most effectively for young people. We will also explore the development of a short-stay paediatric unit.

We will work jointly with NHS England to assess the impact of the increased number of health visitors on community prevention and early-help services, with an initial focus on the pilot 'Community prevention hub' in Torquay.

We will explore jointly-commissioned community services for 0-19 year olds with local authority colleagues and partners from primary care and education.

In years two and three we will:

- commission integrated children's services provision.
- explore how technology/innovation can improve referral management
- commission self-management/expert patient programmes

What we want to achieve:

Ensure the provision of joined-up services in appropriate settings for children and young people.

Encourage young people to be responsible for their own condition, so they can prepare for transition to adulthood.

Learning disabilities

What we want to achieve:

Implement the actions set out in the Winterbourne View Report.

Commission inclusive services to ensure mainstream care is provided for people with learning disabilities.

What the evidence tells us

In the last ten years there have been a number of reports identifying inequalities in health services for people with learning disabilities. People with learning disabilities have had a reduced life expectancy and lived with poorer health than the general population.

As a result of the abuse of vulnerable people with learning disabilities at Winterbourne View private hospital, near Bristol, a document was produced which sets out actions to be taken and the structures which need to be put in place to help prevent such abuse in the future. The document is called 'Transforming care: A national response to Winterbourne View Hospital Department of Health Review – Final Report.'

Key work to be done

This year:

We will implement the Winterbourne View actions, including arrangements for pooled budgets across health and social care.

We will work to make sure people with learning disabilities get equal access to GP and hospital care, including wider primary care services such as dentists and screening programmes. As part of our Equality Delivery System we will work with our statutory partners and people with learning disability to assess how accessible services are to them and identify areas for improvement.

We will target specific areas for making sure there is equality of outcomes – these are cancer screening, obesity, diabetes, cardiovascular disease and epilepsy.

In years two and three we will:

- continue to ensure that universal mental health services are accessible to people with learning disabilities
- continue to improve equality of access to all services

Medicines' optimisation

What the evidence tells us

The most common therapeutic intervention made in the NHS is the use of medicines. The current thinking from the government is to expand medicines' management to medicines' optimisation. This means placing a greater focus on making the best use of medicines to achieve the best outcomes for patients. We are committed to doing this in South Devon and Torbay.

Key work to be done

This year:

We will work with our partners to develop systems for reducing variation in prescribing. A county-wide commissioning committee will be set up to assess the effectiveness of new medicines, and we will work with colleagues across the county to ensure we use medicines at the same points in patients' treatment. We will continue to monitor the way GP practices prescribe common core drugs so that we can promote the use of specified preferred medicines.

We will also work with our colleagues at Torbay Hospital to share the savings from the best, cost-effective use of medicines. Initially we will develop ways to routinely monitor the use of high-cost drugs in the hospital and explore the extent of patient access schemes. We will also examine areas of mutual benefit with other providers. In doing this we plan to make efficiency gains of 4% in the amount spent on secondary-care (hospital) prescribing.

In years two and three we will:

- develop mechanisms to benefit both South Devon and Torbay CCG and South Devon Healthcare NHS Foundation Trust though mutually beneficial efficiency savings arrangements.

What we want to achieve:

Review and reduce prescribing variation in all settings, in keeping with national best practice.

Explore and make use of opportunities to share any savings achieved with all providers.

Finance

Financial Planning

The budget allocated to CCGs represents 2.3% growth when compared with the equivalent 2012/13 baselines.

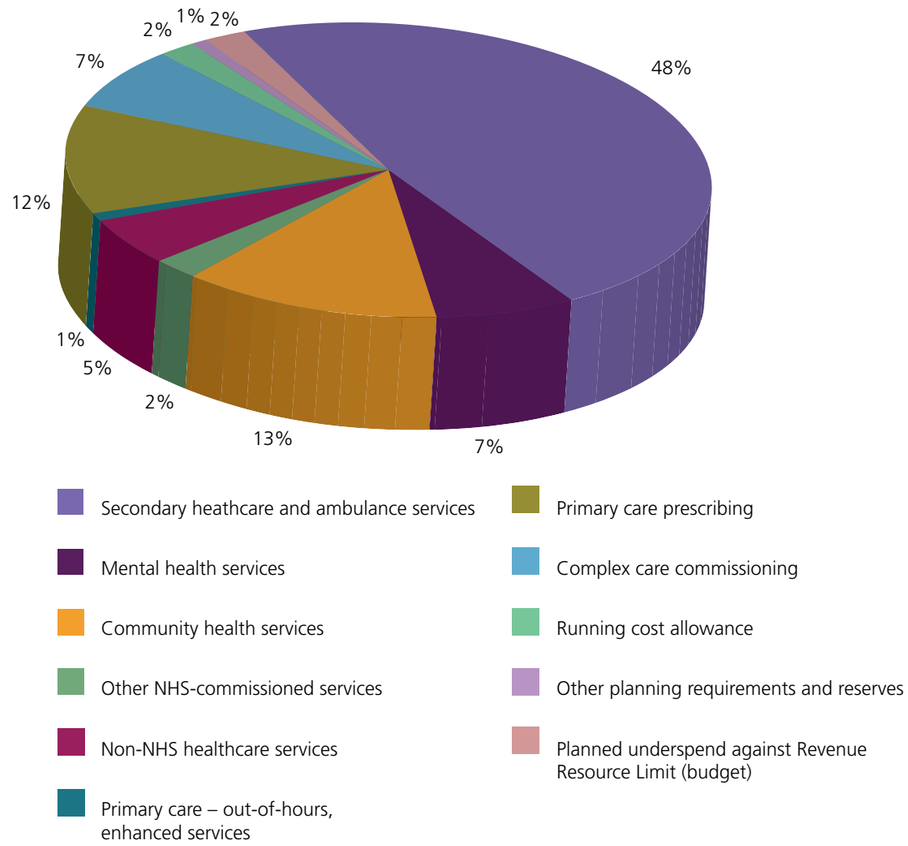
Our resources are made up of three key elements:

- an allocation to CCGs to cover the local services they will commission on behalf of their populations
- the running costs allocated to CCGs (staff, premises, organisational costs)
- an allocation to local authorities to fund services that benefit both health and social care

For our CCG, the money we have looks like this:

	£'000
Allocation for commissioning services (including growth at 2.3%)	364,375
Allocation for CCG running costs	6,717
Total CCG Allocation (including running costs)	**371,092**
Allocation in relation to social care (including growth)	10,126
Total CCG resources	**381,218**

This chart shows how the money will be spent:



Planning requirements: national and local

A key expectation for our CCG is to continue to achieve a surplus at a minimum of 1% which, based on the CCG allocation, would work out at £3.688million. Locally, we will plan for an underspend of £5.583million, although over time would expect this to return to the national position of 1%.

It is anticipated, and part of our medium-term planning assumptions, that surpluses achieved in 2012/13 will be made available to future commissioning organisations (including CCGs). For future years we will continue to plan on this basis, and to achieve a surplus in line with the planning assumptions set out in the current National Operating Framework. We will keep this under review as further national guidance emerges.

Our financial plans also comply with the requirement to plan for 2% of the revenue allocation to be available recurrently to fund the cost of change in 2013/14. This equates to £7.376million and can be committed only to cover non-recurrent costs.

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