Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Friday 1st July 2022
Time: 9.30am
Location: MS Teams

Agenda Number :	5.1	
Title:	Operational Plan and Revenue Budget 2022/23	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision/Discussion/For Information		
Key Points for Discussion:		

This paper proposes the Final 22/23 revenue budget and updates on the operational planning submission which was completed on 20 June.

This Operational Plan was approved on 17 June for submission to NHS England by Healthier Together Executive Group together with CFOs and Finance Non-Executive Members in line with the delegation agreed by the CCG Governing Body on 17 June. The plan was submitted on 20 June. The briefing that was provided to support this sign off is included at Appendix 1-8.

This plan was developed as a whole System Financial Plan in line with the proposed duties of the new Integrated Care Board; including system level prioritisation & principles for apportioning funds.

An interim budget was approved by the CCG's SFC in March 2022; this paper updates the CCG budget to align with the System Operating Plan submitted on 20 June and sets associated budgets at detailed MDT and cost centre level.

The budget has been prepared on an annual basis, and therefore is inherited by the ICB upon the dissolution of the CCG on 30 June 2022.

This is an important budget:

- The first annual revenue budget for new ICB and will form the baseline for the ICB component of the Joint Forward Plan to be published by March 2023.
- Budget based on revised NHS Financial Framework, emerging to adapt to new health & care regulatory landscape and post-pandemic NHS financial settlement
- The first time in 2 years the NHS has been asked to prepare annual budgets
- Significant delivery milestones related to the NHS Long Term Plan and Healthier Together Medium Term Financial Plan
- Budget post the most serious operational impact of Covid pandemic and dealing with the longer term health consequences including the Elective Care backlog

The total budget for 2022/23 is proposed as £1,829,366k.

Revenue budgets for 2022/23 have been built up from the 21/22 H2 Operational Plan baseline; and with reference to the Medium-Term Financial Plan approved by Strategic Finance Committee and Healthier Together Partnership Board in Autumn 2021.

The System has prepared a balanced financial plan at both system and organisational level. However, the plan includes utilisation of £76.2m of non-recurrent actions and additional funding; and further work is required to deliver a sustainable financial position for 23/24 and the medium term.

Current NHS finance policy is that if an ICB meets its financial target to breakeven for 2022/23 and 2023/24 then the cumulative bought forward CCG deficits will be written off. This balance stands at £117m. Failure to meet his target will require additional savings equivalent to £117m, over say 5 years this would equate to £23.4m (1.3% of allocation) per annum which would put delivery of ICB objectives and strategic plans at risk.

This plan assumes delivery of £39.5m of savings to deliver a balanced financial plan and ensure the underlying position of the CCG remains aligned to the Long Term Plan. This requirement is made up by:

- £10.9m 1.1% business as usual efficiency in Healthier Together NHS provider partners and Sirona
- £3.2m further savings to reduce recurrent provider deficit positions
- £13.3m Transformational Savings requiring collaboration between Healthier Together providers and CCG/ICB
- and £11.9m Savings related to services directly commissioned or delivered by ICB.

Whilst there are challenging and stretching delivery plans, there are no unidentified savings targets within the CCG plan.

There will be no general continency budgets for 2022/23.

The System has identified a further £50.9m of gross financial risks to its plan, of which £15.2m relate directly to CCG budgets; offset by £19.9m of identified mitigations and £17.5m productivity challenge for Elective Recovery. This net risk of £13.5m represents less than 0.5% of allocation and is judged by the Finance teams to be manageable through additional executive management actions and use of in year financial management actions; and therefore presented as a balanced financial plan.

Recommendations:	To NOTE the operational plan position submitted on 20 June, which was signed off through delegated approval by CEOs, CFOs and Finance Non-Executive Directors. To NOTE the key assumptions, principles, risks and mitigations underpinning the ICB-led aspects of the financial plan. To NOTE the impact on direct ICB Savings requirements To NOTE the underlying system financial deficit of £76.2m and requirement for further management action to mitigate this for 23/24 and the medium-term To APPROVE the financial governance principles for managing the budget during 2022/23 To APPROVE the final budgets for 2022/23
Previously Considered By and feedback :	Healthier Together DoFs and Deputy DoFs Groups Healthier Together CEOs Group (and joint session with Finance Cttee Chairs 17 June 2022) Strategic Finance Committee March 2022 and June 2022
Management of Declared Interest:	Declarations of interest stated in meeting and recorded in Committee minutes.
Risk and Assurance:	Financial risks are referenced in the main report The latest System Financial Plan was submitted to NHS England on on 20 June for assurance and approval
Financial / Resource Implications:	This paper presents the financial position of the Bristol, North Somerset and South Gloucestershire CCG, and in some instances the wider Healthier Together partnership. Current NHS finance policy is that if an ICB meets its financial target to breakeven for 2022/23 and 2023/24 then cumulative bought forward CCG deficits will be written off. This balance stands at £117m. Failure to meet his target will require additional savings equivalent to £117m, over say 5 years this would equate to £23.4m (1.3% of allocation) per annum which would put delivery of ICB objectives and strategic plans at risk.

Legal, Policy and Regulatory Requirements:	Section 223H of the Health and Social Care Act 2012 sets out the duty for CCGs to break even on their commissioning budget for both revenue and capital. BNSSG is required not to exceed the cash limit set by NHS England, which restricts the amount of cash drawings that the CCG can make in the financial year. The CCG must also comply with relevant accounting standards. These duties will remain upon transition to ICB, together with a statutory duty to breakeven even upon the whole 'system' incorporating NHS Trusts and NHS Foundation Trusts, ICB Running Costs and Delegated Primary Care allocations. It should be noted that this duty encompasses all revenue and capital funding for UHBW, NBT and AWP including material funds related to services commissioned by NHSE England (Secondary Care Dental, Specialised Commissioning, including provider collaboratives and Heath & Justice) as well Other ICBs (notably BSW ICB and AWP)
How does this reduce Health Inequalities:	The budget aims to reduce Health Inequalities in two specific ways: 1. Key base case budget principles increase relative investment in Primary Care and Mental Health. Both key programme spend where Health Inequalities currently exist. 2. Reducing Health Inequalities is a key priority when developing the operational plan
How does this impact on Equality & diversity	Equality Impact Assessment are undertaken for key changes in the plan, such as savings plans.
Patient and Public Involvement:	Patient and Public Involvement was not sought specifically in the development of this plan. PPI is embedded within key change programmes included in the plan.
Communications and Engagement:	The financial position of the CCG is subject to regular reporting and review by the Strategic Finance Committee and Public Governing Body. In addition, the CCG has regular meetings with NHSE to review performance throughout the year.
Author(s):	Jonathan Lund, Deputy CFO
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Deputy Chief Executive and Chief Finance Officer

Agenda item: 5.1
Report title: 2022/23 Budgets

1. Executive Summary

This paper proposes the Final 22/23 revenue budget.

An interim budget was approved by SFC in March 2022; this paper updates the CCG budget to align with the System Operating Plan submitted on 20 June and sets associated budgets at detailed MDT and cost centre level.

This Operational Plan was approved for submission to NHS England by Healthier Together Executive Group on 17 June. The plan was submitted on 20 June.

This plan was developed as a whole System Financial Plan in line with the proposed duties of the new Integrated Care Board; including system level prioritisation & principles for apportioning funds.

The budget has been prepared on an annual basis, and therefore will be inherited by the ICB upon the dissolution of the CCG on 30 June 2022.

This is an important budget:

- The first annual revenue budget for new ICB and will form the baseline for the ICB component of the Joint Forward Plan to be published by March 2023.
- Budget based on revised NHS Financial Framework, emerging to adapt to new health & care regulatory landscape and post-pandemic NHS financial settlement
- The first time in 2 years this NHS has been asked to prepare annual budgets
- Significant delivery milestones related to the NHS Long Term Plan and Healthier Together Medium Term Financial Plan
- Budget post the most serious operational impact of Covid pandemic and dealing with the longer term consequences such as Elective Care backlog

The total budget for 2022/23 is proposed as £1,857,122k.

Revenue budgets for 2022/23 have been built up from the 21/22 H2 Operational Plan baseline; and with reference to the Medium-Term Financial Plan approved by Strategic Finance Committee and Healthier Together Partnership Board in Autumn 2021.

The System has prepared a balanced financial plan at both system and organisational level. However, the plan includes utilisation of £76.2m of non-recurrent actions and resources; and further work is required to deliver a sustainable financial position for 23/24 and the medium term.

Current NHS finance policy is that if an ICB meets its financial target to breakeven for 2022/23 and 2023/24 then the cumulative bought forward CCG deficits will be written off. This balance stands at £117m. Failure to meet his target will require additional savings equivalent to £117m, over say 5 years this would equate to £23.4m (1.3% of allocation) per annum which would put delivery of ICB objectives and strategic plans at risk.

This plan assumes delivery of £39.3m of savings to deliver a balanced financial plan and ensure the underlying position of the CCG remains aligned to the Long Term Plan. This requirement is made up by:

- £10.9m 1.1% business as usual efficiency in Healthier Together NHS provider partners and Sirona
- £3.2m further savings to reduce recurrent provider deficit positions
- £13.3m Transformational Savings requiring collaboration between Healthier Together providers and CCG/ICB
- and £11.9m Savings related to services directly commissioned or delivered by ICB.

Whilst there are challenging and stretching delivery plans, there are no unidentified savings targets within the CCG plan.

There will be no general continency budgets for 2022/23.

The System has identified a further £50.9m of gross financial risks to its plan, of which £15.2m relate directly to CCG budgets; offset by £19.9m of identified mitigations and £17.5m productivity challenge for Elective Recovery. This net risk of £13.5m represents less than 0.5% of allocation and is judged by the Finance teams to be manageable through additional executive management actions and use of in year financial management actions; and therefore presented as a balanced financial plan.

2. Progress since 28 April draft submission

Significant progress has been made since the 28 April draft plan, notably:

1. Rebasing of Provider Top Up funds, to align with national funding allocations, rebasing with Specialised Commissioning and pre-Covid provider deficits. This has the effect of funding on a recurrent basis the historic, structural deficits experienced in the BNSSG system including impact of PFI & LIFTCo buildings, pre-pandemic levels of agency workforce premiums, the structural deficit of Weston General Hospital
2. Rebasing of Covid funding to latest assessment of costs
3. Reinvestment of £11m recurrent MTFP savings and non-recurrent £8m contingency and £20m Covid funds, to offset residual provider deficits
4. Further granular details of all Transformation and Transaction Savings programmes
5. Further granular details on Elective Activity Plans and associated Elective Services Recovery Fund income including impact national funding incentives and rules and alignment of impact from major Community Services Transformation programmes such as Discharge to Assess, Healthier Together @ Home and Ageing Well
6. Approval of Mental Health Investment Standard and overall MH & LD Finance plan by Mental Health & LD Steering Group
7. Approval of Delegated Primary Care budgets by Primary Care Commissioning Committee
8. Application of additional recurrent and non-recurrent allocations of funds to mitigate the impact of Ambulance services pressures and excess inflationary pressures across the NHS
9. Updated Risks and Mitigations schedule
10. Detailed budgets at cost centre, Tag and MDT level

3. System Funding Envelope and Allocation

CCG Allocation

The total system allocation is £1,857,122k, which will be allocated to the CCG. This allocation was based on the H2 21/22 system funding envelope and not a return to Long Term Plan allocations.

Importantly this includes a distribution of £72.8m Provider Top Up funding, generally recycled from previous Provider Sustainability Fund allocations.

Allocations have also been subject to a revised ACRA allocation methodology, for BNSSG CCG this new methodology has resulted in the BNSSG system being ‘under-funded’ compared to the target allocation by 0.9%. Over time the national pace of change policy should increase the relative resources for BNSSG.

Allocations assume funding inflation for core services of 3.5%

Allocations assume efficiency delivered in all core services of 1.1%

	2022/23 Recurrent	Covid Allocation	SDF Funding	ERF	Health Inequalities Funding	Non-Recurrent National Reserves Allocation	2022/23 Non Recurrent	2022/23 TOTAL
CCG allocations - programme	-1,489,301,666				-3,206,000	-9,210,000	-12,416,000	-1,501,717,666
CCG allocations - running costs	-18,427,000						0	-18,427,000
CCG allocations - delegated primary care	-156,193,000						0	-156,193,000
System top-up (provider basis)	-72,835,441						0	-72,835,441
Covid funding (provider basis)	0	-39,925,000					-39,925,000	-39,925,000
SDF Funding	0		-36,379,000				-36,379,000	-36,379,000
ERF ICB (Population basis)	0			-31,645,000			-31,645,000	-31,645,000
Total Sources	-1,736,757,107	-39,925,000	-36,379,000	-31,645,000	-3,206,000	-9,210,000	-120,365,000	-1,857,122,107

Primary Care could also access additional funding for Primary Care Network ARRS funds retained nationally and funded once staff are appointed.

Total System Funding Envelope

- The total system funding envelope is assessed as £2,957,788k
- The NHS providers in the system also receive commissioning income from NHSE Direct and Specialist Commissioning; as well as Other CCGs, this is expected to be £887,289k; including additional Elective Recovery Fund income for Spec Comm and Other Direct Commissioning of £14,500k
- Providers also receive Other Income including Teaching & Research, Private Patients and Commercial income. The values are being evaluated by Providers but their current estimate is £288,476k
- The ICB is planning to commission £72,200k of activity with NHS providers outside of the ICB footprint, including £44,671k SWAST
- National funding is also available separately for the Mass Vaccination programme for Primary Care and via NBT as BNSSG Mass Vaccination host.
- PPE and Test and Trace costs continue to be funded nationally by DHSC outside of the NHS England budget

4. Key principles and Assumptions for CCG base budgets

- Opening baseline is 21/22 H2 Plan.
- All budgets changes, including savings, are assumed to be recurrent unless explicitly stated otherwise
- Acute NHS Provider contract baselines based on 19/20 M1-9 run rate expenditure; adjusted for inflation including 21/22 pay award and efficiency; plus retaining full year effect Phase 3 mitigation growth funding in line with H2 plan noting Acute activity levels remain below 19/20 levels
- System Transformation Scheme Savings removed from acute contracts in line with Medium Term Financial Plan assumptions. Non recurrent slippage in Discharge to Assess benefits assumed funded from D2A Transition Reserve.
- Provider Top Up funding allocated to 3 NHS providers in line with initial national calculation based on 19/20 run rate, adjusted to 22/23 prices and rebasing between CCG and Spec Comm allocations. Additional Top Up funded from re-investment of System Transformation Scheme Savings and 21/22 growth allocation (net of stretch efficiency target) funding
- Low Value activity (CCG to English NHS provider value < £500k per annum; previously referred to as Non Contract Activity) returned to local commissioning based on block payments calculated nationally from 3yr average uplifted to 22/23 prices, as per national schedule. Scottish and Welsh providers continue as variable payment per activity.
- Acute Independent Sector returned to local commissioning and funded at latest contract Indictive Activity Plan schedules. Base budget is 19/20 levels, adjusted for inflation and efficiency. Any growth against 19/20 baseline funded from Elective Services Recovery Fund (ESRF). £3.4m assumed in plan as per latest contract activity schedules
- Primary Care Investment as per Long Term Plan, including new DES, establishment of PCNs and new roles.
- Mental Health Investment to meet Mental Health Investment Standard (MHIS) (Mental Health budget growth in line with CCG core allocation, and Mental Health provider efficiency will be re-invested in MH services; excludes Dementia, Learning Disabilities & Autism budgets, but includes prescribing and continuing health care related to MH diagnoses).
- Growth allocated to Children's Community Services (pro-rata to NHSE community service non-demographic growth) and Dementia, Learning Disabilities & Autism budgets (pro-rata to MHIS uplift); in line with principles in the Long Term Plan; as these are key priority areas for the CCG.
- Discharge to Assess and Stroke services investments added to budgets in line with approved system wide business cases. NB. Stroke with effect from 1st Nov, plus non recurrent transition budget
- System Clinical Advice Service /111First budgets uplifted as per latest Minors programme budget plan on non recurrent basis
- High Cost Drugs growth as per local assessment

- No further growth applied to Acute Care or Adult Community Services; other than where these services will have access to Service Development Funds and Elective Recovery Fund all designed to maximise service restoration and ongoing Covid demand. Sirona will need to demonstrate returning to new contract transformation trajectory, including absorbing demographic growth, before new funding could be allocated.
- Continuing Healthcare growth, inflation & savings rates as per updated local assessment, broadly aligned to LTP and lower than demographic growth, except for higher inflation aligned to local authority fee uplifts.
- Prescribing growth & savings rates as per local assessment and lower than demographic growth, broadly aligned to previous LTP.
- Better Care Fund uplift of 5.66% fully funded as per national policy
- Running Costs in line with allocation (noting no additional allocation for Agenda for Change pay award resulting in a 2.8% efficiency requirement). CCG establishment funded, but with 7.2% vacancy factor as approved SFC March 2022.
- System Transformation Reserve established to continue funding allocations approved Summer 2021.
- All providers with NHS Standard Contracts expected to deliver 1.1% efficiency requirement.
- Other core services up to 2.4% price inflation (3.5% cost inflation offset by 1.1% efficiency requirement, implies 2% annual pay inflation)
- Placement budgets and CHC 6.0% inflation, in line with local authorities. CCG would retain responsibility for efficiency savings to offset this cost by managing package costs efficiently
- Service Development Fund allocations have been delegated to MDT budgets based on national indicative schedule, except Cancer 'hosted' fund on behalf of SWAG Cancer Alliance. The budget assumes £0.7m slippage on SDF allocations.
- Covid "In Envelope" costs funded in line with Autumn 2021 recurrent forecast assumptions. Surplus Covid funds allocated to UHBW and AWP underlying deficits. NB. Covid testing, PPE and Vaccination Programme remain 'outside system funding envelope' and outside CCG budget.
- 0.5% Contingency Reserve (£8.0m) fully utilised in 2022/23 to offset UHBW and AWP underlying deficits
- £600k CEO Reserve maintained as per previous years, although allocations will need to consider Running Cost savings requirement and vacancy factor
- Dual running costs between CCG and ICB expected to be funded nationally outside of budget
- Non Recurrent National inflation support funding has been allocated to offset excess cost inflationary pressures not otherwise funded and fund a £2m SWAST Ambulance Handover delay risk reserve

5. Provider Deficit Support

Provider deficit support allocations were calculated following extensive peer to peer challenge and review, as well as Healthier Together DoFs group commissioning an external peer review of all investments made over the last 2 financial years.

£95.2m has been allocated on a recurrent basis and £13.6m on a non-recurrent basis

Deficits can largely to attributed to 3 drivers:

i. Pre-pandemic structural deficits eg. PFI & LIFTCo premiums, Weston General, Agency Cost premiums largely defined as run rate deficit against contract income from 19/20 and structural issues emerging over last 2 years eg. pay award costs in excess of national funding.
These have been funded on a recurrent basis utilising Provider Top Up allocation, reinvestment from System Transformation Savings and 21/22 uncommitted growth allocations

ii. New unfunded service developments and unachieved savings between 19/20 and 22/23.
These have been peer reviewed and funded on a non-recurrent basis utilising CCG Contingency and uncommitted Covid funding allocation. It is notable that this relates to UHBW (£16.2m), AWP (£12.9m) and SWAST (£2.9m). Additional controls on investments are being proposed for partners with unfunded deficits. Providers will need to work with the ICB to develop recurrent solutions to these deficits including recurrent benefits from System Transformation Savings.

iii. Excess inflation forecasts above national funding allocation – largely related to general supplies and services (Energy premiums, PFI indexation, Ambulance service inflation and Care Market price inflation have largely been funded on a recurrent basis).
These have been peer reviewed and funded on a non-recurrent basis from additional national non recurrent deficit support funding. Providers will need to work with the ICB to develop recurrent solutions to these deficits including seeking to minimise or defer the impact of inflation where possible.

6. Financial Governance arrangements

Budget Reserves

Reserves	20,662,793
0.5% Contingency Reserve	0
Covid-19	156,000
Other Reserves	10,231,793
Investment Reserves	10,231,793
CEO reserve	600,000
Covid - Q1 transition	0
Discharge to Assess savings slippage	-3,750,000
ESRF risk reserve	8,426,261
High Cost drug growth	531,000
Investments Inflation Reserve	892,256
Non Demographic Adult Community Growth	0
Ockenden Review	593,000
Profiling adjustment	0
System Transformation Reserve	2,939,276
SDF	10,275,000

Virement permissions proposed

The Finance Department is delegated to adjust base budgets, on a net neutral basis, in line with recurrent contract changes and changes savings plans approved in 2022/23

The Finance Department is delegated to adjust budgets on a net neutral basis in line with Service Development Fund allocations once spend priorities approved by the relevant Heathier Together Steering Group. Spending plans over £1m per annum also require approval by CCG Strategic Finance Committee. Slippage on Service Development Funds shall be returned to Corporate Reserves (where SDF allocation is assumed to be recurrent, run rate expenditure by March may not exceed 1/12th annual recurrent allocation).

Individual MDT budget holders will be able to vire budget between contracts and cost centres within each MDT, provided the adjustments are net revenue neutral, excluding Covid.

Any un-utilised accruals or provisions, and/or prior year unforeseen costs shall be returned / charged to Corporate Reserves as soon as identified.

Virements from £600k CEO Reserve will require approval from Chief Executive

Virements from Other Reserves will require approval from Deputy Chief Executive & Chief Finance Officer

Business Cases expected 2022/23

The following business cases are funded in 22/23 budgets but commitments are subject to approval by Strategic Finance Committee during the year:

Scheme value has revenue impact of >£250k

Schemes where overall spending >£1m

Scheme requires system support for NHSE capital allocation

- System CAS/ Minors – recurrent investment case, taking into account medium-term financial plan savings targets related to Same Day Emergency Care
- Covid Medicines Delivery Unit
- Healthier Together @ Home (Virtual Wards SDF)
- Cancer SDF
- Ageing Well SDF
- Primary Care Transformation SDF
- Elective Recovery Schemes greater than £250k
- Elective Recovery Schemes with Capital value greater than £5m

Savings Deep Dives

As per previous years, Deep Dives will be expected on a rolling 3 month basis for ICB Savings programmes:

Mental Health, Dementia, Learning Disabilities and Autism

Funded Care

Prescribing

If Running Cost allocation off track CEO will prepare a Deep Dive of Running Costs savings plans.

ICB Finance Committee will also expect to receive regular briefings on actions, risks and mitigations for the in-year and recurrent delivery of Healthier Together providers internal savings plans and System Transformation Savings

Appendix 1

2022/23 System Plan Resubmission for 20.06.22

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

2022/23 System plan resubmission for 20.06.22

Briefing prepared for system sign off meeting – 17 June 2022

Key Messages

- **Mental Health** – improved trajectories on the three areas where 28/4 plan was short of targets. Expect continued performance management by NHSEI regionally
  - Out of area placement bed days reduced to 576 (360 fewer than 28/4 plan) – Improved
  - Children and Young People accessing specialist support increased to 8,948 (1,948 more than 28/4 plan) – Improved
  - Women accessing specialist perinatal support increased to 1,099 (64 more than 28/4 plan) - Improved

- **Elective recovery** – improved trajectories, still short of targets. Non-compliant plans may trigger performance management by NHSEI nationally
  - >104 week waits eliminated (except for P6 patients) by March 2023 (91 fewer than 28/4 plan) - Improved
  - >78 week waits reduced to 1,243 by March 2023 (1,586 fewer than 28/4 plan) – Improved
  - >52 week waits increased to 8,132 by March 2023 (1,00 more than 28/4 plan) – Deteriorated
  - > 62 day backlog waits for Cancer treatment. NBT position remains an outlier nationally. May trigger NHSEI performance management escalation of BNSSG ICS to Tier 1 ('Mandated National Support') – No change/national outlier

- **Financial plan** – additional funding received for inflation and balanced plan proposed by BNSSG DOFs (Slide 13 shows the movement from the April submission deficit of £38.2m) - Improved and in line with National expectation
  - Unmitigated risk of ESRF clawback of £17.5m shown in the plan in line with Regional and National discussions. This is a complex area to reliably forecast due to the interplay between the system and specialist commissioning and between the NHS providers and the Independent sector. The DOFs are content to show this position.
  - Mitigations will need to be delivered through additional productivity over and above plan

- **Alignment to Quarter 1 performance** – Revised plans are better aligned to Q1 performance data - Improved
  - Trusts have rebased plans to April actuals, where possible. Weekly data shows May performance above plan

- **Bed deficit/occupancy risk** – NHSEI derived bed occupancy calculations will show an increased bed deficit vs 28/4 plan
  - Applying NHSEI methodology indicates a c331 average system bed deficit risk (c242 in the 28/4 plan) - Deteriorated
  - Mitigations will be through access to escalation beds, delivery of 'bed savings' through Home First and Trust internal productivity improvements
  - NHSEI require a further submission on bed deficit risk and mitigations on 23/6

- **Home First** – Progress on Discharge 2 Assess and Healthier Together@Home increases confidence in bed deficit mitigations
  - Discharge 2 Assess projected delivery increased by 20 to 132 bed equivalent savings by end March – Improved
  - Healthier Together@Home/Virtual Wards: detailed programme plan to be submitted to NHSEI 20/6. Highlights opportunities to achieve c150 bed equivalent savings (29 bed savings assumed in 20/6 plan), but will depend on increasing/shifting workforce. Assumes c£3.4m funding from NHSEI - Improved

Mental Health: final submission plans show improved position for CYP, OAP & Perinatal following meetings with NHSEI. Recovery plans have been updated to reflect this.

Providers	Theme	Metric	Plan agreed	Target	Does plan hit target	Planned attainment	Old planned attainment	Change
System	LD&A	Learning disability registers and annual health checks delivered by GPs	Complete	75%	Yes	75%		
System	LD&A	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by ICSs	Complete	9	Yes	9		
System	LD&A	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by NHS England or via a Provider Collaborative	Complete	13	Yes	13		
System	LD&A	Reliance on inpatient care for people with a learning disability and/or autism - Care for children	Complete	3	Yes	3		
AWP	MSDS	Mental Health Services Dataset - Data Quality Maturity Index Score	Complete	95%	Yes	95%		
AWP	Inpatients	Adult mental health inpatients receiving a follow up within 72hrs of discharge	Complete	80%	Yes	80%		
VITA	IAPT	Total access to IAPT services	Complete	29,937	Yes	29,937		
AWP	Diagnosis	Estimated diagnosis rate for people with dementia	Complete	66.7%	Yes	66.7%		
AWP	CYP	The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment (rolling 12 months)	Complete	95%	Yes	95%		
AWP	SMI	People with severe mental illness receiving a full annual physical health check and follow up interventions	Complete	5,514	Yes	6,724		
AWP	Placements	Access to Individual Placement and Support Services	Complete	714	Yes	714		
AWP	Community	Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Complete	4,177	Yes	4,200		
AWP	Psychosis	First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral	Complete	60%	Yes	60%		
AWP	OAPs	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Complete	0	No	567	927	-360
AWP	CYP	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	Complete	95%	No	90%		
AWP	CYP	Access to Children and Young People's Mental Health Services	Complete	10,154	No	8948	7,000	+1948
AWP	Womens	Women Accessing Specialist Community Perinatal Mental Health Services	Complete	1,164	No	1099	1,035	+64

Overall

- NHSEI were particularly keen we improved the CYP and OAP plans, this was done while striking a balance between realism and striving to deliver the national target.
- The improved plans have been signed off by the AWP Exec team.
- Recovery plans are in place and will be shared with region too.

Mitigations

- **CYP Access**: Increased investment, ongoing recruitment, implementation of Mental Health Support Teams, expansion of crisis and eating disorder support.
- **Perinatal**: Setting up maternal mental health clinics, looking to understand best practice with a view to remodelling the current offer, as many women are currently supported by our voluntary sector. Issue with the birth rate denominator inaccurate for our area.
- **Out of Area**: "Right Care" approach to the work. Focus on flow, red to green, medically fit for discharge patients. Consideration of developing Capital Case for additional beds, as comparative data shows a low bed base.

Elective recovery – Summary of plans against target

Area	Requirement / Target	Met at System Level Yes/No	NBT	UHBW	System
Elective Admissions	104% 2019/20	No	89%	90%	90%
Day Case	104% 2019/20	No	104%	101%	103%
OP 1st	104% 2019/20	No	104%	102%	103%
OPFU	75% 2019/20 (nb. 25% reduction)	No	100%	110%	107%
Virtual OP	5% of all OP attends	**No**	**Yes**	**No**	**No**
PIFU	5%	Yes	Yes	Yes	Yes
Diagnostics – Echo	120% 2019/20	No	66%	105%	**90%**
Diagnostics – CT	120% 2019/20	No	115%	112%	114%
Diagnostics – Colon	120% 2019/20	Yes	117%	243%	172%
Diagnostics – Flexi	120% 2019/20	No	118%	82%	103%
Diagnostics – NOUS	120% 2019/20	No	94%	99%	96%
Diagnostics - MRI	120% 2019/20	No	105%	100%	102%
Cancer – Treatment Volumes	-	**Yes**	**Yes**	**Yes**	**Yes**
Cancer – Patients waiting 63+days	Feb 2020 levels	**No**	**No**	**Yes**	**No**
Cancer – FDS	75%	**No**	**No**	**Yes**	**No**
Clock Starts	-		103%	82%	91%
Clock Stops (AD)	-		100%	93%	96%
Clock Stops (NAD)	-		100%	107%	104%

Acute activity plans: summary and key changes from April

System - Change between April and June submissions

	Measure	Change
Electives	Elective day case spells	1.8%
	Elective ordinary spells	3.8%
	Consultant-led first outpatient attendances (Spec acute)	2.4%
	Consultant-led first outpatient attendances with procedures (Spec acute)	4.8%
	Consultant-led follow-up outpatient attendances (Spec acute)	2.3%
	Consultant-led follow-up outpatient attendances with procedures (Spec acute)	6.8%
	Number of episodes moved or discharged to patient initiated outpatient follow -up pathway	0.0%
Diagnostics	Diagnostic Tests - Cardiology - Echocardiography	-0.1%
	Diagnostic Tests - Colonoscopy	1.0%
	Diagnostic Tests - Computed Tomography	-0.1%
	Diagnostic Tests - Flexi Sigmoidoscopy	-0.7%
	Diagnostic Tests - Gastroscopy	0.4%
	Diagnostic Tests - Magnetic Resonance Imaging	-0.3%
	Diagnostic Tests - Non-Obstetric Ultrasound	0.4%
RTT	GP Referrals made for a First Consultant -Led Outpatient Appointment	-0.2%
	Other Referrals made for a First Consultant -Led Outpatient Appointment	-0.2%
	New RTT pathways (clock starts)	0.0%
	RTT completed admitted pathways	0.9%
	RTT completed non-admitted pathways	2.1%
UEC	Type 1&2 A&E Attendances excluding Planned Follow Ups	-0.1%
	Non-elective spells with a length of stay of zero days	1.0%
	Non-elective spells with a length of stay of 1 or more days	1.2%
	Reducing length of stay for patients in hospital for 21 days and over	0.0%
Cancer	Cancer 28 day waits (faster diagnosis standard)	-0.5%
	Cancer treatment volumes	-0.2%
	Number of patients waiting 63 or more days after referral from cancer PTL	3.2%

Waiting list change - position at March -23

		April Plan	June Plan	Change
NBT	Total	39,224	39,224	0
	52+	3660	3,660	0
	78+	878	568	-310
	104+	139	48	-91
UHBW	Total	49,649	53,649	4000
	52+	3472	4472	1000
	78+	1951	675	-1276
	104+	29	29	0
System	Total	88,873	92,873	4000
	52+	7132	8,132	1000
	78+	2829	1,243	-1586
	104+	168	77	-91

Estimated ERF cost-weighted achievement

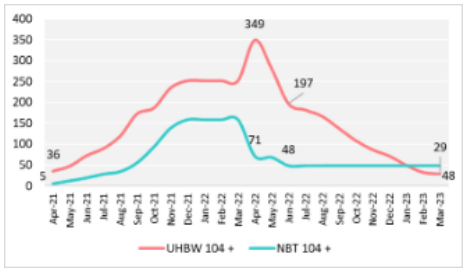
	April Plan	June Plan	Change
Total NHS	96%	98%	2.3%
Independent Sector	111%	111%	0%
ICS total	99%	101%	2.0%

Planned 22/23 activity as a percentage of 19/20 and 21/22

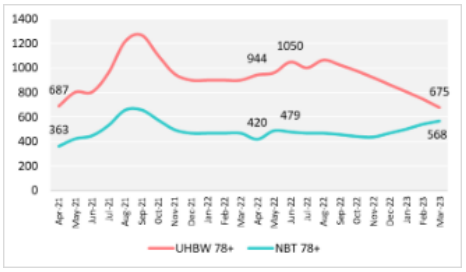
	UHBW		NBT		Independent Sector	
	19/20 %	21/22 %	19/20 %	21/22 %	19/20 %	21/22 %
Daycase	101%	112%	104%	116%	110%	127%
Elective	90%	123%	89%	121%	120%	115%
OP 1st	102%	118%	104%	116%	127%	123%
OP FUP	110%	117%	100%	98%	119%	86%

Waiting list

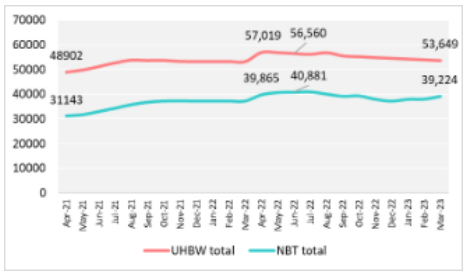
+104 week waits



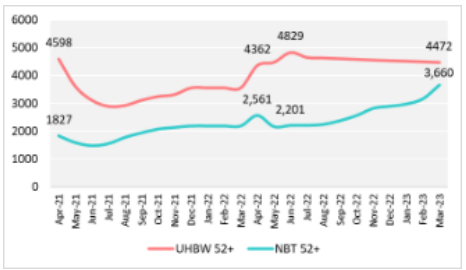
+78 week waits



Total waiting list



+52 week waits



Waiting list change - position at March -23

		April Plan	June Plan	Change
NBT	Total	39,224	39,224	0
	52+	3660	3,660	0
	78+	878	568	-310
	104+	139	48	-91
UHBW	Total	49,649	53,649	4000
	52+	3472	4472	1000
	78+	1951	675	-1276
	104+	29	29	0
System	Total	88,873	92,873	4000
	52+	7132	8,132	1000
	78+	2829	1,243	-1586
	104+	168	77*	-91

* All P6 waiters

Finance – ESRF Risk

	UHBW	NBT	Independent Sector	Non ICB Providers (SW)	System Held	Grand Total
BNSSG ICB ESRF Allocation	£13.2	£12.8	£5.5	£0.3		**£31.6**
BNSSG ESRF Allocation	£9.9	£4.6	£0.0	£0.0		**£14.5**
TOTAL ESRF Allocation	**£23.0**	**£17.4**	**£5.5**	**£0.3**	**£0.0**	**£46.1**
TOTAL ICB Clawback	(£2.3)	(£4.3)				**(£6.7)**
TOTAL NHSE/I Clawback	(£7.2)	(£3.6)			£2.2	**(£8.6)**
TOTAL ESRF clawback	**(£9.5)**	**(£7.9)**	**£0.0**	**£0.0**	**£2.2**	**(£15.3)**
ESRF retained by the system (ICB)	£10.8	£8.5	£5.4	£0.3	£0.0	**£25.0**
ESRF retained by the system (NHSE/I)	£2.7	£1.0	£0.0	£0.0	£2.2	**£5.9**
TOTAL ESRF retained by the system	**£13.5**	**£9.5**	**£5.4**	**£0.3**	**£2.2**	**£30.8**

TOTAL commitments v Funding	(£25.9)	(£14.6)	(£5.4)	(£0.3)	£0.0	**(£46.2)**
Unmitigated Risk	**(£12.4)**	**(£5.1)**	**£0.0**	**£0.0**	**£2.2**	**(£15.3)**

- Financial Plan submission on 14th April assumed total ESRF clawback of £23.3m. Latest assessment based on revised activity plans assumes a clawback of £15.3m – a total improvement of £8.5m retained income (£6.3m relating to ICB activity, £2.2m relating to NHSE/I income activity)
- In order to deliver this improved activity position, and improve waiting list performance trajectories, a further £6.5m has been approved by System DoFs, over and above those included in the 14th April financial plan submission
- The net risk of £17.5m relating to commitments against this income therefore remains unchanged, and remains a risk to delivering a balanced financial plan in 2022/23. £2.2m assumed gain from NHSE/I income has currently not been assumed as a benefit against this risk, pending further understanding of the split of activity delivery.

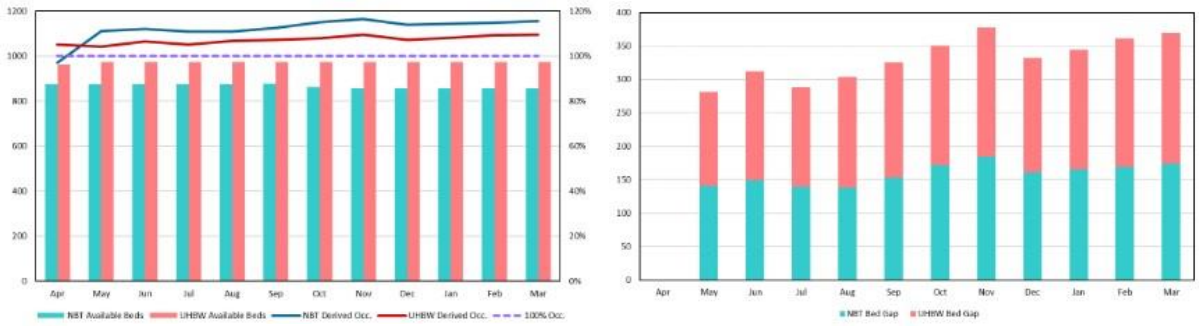
Current elective activity run rate vs. plan

	Daycase			Elective			OP 1st			OP FUP		
	NBT	UHBW	System	NBT	UHBW	System	NBT	UHBW	System	NBT	UHBW	System
Apr-22 Plan	100%	89%	93%	90%	79%	83%	103%	92%	96%	97%	102%	100%
Apr-22 Actuals	103%	84%	91%	88%	75%	80%	89%	85%	86%	96%	100%	99%
Variance	3%	-5%	-2%	-2%	-4%	-3%	-14%	-7%	-10%	-1%	-2%	-1%
May-22 Plan	107%	93%	99%	87%	83%	85%	107%	94%	99%	103%	103%	103%
May-22 Actuals	98%	91%	94%	93%	84%	88%	92%	94%	93%	96%	103%	101%
Variance	-9%	-2%	-5%	6%	1%	3%	-15%	0%	-6%	-7%	0%	-2%

Local weekly activity data %s vs. plan
NB – data does not include last week in May and likely understating % achievement

Beds

- Addition of Knightstone ward beds as ring fenced
- NBT increased G&A beds available between Oct-Apr to avoid going over 100% occupancy



			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NBT	Plan	Available beds	871	875	875	875	875	876	862	855	855	855	855	855
	Plan	Occupancy	100%	100%	100%	100%	100%	100%	100%	98%	95%	95%	94%	93%
	Derived	Occupancy		111%	112%	111%	111%	113%	115%	116%	114%	114%	115%	115%
	Derived	Beds required		972	981	970	969	986	991	996	973	978	982	986
	Derived	Bed gap		141	149	139	138	153	172	184	161	166	169	174
UHBW	Plan	Available beds	963	973	973	973	973	973	973	973	973	973	973	973
	Plan	Occupancy	98%	98%	98%	98%	98%	98%	98%	99%	98%	99%	98%	98%
	Derived	Occupancy		104%	106%	105%	107%	107%	108%	109%	107%	108%	109%	110%
	Derived	Beds required		1065	1087	1073	1090	1096	1103	1119	1095	1103	1116	1120
	Derived	Bed gap		141	163	149	165	172	179	194	171	179	192	195
System	Plan	Available beds	1834	1848	1848	1848	1848	1849	1835	1828	1828	1828	1828	1828
	Derived	Beds required		2037	2068	2044	2059	2082	2094	2114	2069	2081	2098	2106
	Derived	Bed gap		282	312	288	303	325	350	378	332	345	361	369

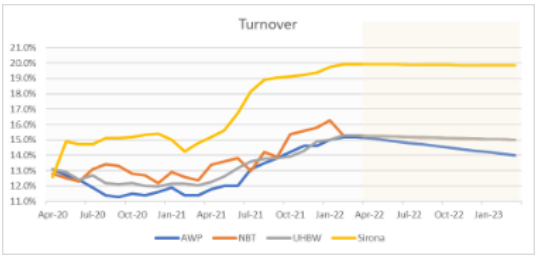
Workforce: key headlines

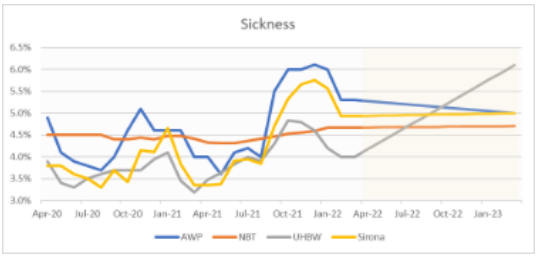
- Overall 3.5% growth in total workforce across 2022/23, compared to 2021/22.
  - Primary Care: c6.7%
  - Mental Health: c7.0%
  - Acute: c2.2%
  - Community: c21.7%

- 6.5% increase in Registered Nursing staff in post this equates to 180.5WTE.
  - In 2019/20, Registered Nursing staff in post grow by 6%
  - This growth reduced to 2% in 2021/22
- Reduction in Banks Staff activity by 1.1% (20.1wte) and
- Reducing our planned agency use by 18.5% (140wte)
- Planning for reduction in turnover by March 2023 when compared to March 2022. The provider target end position for 2022/23 ranges between 14-15%.
- Holding sickness absence to 3.8%

- **Additional analysis undertaken to stress test workforce plans**
- **High risk assumptions identified:**
  - **AWP: c7% growth in Staff in Post**
  - **Sirona c21.7% growth in Staff in Post**

Key risks: staff turnover and sickness rates





11

Finance - Route to Balanced System Financial Plan 2022/23

	UHBW	NBT	AWP	CCG	BNSSG
Inflation	(£7.6)	(£11.3)	(£2.8)	(£7.3)	**(£29.0)**
Q1 covid costs	(£1.9)	(£0.9)		(£0.6)	**(£3.4)**
Q1 ESRF lost income	(£3.9)	(£1.9)		£0.0	**(£5.8)**
Financial Plan Submission 28/04	**(£13.3)**	**(£14.1)**	**(£2.8)**	**(£8.0)**	**(£38.2)**
Additional Inflationary Uplift (ICB)	£2.7	£2.7	£0.8	£2.8	**£9.0**
Additional ICB Growth (CHC, FNC, BCF)				£5.6	**£5.6**
National Ambulance Funding				£2.4	**£2.4**
Additional Inflationary Uplift (Other Commissioners)	£2.3	£1.5	£0.9		**£4.7**
Revised Spec Comm envelopes 310522	£0.0	(£1.4)	£0.1		**(£1.3)**
Revised Spec Comm ERF	£0.1	£0.0	£0.0		**£0.1**
Application of National Funding					
Pass-through of 0.7% inflationary uplift from/to Out of System ICBs				(£1.2)	**(£1.2)**
Pass-through of National Ambulance Funding				(£2.4)	**(£2.4)**
Off-set to revised Spec Comm Contracts	£0.0	£1.4	(£0.1)		**£1.3**
Revised Plan after National Contract changes	**(£8.2)**	**(£9.9)**	**(£1.1)**	**(£0.7)**	**(£20.0)**
Other Non-Recurrent Actions					
Non-Recurrent National Allocations (PFI)				£3.2	**£3.2**
Non-Recurrent National Allocations (Other)				£6.0	**£6.0**
Q1 Covid Costs managed down to planned level	£1.9	£0.9	£0.0	£0.6	**£3.4**
ESRF Impact (productivity Improvments / review of investments)	£3.9	£1.9	£0.0		**£5.8**
BNSSG Share of SWASFT planning gap (£21.5m)				(£2.0)	**(£2.0)**
Uncommitted Community Growth				£2.8	**£2.8**
SDF Slippage				£0.7	**£0.7**
Revised Plan after non-recurrent actions	**(£2.5)**	**(£7.1)**	**(£1.1)**	**£10.7**	**£0.0**
Allocation of non-recurrent resource					
Allocation of Non -Recurrent Funding (PFI)	£0.0	£2.7	£0.5	(£3.2)	**£0.0**
Further n/r support	£2.5	£4.3	£0.6	(£7.5)	**£0.0**
Restated 2022/23 Plan (20th June submission)	**£0.0**	**£0.0**	**£0.0**	**£0.0**	**£0.0**

- Additional recurrent funding to the ICB of £17m, of which £14.6m relates to inflationary pressures (£2.4m ambulance trust specific, passed through to SWASFT)
- Further £4.7m of funding from Other Commissioners (£3.1m Spec Comm) for additional 0.7% inflationary uplift
- Further £9.2m n/r funding from region in recognition of increased PFI inflation (£3.2m), and additional n/r support (£6m) all allocated to providers
- Q1 Covid (£3.4m) & ESRF impact (£5.8m) removed from bottom line
- £1.5m CCG surplus n/r allocated to providers to present balance plan at organisation & system level

12

Finance - Underlying position and In-Year Savings requirement

Memo 1 - Bridge to Underlying

	UHBW	NBT	AWP	CCG	BNSSG
remove n/r national funding				(£3.2)	**(£3.2)**
remove n/r regional funding	(£2.0)	(£6.2)	(£1.0)		**(£9.2)**
remove n/r cost pressures				£2.0	**£2.0**
add back n/r measures	(£21.6)	(£8.3)	(£1.8)	(£3.6)	**(£35.2)**
remove n/r reserves allocation	(£16.2)		(£12.9)		**(£29.1)**
remove additional n/r support	(£0.5)	(£0.9)	(£0.1)		**(£1.5)**
n/r efficiency delivery 2022/23 (organisation)					**tbc**
n/r efficiency delivery 2022/23 (system transformation)					**tbc**
Full-Year Effect of 2022/23 plan					**tbc**
Restated Underlying position	**(£40.2)**	**(£15.3)**	**(£15.9)**	**(£4.8)**	**(£76.2)**
of which relates to unfunded inflationary costs	(£2.6)	(£7.1)	(£1.1)	(£0.1)	**(£10.9)**

Memo 2 - In-Year Savings Requirement & n/r measures required to deliver break -even plan

Core 1.1% National Efficiency Ask	(£7.8)	(£7.2)	(£3.3)	(£13.6)	**(£31.9)**
Transformational Savings	(£7.4)	(£5.9)	£0.0		**(£13.3)**
Provider Specifc Transactional Savings	(£1.2)	£0.0	(£2.0)		**(£3.2)**
Further Internal Savings Requirement	(£5.9)	(£7.1)	(£1.8)		**(£14.8)**
Sub-Total Savings Requirement	**(£22.3)**	**(£20.2)**	**(£7.1)**	**(£13.6**	**(£63.3)**
Sub-Total Savings Requirement (%)	2.2%	2.6%	2.1%	1.8%	
n/r measures required to break -even	(£21.6)	(£8.3)	(£1.8)	(£3.6)	**(£35.2)**
ESRF Productivity Challenge / Review of Investments	(£12.4)	(£5.1)			**(£17.5)**
Covid Cost Reduction					**£0.0**
Total actions embedded within break -even plan	**(£56.3)**	**(£33.6)**	**(£8.9)**	**(£17.2)**	**(£115.9)**
actions embedded within break -even plan (%)	5.4%	4.4%	2.7%	2.2%	

- Recurrent deficit on exit of 2022/23 of £76.2m
- £10.9m of originally identified £29m inflationary pressure remains part of recurrent deficit
- Position will worsen if savings only met non-recurrently (tbc)
- Recurrent route to cash out for system transformation savings still needs to be identified at provider level
- Delivery of break even plan contingent on delivery of £63.3m of savings (including Sirona 1.1% efficiency)
- £17.5m ESRF challenge expected to come from combination of reduced costs through review of investments and or additional ESRF activity/income compared to plan

Healthier Together

13

Narrative delegated sign off

Narrative Section	Key narrative authors	Narrative updates since April submission	Sign off oversight
Introduction: Health Inequalities	Adwoa Webber	*No updates*	N/A
Section A: Workforce	Taylor Pryer-Freeman	*Minimal updates*	N/A
Section C: Elective Recovery, Cancer and Diagnostics	Dani Sapsford, Ben Stevens	*Minor updates*	Steve Curry (SRO)
Section D1: Urgent Care	Greg Penlington, Kate Lavington	*Minimal updates*	Jon Scott (SRO)
Section D2: Community Services	Louise Rickitt , Becca Dunn, Alissa Davies	*Significant updates*: • *Virtual Wards* • *Discharge*	Virtual Wards – Becca Dunn Discharge – Rosanna James D2 reviewed by Mary Lewis and Sirona care & Health SLT

14

Narrative updates: Section D2 Community – Virtual Wards

Section	Additional content added

Actions	• Healthier Together@home vision now included and programme contextualized within BNSSG "Home First" Portfolio, interdependent with Ageing Well, Discharge 2 Assess, Condition specific programs (e.g. Respiratory, Cardiovascular disease, End of Life care)
	• Recognising links with Elective Recovery – HT@H supporting the need to release acute capacity.
	• Key objectives: Delivery of 4,500 virtual ward beds by December 2023
	• Additional detail on HT@H governance i.e. primarily within the Integrated Care Steering Group, but with support from Acute Provider Collaborative, Sirona SLT and GP Provider Collaborative
	• Further detail on working processes e.g. workstream teams using a 'test and learn' approach
	• Delivery Plans detailed:
	  • Tranche 1: End of Q1 22/23 – 50 virtual ward beds in operation by July 22
	  • Tranche 2: Q2 and Q3 22/23 – 100 virtual ward beds in operation by December 22
	  • Tranche 3: Q4 22/23 – Virtual ward expansion in support of winter pressures – 150 beds by April 23
	  • Tranche 4: Q1-2 23/24: ICS interim business case and workforce allowing, move to 400 virtual ward beds
	  • Tranche 5: Q3/4: Evaluation and confirmation of Business case for long-term operating
	• Digital:
	  • Procurement for new digital solution underway and expected for completion b end of June 22/
	• Patient and public engagement embedded throughout, with 'test and learn' approach drawing on user feedback.
	• Workforce: Acute Provider Collaborative supportive of hybrid Consultant roles with mix of acute and community facing working with Pan Associates also being explored for Autumn 22.

Assumptions	• OPAT recruited in full (28wte)
	• A recruitment trajectory of c.7.9% per calendar month for the specific VW model (trajectory forced to meet £8.53m in Yr2 with 2 months recruitment in Yr1)
	• Full utilisation of the Yr1 funding (£3.413m) *plus* funding to support the OPAT service additional to the VW funding – total spend Yr1 c.£5m
	  • OPAT, 40 bed equivalent
	  • VW model (Resp / HT@H / Heart Failure) 89110 bed equivalent (varying utilisation in line with monthly demand, peak in Jan 2023)
	  • VCSE, £300k
	• Full recruitment by Yr2 of the model £8.53m (£4.265m, match funded), funding £132.48wte (VW & OPAT as a single service).
	• Other General Principles: Non Pay, 5% Overhead, Estates & Contingency, 20%

Risks	• Consultant recruitment cannot be undertaken.
	  • Mitigation: support from Provider Collaborative. Discussion with current trainees on attractive role specifications.
	• Staff recruitment for @Home services in general:
	  • Mitigation: Roles being designed with workforce lead to be broader in scope and more attractive

15

Narrative updates: Section D2 Community – D2A

Section	Additional content added

Actions	• Outlining of all objectives including key objective of the D2A Programme; to achieve 132 acute bed day savings by March 2023
	• Summary theory of change included
	• Resources for delivery: governance through ICSG, monthly D2A Board, weekly D2A steering group and task and finish groups
	• System delivery plan
	  • Tranche 1 – 33 acute bed days saved by October 2022
	  • Tranche 2 – 132 acute bed days saved by March 2023
	• Programme workstreams:
	  1. Workforce: Sirona working to increase staff to offer greater capacity in P1 and reduce use of P2 and P3 beds
	  2. Pathway design: to test and implement new models of care across pathways via task and finish groups
	  3. Monitoring, evaluation and outcomes: focused on understanding if D2A is on track to deliver
	  4. System stakeholder engagement: Communications Lead has been recruited to develop strategic plan to ensure consistent engagement
	  5. Commissioning: Developing joint commissioning arrangements for intermediate care services

Assumptions	• Pathway proportion and length of stay: D2A modelling assumes pathway redesign will reduce length of stay in hospitals and increase the proportion of people going into D2A pathway and P1 as opposed to P2 and P3.
	• The acute bed day savings of 132 beds by March 2023 is based on the assumption that:
	  • The proportion of people going into D2A pathways will move to 70% Pathway 1, 10% Pathway 2, 10% Pathway 3 and 10% other.
	  • The average length of stay will be 10 days for Pathway 1, 21 days for Pathway 2 and 28 days for Pathway 3.
	• Recruitment: Trajectory of Sirona staff recruitment will continue to grow – 164 slots was achieved by end of May 22.

Risks	• Risk that required culture and behaviour change does not result in P2/P3 shifting to P0/P1
	  • Mitigation: system-wide action plan to support acutes with culture change
	• Risk that required length of stay in P1/2/3 is not achieved due to lack of Sirona or community capacity
	  • Mitigation: recruitment campaign ongoing e.g. Proud of Care and Workforce Capacity Fund. Options for collective recruitment to be considered.

16

Virtual Wards Planning Submission

The following sections contain the same content as Section D2 (Virtual Wards) of the Operational Plan narrative:

2.1 - System Vision for Virtual Wards; **3.1** - Service Model; **3.2** - Approach to Delivery; **3.3** - Technology Enablement; **3.5** - Risks and Issues; **3.6** – Dependencies; **3.7** – Mitigation; **3.8** – Indicative Milestone Plan; **4.2** – Governance and Assurance; **5.1** - Planning Approach and Engagement with organisations/teams/staff delivering the service and **5.3** – Health Inequalities.

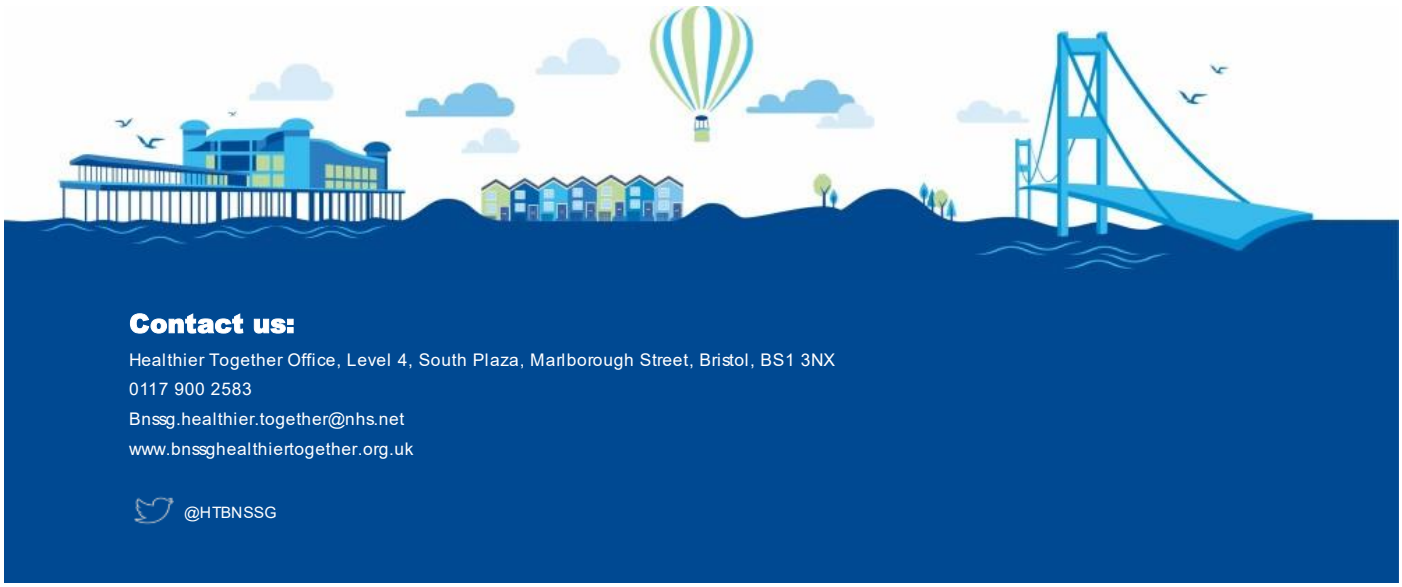
Section	Additional Content to D2 Virtual Ward Narrative
3.4 Winter / Surge Capacity	- Winter Capacity built into programmes expansion plans - All pathways expected to be maximised through Q4 - Response to Covid-19 variations/surges built into EPPR escalation actions – Pulse oximetry can be stepped up at short notice.
4.1 Programme Management	- Programme objectives will be monitored by the H@H core group which meets twice weekly. - Clinical leadership is in place through collaboration of paid leads in Sirona, NBT and UHBW. - Technology leadership is in place through Sirona lead for IM&T. - Improvement leadership is multidimensional. SRO and programme leadership in place through CCG/ICB and programme management in place through each of the provider organisations. - Financial reporting and leadership in place via the CCG/ICB finance lead for community services and partner organisations leads.
4.3 Overall Benefits Management and Evaluation	- Success criteria in place which will be monitored by SRO and sponsors. - Sitrep data being collected fortnightly by NHSEI, and will be reported at ICS level once central digital system in place (commencing July 22). - Wider programme benefits under development, linked to the outcomes of the Home First portfolio. - Further benefits expected outlined for patients and carers, staff, system, and wider population.
5.2 Planning Approach and Engagement with Patients & Carers	- Communications for new pathways to be developed following model set out for Covid Oximetry @ Home and Covid Virtual Wards. - There are 4 planned phases of insight activity: • Develop enhanced understanding of current service user experience (July 22) • Implement Regular Collection of Feedback from Potential Users of the H@Home Service (Q3 2022) • Combine Service User Experience with Subsequent Service User Activity (Q4 2022) • Gather Detailed Feedback Relating to Particular Themes (2023)
6.1 Sustainability	- A system wide business case is being developed, bringing into consideration relevant BNSSG strategies. - Workforce requirements are being married with other Home First priorities. - Match funding has been brought into the Y2 plan. - The ICSG has a direct link to the Executive Group for escalation of issues and support, and providers are updated through the ARC Provide Collaborative and Sirona SLT.

Next steps

Phase	Key milestones	Timing
	System sign off of changes to finance, activity and performance metrics	17 June
	Delegated sign off of narrative updates by SROs • C: Elective Recovery, Cancer and Diagnostics – Steve Curry	By 17 June
	System Plan Resubmission	20 June
	Healthier Together@Home/Virtual Wards programme plan submission	20 June
	Mental Health Workforce submission	23 June
	Bed deficit risk/mitigations submission	23 June

18

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire



Contact us:

Healthier Together Office, Level 4, South Plaza, Marlborough Street, Bristol, BS1 3NX
0117 900 2583
Bnssg.healthier.together@nhs.net
www.bnssghealthiertogether.org.uk

@HTBNSSG

Appendix 2

Service Development Funds

Sum of Value	Column Labels		
Row Labels	**Agreed**	**Indicative**	**Grand Total**
Mental Health	**10,930**		**10,930**
Adult Mental Health Community (AMH Community)	4,870		4,870
Adult Mental Health Crisis (AMH Crisis)	693		693
Adult Mental Health Liaison (Crisis/Liaison flexible funding)	314		314
CYP ARRS/Primary Care	83		83
CYP community, Crisis and Eating Disorders	1,172		1,172
CYP Ed	83		83
MHST 20/21 sites wave 3&4 (MHST20/21)	1,113		1,113
MHST 21/22 sites wave 5&6 (MHST21/22)	778		778
Perinatal	56		56
Rough Sleeping existing sites	339		339
SMI Outreach	198		198
Staff Mental Health Support	623		623
Suicide Bereavement	63		63
Young adults (18-25)	545		545
LD & Autism	**1,037**		**1,037**
Autism Diagnostic Pathway (CYP)	42		42
Autism in Schools (accelerator programme)	0		0
Care and Treatment Reviews (CeTR)	33		33
Community Capacity	686		686
Keyworkers (CYP)	243		243
LeDeR	33		33
Ageing Well	**1,262**		**1,262**
Fair Shares Allocations	1,262		1,262
111First		**872**	**872**
NHS111 Capacity Funding		872	872
Virtual Wards	**1,137**	**2,275**	**3,412**
Virtual Wards	1,137	2,275	3,412
Personalised Care	**245**		**245**
Personalised Care Fair Shares	245		245
Prevention	**114**	**341**	**455**
Tobacco - Inpatients	81	242	323
Tobacco - Maternity	33	99	132
Primary Care	**3,574**	**1,963**	**5,537**
Additional IIF funding Non-SDF (included for planning only)	558		558
Additional PCN Leadership and Management funding Non-SDF	693		693
Fellowships	164	493	657
GPIT - Infrastructure and Resilience	217		217
Improving Access - H1	312		312
Improving Access - H2	292		292
Local GP Retention	50	150	200
Online Consultation systems	250		250
Practice Resilience	134		134
Subject Access Requests - Non-SDF (included for planning only	322		322
Supporting Mentors	35	105	140
Training Hubs	200		200
Transformational Support	347	1,039	1,386
Weight Management Service Non-SDF (included for planning only)		176	176
Diagnostics Programme	**604**	**604**	**1,208**
CDC Revenue payments to support Year 1 CDCs to continue in	604	604	1,208
Maternity	**657**	**281**	**938**
Continuity of Carer	46	138	184
Local transformation & LTP - Local Maternity Systems (LMS) - c	387		387
LTP - SBL Pre-term Birth /NMM	176		176
Perinatal Pelvic Health (wave 1)	48	143	191
System Transformation	**232**		**232**
System Allocations	232		232
Cancer (SWAG)	**2,656**	**7,595**	**10,251**
Cancer Alliance Fair Shares distribution inc. core team funding	1,983	5,948	7,931
CCE	115	54	169
Cytosponge	33	98	131
Lynch Funding	102	307	409
Targeted Lung Health Checks	423	1,188	1,611
Grand Total	**22,448**	**13,931**	**36,379**

NB. Cancer SDF is held in BNSSG CCG for the South West Cancer Alliance on behalf of BNSSG, Somerset, BSW and Gloucestershire ICSs

Appendix 3

High level growth and savings assumptions as per medium term financial plan

Steering Group	Programme	Investment	Savings (Acute) *	Savings (Other)	Net Investment
		£m	£m	£m	£m
Acute	High Cost Drugs	£3.1			£3.1
Acute	One T&O		(£2.1)		(£2.1)
Acute	Outpatients		(£3.8)		(£3.8)
Children & Families	Community - Children's	£0.4			£0.4
Children & Families	Maternity	£1.6			£1.6
Funded Care	CHC	£3.8		(£3.0)	£0.8
Urgent Care	Minors Programme	£5.2			£5.2
Integrated Care	Community - Adult's	£2.8	(£2.5)		£0.3
Integrated Care	Home First / Discharge to Assess	£11.9	(£3.8)		£8.1
Integrated Care	Better Care Fund	£1.2			£1.2
Stroke	Stroke	£3.6			£3.6
MH, LD & Autism	Mental Health & LD	£6.5	(£1.3)	(£1.6)	£3.6
PCCC	Delegated Primary Care	£11.5			£11.5
PCCC	Prescribing	£5.5		(£4.4)	£1.1
Total	**TOTAL Savings Plan 2022/23**	**£57.1**	**(£13.3)**	**(£9.0)**	**£34.8**

* Excludes provider 1.1% national efficiency ask, and Additional internal savings targets

Appendix 4

Savings Plans

Provider	Core Efficiency	Transactional Savings	Transformation Savings	TOTAL Savings	ICS Provider?	NHSE Programme	NHSE Category	Risk	Maturity	Commissioning Lead	CCG Finance lead	Notes
NBT	-4,261			-4,261	Y	Acute	Evidence based interventions	Medium	Plans in progress	Provider internal plans	Chris Flook	
NBT			-5,934	-5,934	Y	Acute	Pathway transformation	Medium	Plans in progress	Various system wide transformation projects (see next tab)	Chris Flook	
UHBW	-4,213			-4,213	Y	Acute	Evidence based interventions	Medium	Plans in progress	Provider internal plans	Chris Flook	
UHBW		-1,200		-1,200	Y	Acute	Pathway transformation	Medium	Plans in progress	Provider internal plans	Chris Flook	
UHBW			-7,366	-7,366	Y	Acute	Pathway transformation	Medium	Plans in progress	Various system wide transformation projects (see next tab)	Chris Flook	
Acute Intra-System	**-8,475**	**-1,200**	**-13,300**	**-22,975**								
AWP	-1,250			-1,250	Y	Mental Health & LD	Evidence based interventions	Medium	Plans in progress	Provider internal plans	Padma Ramanan	
AWP		-2,000		-2,000	Y	Mental Health & LD	Mental Health - reducing out of area placements	Medium	Opportunity	Provider internal plans	Padma Ramanan	
MH Intra-System	**-1,250**	**-2,000**	**0**	**-3,250**								
Sirona	-1,210			-1,210		Community	Evidence based interventions	Medium	Plans in progress	Provider internal plans	Jamie Denton	
Inter-System Provider Expenditure	**-10,934**	**-3,200**	**-13,300**	**-27,434**								
CCG Block Expenditure To Outside Of System (A	-582			-582		Acute	Evidence based interventions	Medium	Plans in progress			
CCG Block Expenditure To Outside Of System (M	-57			-57		Mental Health & LD	Evidence based interventions	Medium	Plans in progress			
CCG Block Expenditure To Outside Of System	**-640**	**0**	**0**	**-640**								
Acute Care	-436			-436	N	Acute	Non-NHS Procurement	Low	Fully Developed	Jenny Falco	Chris Flook	ISTC by default via national tariff on contracts
Non-Acute Contracts	-394			-394	N	Community	Non-NHS Procurement	Medium	Plans in progress	Rachael Anthwal	Jamie Denton	default assumption is tariff uplift, will be some risk of delivery
Children's Services	-224			-224	N	Community	Non-NHS Procurement	Medium	Plans in progress	Rachael Anthwal	Padma Ramanan	default assumption is tariff uplift, will be some risk of delivery
Mental Health & Learning Disabilities	-557			-557	N	Mental Health & LD	Non-NHS Procurement	Medium	Plans in progress	Emma Moody	Padma Ramanan	default assumption is tariff uplift, will be some risk of delivery. Included in MHIS financial plan
Mental Health & Learning Disabilities		-1,579		-1,579	N	Mental Health & LD	Mental Health - reducing out of area placements	Medium	Plans in progress	Emma Moody	Padma Ramanan	default assumption is tariff uplift, will be some risk of delivery. Included in MHIS financial plan
Continuing Healthcare	-976		-2,024	-3,000	N	Continuing Care	Continuing Healthcare - cost per case review	Medium	Plans in progress	Denise Moorhouse	Padma Ramanan	default assumption is tariff uplift, will be some risk of delivery
Medicines Management	-1,499		-2,905	-4,404	N	Primary Care	Primary Care Prescribing	Medium	Plans in progress	Debbie Campbell	Netty Toth	
Primary Care	-301			-301	N	Primary Care	Non-NHS Procurement	Low	Fully Developed	Jenny Bowker / Sukeina Kassam	Jamie Denton	won't offer inflation uplift by default
Primary Care (Delegated)				0	N	Primary Care	Non-NHS Procurement	Medium	Plans in progress			
Running Costs		-375		-375	N	Running Costs	Running cost review	Medium	Plans in progress	CCG Executives	Nick Tippet	subject to Exec structure
Non-NHS Total	**-4,388**	**-1,954**	**-4,929**	**-11,271**								
Total CCG Savings	**-5,027**	**-1,954**	**-4,929**	**-11,911**								
Total CCG Savings	**-15,962**	**-5,154**	**-18,229**	**-39,345**								

22/23 Savings by Provider

	UHBW	NBT	Sub-Total Acute	Case for Change	How savings will be realised	Link to ERF income	ERF Value	Supporting Transformation	Supporting Transformation Investment - Recurrent	Supporting Transformation Investment - Non Recurrent Revenue & Capital	Transformation Finance and Leadership Support	KPIs	Acute Beds
	£'000	£'000	£'000										
Discharge to Assess (Acute)	-2.1	-1.7	-3.8	Patients known to decondition and at greater risk of harms such as infections and falls due to extended stay in hospital setting. Long term outcomes improved by support for independent living at home. c200 valuable beds per day occupied by patients no longer meeting the right to reside criteria	Reduced acute bed capacity; in short term expected to be re-utilised to support elective recovery	Yes	-3.8	ICSG: D2A programme; Healthier Together @ Home	D2A investment £12m rec	S256 Transition Risk Pool	Yes	Reducing LoS (Acute and Community); Ratio of Discharges between P0-P3	112
Frailty / Ageing Well Programme *	-1.4	-1.1	-2.5	Earlier and proactive care is more cost effective than reactive interventions, as well as meeting population need to live healthy, fulfilling lives at home	Reduced acute inpatient costs of frailty through investment in community care model and personalised & anticipatory care; in short term expected to be re-utilised to support elective recovery	Yes	-2.5	ICSG: Ageing Well ; Primary Care Transformation; Adult Community Services Transformation; Pathway specific programmes - Diabetes, Stroke. CVD: Healtier Together @	£1.3m Ageing Well SDF; £2.8m Community Services growth; share of £12m+ Primary Care	£4.4m Ageing Well 21/22 pilots; £3.4m Virtual Wards SDF; £0.5m Diabetes SDF; £1.5m OPAT	Yes	Acute admissions; Community 2hr response target	25
Mental Health *	-0.7	-0.5	-1.3	People with a mental health diagnosis currently have poorer healthy life expectancy. Lack of investment in mental health services has led to patients in inappropriate care setting, which delivers poorer outcomes and challenging for staff and other patients	Reduced use of physical health services by patients with MH diagnosis; offset by investment in MH services e.g. Eating Disorders, Ambulance Response teams, physical health checks	Yes	-1.3	MH & LD: All programmes	MHIS and MH SDF (notably Crisis, CAMHS and Tier 4 CAMHS, Comm MH)		Yes	Acute A&E attendances & admissions; Adolescent MH nursing in BRHC; MH to non-MH cost per patient ratio	0
Outpatients Transformation & Demand Management *	-2.1	-1.6	-3.8	Our citizens panel told us that 13% of outpatient attendances did not add any value to them. The model of care is not fit for purpose with increased levels of co-morbidities. Outpatient clinic care is not efficiency use of residents time and also leads to avoidable travel	Reduced avoidable outpatient capacity through better integrated care, supported self-care and digital alternatives	Yes	-3.8	ACC: Outpatients Transformation programme; ICSG: Primary Care Transformation	c£12m Primary Care Investment (ARRS)	Digital investment; Regional OP Programme SDF	Yes	OP FUP activity; A&G activity; Referral levels; PROMS	0
One T&O *	-1.2	-0.9	-2.1	Multiple providers can lead to lower productivity levels in both elective and trauma pathways. Current provider model of care leads to poor training experience for junior doctors. Profits leaked to the private sector	Remove duplication of MSK pathway capacity including medical rotas and standard theatre & clinical capacity; as well as repatriation of profitable ISTC capacity into freed up capacity	Yes	-2.1	ACC: One T&O Programme		Digital investment; ISTC capacity	Yes	IS spend net ESRF; Theatre utlisation per med staff wte and overall capacity; PROMS; Wait list size	0
Sub-Total Transformational Savings Programme	-7.5	-5.8	-13.3				-13.3						137

Appendix 5

Elective Service Recovery Fund

Memo - Summary ESRF Position 20/06/2022

	UHBW	NBT	Independent Sector	Non ICB Providers (SW)	System Held	Grand Total
TOTAL ICB Clawback	(£2.3)	(£4.3)	£0.0	£0.0	£0.0	**(£6.7)**
TOTAL NHSE/I Clawback	(£7.2)	(£3.6)	£0.0	£0.0	£2.2	**(£8.6)**
TOTAL ESRF clawback	**(£9.5)**	**(£7.9)**	**£0.0**	**£0.0**	**£2.2**	**(£15.3)**
ESRF retained by the system (ICB)	£10.8	£8.5	£5.4	£0.3	£0.0	**£25.0**
ESRF retained by the system (NHSE/I)	£2.7	£1.0	£0.0	£0.0	£2.2	**£5.9**
TOTAL ESRF retained by the system	**£13.5**	**£9.5**	**£5.4**	**£0.3**	**£2.2**	**£30.8**
TOTAL commitments v Funding	(£25.9)	(£14.6)	(£5.4)	(£0.3)	£0.0	**(£46.2)**
Unmitigated Risk	**(£12.4)**	**(£5.1)**	**£0.0**	**£0.0**	**£2.2**	**(£15.3)**

Appendix 6

Excess inflation pressures

Inflation in excess of funded levels							
	UHBW	NBT	AWP	Sirona	CCG	System	
	£k	£k	£k	£k	£k	£k	Is Estimate or Actual?
Pay	-2,919	-2,238	35	0		-5,122	Incremental drift estimate
Drugs - other	0	-128	-32	-8	-2,263	-2,432	Use ONS; excluding pass through drugs
Drugs - Pass through high cost drugs	0	-270				-270	Use ONS
Cap Charges (PFI)	0	-1,788	-322	0	0	-2,110	Actuals for PFIs, others Estimate as per plan
Energy	-3,904	-7,653	-1,097	-327	-185	-13,167	Actuals (includes Home Oxygen reimbursement for CCG)
CNST	313	513	76	0	0	902	Actuals
Other Supplies & Services	-4,428	-2,674	-1,520	-558	0	-9,180	Estimate from BWPC basket of services
Care Market					-4,429	-4,429	Actual offered rate
Primary Care Energy					-3,000	-3,000	Estimate re: Section 96
Funded Nursing Care (21/22)					-2,329	-2,329	As per notified 21/22 uplift
Community mileage rates			-150	-312	0	-462	Estimate
SWAST					-214	-214	As per SWAST model
						0	
	-10,937	-14,238	-3,011	-1,206	-12,420	-41,813	
ICB share	41%	53%	42%	100%	100%		
Other Share	59%	47%	58%	0%	0%		
Risk adjustment factor							
Pay	0%	0%	0%	0%	0%		Managed internally
Drugs - other	0%	0%	0%	0%	0%		High level estimate - show as risk
Drugs - Pass through high cost drugs	0%	0%	0%	0%	0%		High level estimate - show as risk
Cap Charges (PFI)	100%	100%	100%	100%	100%		Actuals
Energy	100%	100%	100%	100%	100%		Actuals
CNST	100%	100%	100%	100%	100%		Actuals
Other Supplies & Services	90%	90%	90%	90%	90%		Estimate
Care Market					90%		Manage individual contracts
Primary Care Energy				0%	0%		Estimate re: Section 96 - show as risk
Funded Nursing Care (21/22)					100%		As per notified 21/22 uplift; pending natinal guidance
Community mileage rates			0%	0%	0%		Unlikely to support without national policy; AfC better than prvate sector
SWAST					0%		Estimate
Risk adjusted cost pressure							
	UHBW	NBT	AWP	Sirona	CCG	System	
	£k	£k	£k	£k	£k	£k	
Pay	0	0	0	0	0	0	
Drugs	0	0	0	0	0	0	
Cap Charges (PFI)	0	-1,788	-322	0	0	-2,110	
Energy	-3,904	-7,653	-1,097	-327	-185	-13,167	
CNST	313	513	76	0	0	902	
Other Supplies & Services	-3,985	-2,406	-1,368	-503	0	-8,262	
Care Market	0	0	0	0	-3,986	-3,986	
Primary Care Energy	0	0	0	0	0	0	
Funded Nursing Care (21/22)	0	0	0	0	-2,329	-2,329	
Community mileage rates	0	0	0	0	0	0	
SWAST	0	0	0	0	0	0	
	-7,576	-11,335	-2,711	-830	-6,500	-28,952	

Appendix 7

System Source and Application of Funds

	UHBW	NBT	AWP	Sub-Total Provider	BNSSG ICB	Sub-Total Provider & ICB	System Top-Up	SYSTEM TOTAL
Recurrent ICB / System Allocations					£1,663.9	**£1,663.9**	£72.8	**£1,736.8**
Income from Outside BNSSG ICB								
Block Income From Outside Of System - ICB	£58.2	£37.3	£95.7	**£191.2**		**£191.2**		**£191.2**
Block Income From Outside Of System - NHS England	£425.0	£239.9	£31.2	**£696.1**		**£696.1**		**£696.1**
Income From Outside Of System - Other	£137.5	£81.2	£69.8	**£288.5**		**£288.5**		**£288.5**
Total Sources of Funding	**£620.8**	**£358.4**	**£196.6**	**£1,175.8**	**£1,663.9**	**£2,839.7**	**£72.8**	**£2,912.5**
Intra-System Contracts								
Recurrent Baseline Contract Value	£338.6	£330.3	£100.7	**£769.7**	(£769.7)	**£0.0**		**£0.0**
Top-Up	£29.2	£49.4	£16.6	**£95.2**	(£22.4)	**£72.8**	(£72.8)	**£0.0**
Mitigations	£22.7	£16.5	£0.0	**£39.2**	(£39.2)	**£0.0**		**£0.0**
Recurrent Savings (Transformation)	(£7.4)	(£5.9)	£0.0	**(£13.3)**	£13.3	**£0.0**		**£0.0**
Recurrent Expenditure								
Provider Expenditure - Recurrent	(£1,044.2)	(£763.9)	(£329.8)	**(£2,137.9)**		**(£2,137.9)**		**(£2,137.9)**
CCG Expenditure - Recurrent					(£666.7)	**(£666.7)**		**(£666.7)**
Running Costs Expenditure				**£0.0**	(£18.4)	**(£18.4)**		**(£18.4)**
Delegated Primary Care ringfenced spend				**£0.0**	(£156.2)	**(£156.2)**		**(£156.2)**
ICB Contingency				**£0.0**	(£8.0)	**(£8.0)**		**(£8.0)**
Total Applications	**(£661.0)**	**(£373.7)**	**(£212.5)**	**(£1,247.2)**	**(£1,667.2)**	**(£2,914.4)**	**(£72.8)**	**(£2,987.2)**
Recurrent Underlying Deficit	**(£40.2)**	**(£15.3)**	**(£15.9)**	**(£71.4)**	**(£3.3)**	**(£74.7)**	**£0.0**	**(£74.7)**
Non-Recurrent								
Non-Recurrent Regional Funding (PFI)		£2.7	£0.5	**£3.2**	£6.0	**£9.2**		**£9.2**
Non-Recurrent Health Inequalities Funding					£3.2	**£3.2**		**£3.2**
BNSSG Share of SWASFT planning gap (£21.5m)				**£0.0**	(£1.7)	**(£1.7)**		**(£1.7)**
Uncommitted Community Growth				**£0.0**	£2.8	**£2.8**		**£2.8**
Non-Recurrent Slippage on Investments	£21.6	£8.3	£1.8	**£31.6**		**£31.6**		**£31.6**
Covid allocation underspend				**£0.0**	£20.8	**£20.8**		**£20.8**
Release of ICB 0.5% contingency				**£0.0**	£8.0	**£8.0**		**£8.0**
Non-Recurrent Deficit Support	£18.7	£4.3	£13.6	**£36.6**	(£36.6)	**£0.0**		**£0.0**
SDF Slippage				**£0.0**	£0.7	**£0.7**		**£0.7**
2022/23 Financial Plan	**£0.0**	**£0.0**	**£0.0**	**£0.0**	**(£0.0)**	**(£0.0)**	**£0.0**	**(£0.0)**

Appendix 8

Detailed MDT budgets

Row Labels	Sum of FINAL budget	ESRF
Acute Care	943,178,853	
Acute Contracts (in STP)	829,273,947	
NBT	409,565,670	8,460,000
UHBW	419,708,277	10,841,000
Independent Sector Treatment Centres	37,009,691	
Independent Sector Treatment Centres	37,009,691	
BMI	551,820	
BMI ERF	428,430	428,430
Circle - now SULIS managed by RUH	1,288,033	
Circle - now SULIS managed by RUH ERF	432,841	432,841
IS ERF	0	
IVF	705,328	
New Medical	2,853,036	
New Medical ERF	189,090	189,090
Nuffield	4,386,603	
Nuffield ERF	998,036	998,036
Other AQP	296,712	
Practice Plus Group	11,431,954	
Practice Plus Group ERF	278,412	278,412
Primary Care Gastro	2,195,586	
Primary Care Gastro ERF	428,914	428,914
Somerset Surgical	1,222,991	
Spa Medica	214,421	
Spa Medica ERF	386,042	386,042
Spire	7,945,468	
Spire ERF	775,974	775,974
Acute Contracts (outside STP)	16,696,000	
Non-Contract Activity	9,941,897	
Other Acute Expenditure	5,228,317	
Ambulance Contract	45,029,000	
Ambulance Contract	45,029,000	
SWASFT	43,029,000	
SWASFT Handover Risk Reserve	2,000,000	
Non-Acute Contracts	214,847,431	
Adult Community Contracts	121,199,781	
Community Equipment Services	4,735,679	
Community Rehabilitation & Reablement	12,367,032	
Joint Working between Health and Social Care	27,884,701	
Other Community Services	6,194,527	
Patient Transport Costs	6,088,122	
Hospices	4,331,539	

Ageing Well SDF	1,262,000
Virtual Wards SDF	3,412,000
Stroke	6,400,000
Other Community Services	6,400,000
Stroke - Non Acute	4,358,000
Stroke - Transition	2,042,000
IUC/CAS and GP Out of Hours	20,972,051
Children's Services	18,684,080
Mental Health & Learning Disabilities	212,734,464
Mental Health - AWP Block Contract	138,095,043
Mental Health - Other Services	34,149,717
MH - AWP Other Services	927,253
MH - Block Contracts	4,195,470
MH - Other Services	3,011,219
MH - Placements	18,402,757
MH - Voluntary Sector	2,941,114
MH - SDF	4,671,904
Improved Acess to Psychological Therapies	10,473,010
Child & Adolescent Mental Health Services	16,597,467
CAMHS	12,823,467
CAMHS - SDF	3,774,000
Learning Disabilities	8,188,134
LD - Placements	7,113,134
LD - SDF	1,075,000
Dementia	5,231,093
Continuing Healthcare	94,081,930
Medicines Management	142,633,338
Primary Care	19,846,611
Clinical Leads & Membership Engagement	1,958,991
Clinical Leads & Membership Engagement	1,200,991
Locality Leadership Groups	758,000
GP Forward View	8,564,213
Local Enhanced Services	2,826,148
Other Primary Care	357,388
Referral Support Service	11,227
PMS Premium Reinvestment	5,116,644
Primary Care Reserve	1,012,000
Primary Care (Delegated)	157,920,954
Other Support Costs	14,192,547
Estates Management Recharges	2,825,000
IT & Infrastructure	3,292,000
Programme Pay Costs	7,900,547
Commissioning Directorate	337,138
Fixed Term Contracts	98,987
Medical Directorate	2,941,103

Nursing & Quality Directorate	4,271,161	
Transformation Directorate	252,158	
Safeguarding	175,000	
Running Costs	18,363,000	
Running Costs Pay Costs	14,020,030	
Area Directorate	1,714,848	
Chief Executive	252,948	
Commissioning Directorate	2,805,565	
Finance, Intelligence & Corporate Services	4,232,940	
Governing Body	335,127	
Medical Directorate	792,097	
Nursing & Quality	2,028,709	
Transformation Directorate	2,720,415	
Running Costs Pay Costs	-862,618	
Running Costs Non-Pay	4,342,970	
Charges from CSU	2,750,000	
Running Costs Non-Pay	1,592,970	
Reserves	20,662,793	
0.5% Contingency Reserve	0	
Covid-19	156,000	
Other Reserves	10,231,793	
Investment Reserves	10,231,793	
CEO reserve	600,000	
Covid - Q1 transition	0	
Discharge to Assess savings slippage	-3,750,000	
ESRF risk reserve	8,426,261	8,426,261
High Cost drug growth	531,000	
Investments Inflation Reserve	892,256	
Non Demographic Adult Community Growth	0	
Ockenden Review	593,000	
Profiling adjustment	0	
System Transformation Reserve	2,939,276	
SDF	10,275,000	
Grand Total	**1,857,146,000**	31,645,000

NHS

Bristol, North Somerset and South Gloucestershire

Integrated Care Board

Shaping better health

Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire

2022/23 System plan resubmission for 20.06.22

Briefing prepared for system sign off meeting – 17 June 2022

Contents

Purpose

System sign off is required on changes to finance, workforce, activity and performance metrics for the resubmission of operational plans due 20.06.22

Key Messages

- **Mental Health** – improved trajectories on the three areas where 28/4 plan was short of targets. Expect continued performance management by NHSEI regionally
  - Out of area placement bed days reduced to 576 (360 fewer than 28/4 plan) – Improved
  - Children and Young People accessing specialist support increased to 8,948 (1,948 more than 28/4 plan) – Improved
  - Women accessing specialist perinatal support increased to 1,099 (64 more than 28/4 plan) - Improved

- **Elective recovery** – improved trajectories, still short of targets. Non-compliant plans may trigger performance management by NHSEI nationally
  - >104 week waits eliminated (except for P6 patients) by March 2023 (91 fewer than 28/4 plan) - Improved
  - >78 week waits reduced to 1,243 by March 2023 (1,586 fewer than 28/4 plan) – Improved
  - >52 week waits increased to 8,132 by March 2023 (1,00 more than 28/4 plan) – Deteriorated
  - > 62 day backlog waits for Cancer treatment. NBT position remains an outlier nationally. May trigger NHSEI performance management escalation of BNSSG ICS to Tier 1 ('Mandated National Support') – No change/national outlier

- **Financial plan** – additional funding received for inflation and balanced plan proposed by BNSSG DOFs (Slide 13 shows the movement from the April submission deficit of £38.2m) - Improved and in line with National expectation
  - Unmitigated risk of ESRF clawback of £17.5m shown in the plan in line with Regional and National discussions. This is a complex area to reliably forecast due to the interplay between the system and specialist commissioning and between the NHS providers and the Independent sector. The DOFs are content to show this position.
  - Mitigations will need to be delivered through additional productivity over and above plan

- **Alignment to Quarter 1 performance** – Revised plans are better aligned to Q1 performance data - Improved
  - Trusts have rebased plans to April actuals, where possible. Weekly data shows May performance above plan

- **Bed deficit/occupancy risk** – NHSEI derived bed occupancy calculations will show an increased bed deficit vs 28/4 plan
  - Applying NHSEI methodology indicates a c331 average system bed deficit risk (c242 in the 28/4 plan) - Deteriorated
  - Mitigations will be through access to escalation beds, delivery of 'bed savings' through Home First and Trust internal productivity improvements
  - NHSEI require a further submission on bed deficit risk and mitigations on 23/6

- **Home First** – Progress on Discharge 2 Assess and Healthier Together@Home increases confidence in bed deficit mitigations
  - Discharge 2 Assess projected delivery increased by 20 to 132 bed equivalent savings by end March – Improved
  - Healthier Together@Home/Virtual Wards: detailed programme plan to be submitted to NHSEI 20/6. Highlights opportunities to achieve c150 bed equivalent savings (29 bed savings assumed in 20/6 plan), but will depend on increasing/shifting workforce. Assumes c£3.4m funding from NHSEI - Improved

Mental Health: final submission plans show improved position for CYP, OAP & Perinatal following meetings with NHSEI. Recovery plans have been updated to reflect this.

Providers	Theme	Metric	Plan agreed	Target	Does plan hit target	Planned attainment	Old planned attainment	Change
System	LD&A	Learning disability registers and annual health checks delivered by GPs	Complete	75%	Yes	75%		
System	LD&A	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by ICSs	Complete	9	Yes	9		
System	LD&A	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by NHS England or via a Provider Collaborative	Complete	13	Yes	13		
System	LD&A	Reliance on inpatient care for people with a learning disability and/or autism - Care for children	Complete	3	Yes	3		
AWP	MSDS	Mental Health Services Dataset - Data Quality Maturity Index Score	Complete	95%	Yes	95%		
AWP	Inpatients	Adult mental health inpatients receiving a follow up within 72hrs of discharge	Complete	80%	Yes	80%		
VITA	IAPT	Total access to IAPT services	Complete	29,937	Yes	29,937		
AWP	Diagnosis	Estimated diagnosis rate for people with dementia	Complete	66.7%	Yes	66.7%		
AWP	CYP	The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment (rolling 12 months)	Complete	95%	Yes	95%		
AWP	SMI	People with severe mental illness receiving a full annual physical health check and follow up interventions	Complete	5,514	Yes	6,724		
AWP	Placements	Access to Individual Placement and Support Services	Complete	714	Yes	714		
AWP	Community	Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Complete	4,177	Yes	4,200		
AWP	Psychosis	First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral	Complete	60%	Yes	60%		
AWP	OAPs	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Complete	0	No	567	927	-360
AWP	CYP	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	Complete	95%	No	90%		
AWP	CYP	Access to Children and Young People's Mental Health Services	Complete	10,154	No	8948	7,000	+1948
AWP	Womens	Women Accessing Specialist Community Perinatal Mental Health Services	Complete	1,164	No	1099	1,035	+64

Overall

- NHSEI were particularly keen we improved the CYP and OAP plans, this was done while striking a balance between realism and striving to deliver the national target.
- The improved plans have been signed off by the AWP Exec team.
- Recovery plans are in place and will be shared with region too.

Mitigations

- **CYP Access:** Increased investment, ongoing recruitment, implementation of Mental Health Support Teams, expansion of crisis and eating disorder support.
- **Perinatal:** Setting up maternal mental health clinics, looking to understand best practice with a view to remodelling the current offer, as many women are currently supported by our voluntary sector. Issue with the birth rate denominator inaccurate for our area.
- **Out of Area:** "Right Care" approach to the work. Focus on flow, red to green, medically fit for discharge patients. Consideration of developing Capital Case for additional beds, as comparative data shows a low bed base.

Elective recovery – Summary of plans against target

Area	Requirement / Target	Met at System Level Yes/No	NBT	UHBW	System
Elective Admissions	104% 2019/20	No	89%	90%	90%
Day Case	104% 2019/20	No	104%	101%	103%
OP 1st	104% 2019/20	No	104%	102%	103%
OPFU	75% 2019/20 (nb. 25% reduction)	No	100%	110%	107%
Virtual OP	5% of all OP attends	**No**	**Yes**	**No**	**No**
PIFU	5%	Yes	Yes	Yes	Yes
Diagnostics – Echo	120% 2019/20	No	66%	105%	**90%**
Diagnostics – CT	120% 2019/20	No	115%	112%	114%
Diagnostics – Colon	120% 2019/20	Yes	117%	243%	172%
Diagnostics – Flexi	120% 2019/20	No	118%	82%	103%
Diagnostics – NOUS	120% 2019/20	No	94%	99%	96%
Diagnostics - MRI	120% 2019/20	No	105%	100%	102%
Cancer – Treatment Volumes	-	**Yes**	**Yes**	**Yes**	**Yes**
Cancer – Patients waiting 63+days	Feb 2020 levels	**No**	**No**	**Yes**	**No**
Cancer – FDS	75%	**No**	**No**	**Yes**	**No**
Clock Starts	-		103%	82%	91%
Clock Stops (AD)	-		100%	93%	96%
Clock Stops (NAD)	-		100%	107%	104%

Acute activity plans: summary and key changes from April

	System - Change between April and June submissions Measure	Change
Electives	Elective day case spells	1.8%
	Elective ordinary spells	3.8%
	Consultant-led first outpatient attendances (Spec acute)	2.4%
	Consultant-led first outpatient attendances with procedures (Spec acute)	4.8%
	Consultant-led follow-up outpatient attendances (Spec acute)	2.3%
	Consultant-led follow-up outpatient attendances with procedures (Spec acute)	6.8%
	Number of episodes moved or discharged to patient initiated outpatient follow-up pathway	0.0%
Diagnostics	Diagnostic Tests - Cardiology - Echocardiography	-0.1%
	Diagnostic Tests - Colonoscopy	1.0%
	Diagnostic Tests - Computed Tomography	-0.1%
	Diagnostic Tests - Flexi Sigmoidoscopy	-0.7%
	Diagnostic Tests - Gastroscopy	0.4%
	Diagnostic Tests - Magnetic Resonance Imaging	-0.3%
	Diagnostic Tests - Non-Obstetric Ultrasound	0.4%
RTT	GP Referrals made for a First Consultant-Led Outpatient Appointment	-0.2%
	Other Referrals made for a First Consultant-Led Outpatient Appointment	-0.2%
	New RTT pathways (clock starts)	0.0%
	RTT completed admitted pathways	0.9%
	RTT completed non-admitted pathways	2.1%
UEC	Type 1&2 A&E Attendances excluding Planned Follow Ups	-0.1%
	Non-elective spells with a length of stay of zero days	1.0%
	Non-elective spells with a length of stay of 1 or more days	1.2%
	Reducing length of stay for patients in hospital for 21 days and over	0.0%
Cancer	Cancer 28 day waits (faster diagnosis standard)	-0.5%
	Cancer treatment volumes	-0.2%
	Number of patients waiting 63 or more days after referral from cancer PTL	3.2%

Waiting list change - position at March-23

		April Plan	June Plan	Change
NBT	Total	39,224	39,224	0
	52+	3660	3,660	0
	78+	878	568	-310
	104+	139	48	-91
UHBW	Total	49,649	53,649	4000
	52+	3472	4472	1000
	78+	1951	675	-1276
	104+	29	29	0
System	Total	88,873	92,873	4000
	52+	7132	8,132	1000
	78+	2829	1,243	-1586
	104+	168	77	-91

Estimated ERF cost-weighted achievement

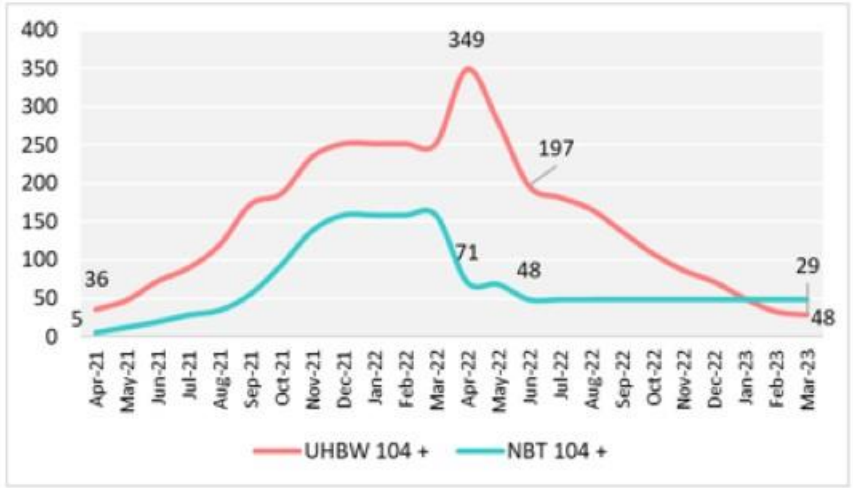
	April Plan	June Plan	Change
Total NHS	96%	98%	2.3%
Independent Sector	111%	111%	0%
ICS total	99%	101%	2.0%

Planned 22/23 activity as a percentage of 19/20 and 21/22

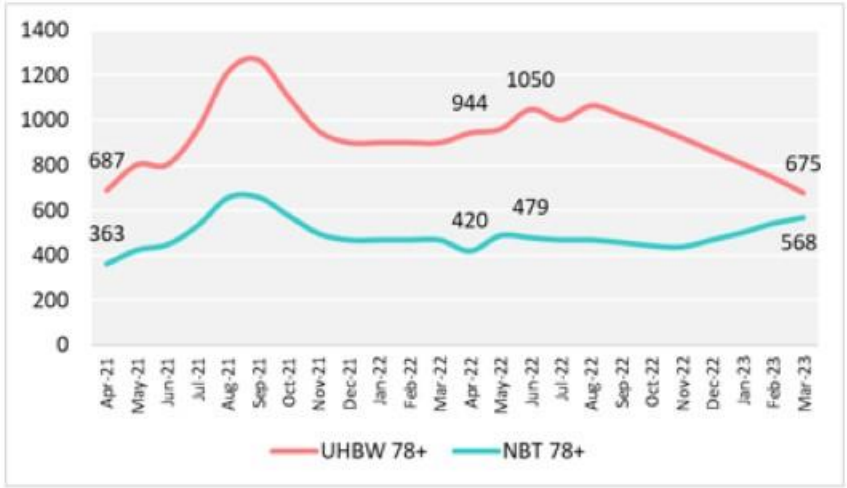
	UHBW		NBT		Independent Sector	
	19/20 %	21/22 %	19/20 %	21/22 %	19/20 %	21/22 %
Daycase	101%	112%	104%	116%	110%	127%
Elective	90%	123%	89%	121%	120%	115%
OP 1st	102%	118%	104%	116%	127%	123%
OP FUP	110%	117%	100%	98%	119%	86%

Waiting list

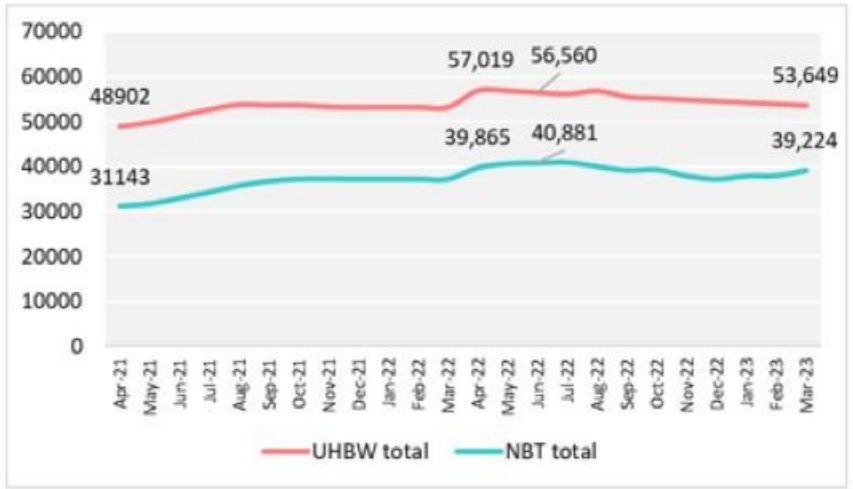
+104 week waits



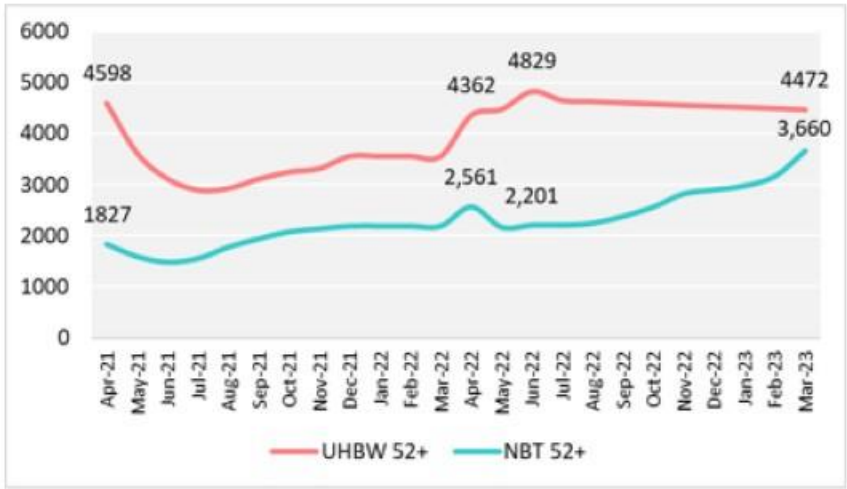
+78 week waits



Total waiting list



+52 week waits



Waiting list change - position at March-23

		April Plan	June Plan	Change
NBT	Total	39,224	39,224	0
	52+	3660	3,660	0
	78+	878	568	-310
	104+	139	48	-91
UHBW	Total	49,649	53,649	4000
	52+	3472	4472	1000
	78+	1951	675	-1276
	104+	29	29	0
System	Total	88,873	92,873	4000
	52+	7132	8,132	1000
	78+	2829	1,243	-1586
	104+	168	77*	-91

* All P6 waiters

Finance – ESRF Risk

	UHBW	NBT	Independent Sector	Non ICB Providers (SW)	System Held	Grand Total
BNSSG ICB ESRF Allocation	£13.2	£12.8	£5.5	£0.3		**£31.6**
BNSSG ESRF Allocation	£9.9	£4.6	£0.0	£0.0		**£14.5**
TOTAL ESRF Allocation	**£23.0**	**£17.4**	**£5.5**	**£0.3**	**£0.0**	**£46.1**
TOTAL ICB Clawback	(£2.3)	(£4.3)				**(£6.7)**
TOTAL NHSE/I Clawback	(£7.2)	(£3.6)			£2.2	**(£8.6)**
TOTAL ESRF clawback	**(£9.5)**	**(£7.9)**	**£0.0**	**£0.0**	**£2.2**	**(£15.3)**
ESRF retained by the system (ICB)	£10.8	£8.5	£5.4	£0.3	£0.0	**£25.0**
ESRF retained by the system (NHSE/I)	£2.7	£1.0	£0.0	£0.0	£2.2	**£5.9**
TOTAL ESRF retained by the system	**£13.5**	**£9.5**	**£5.4**	**£0.3**	**£2.2**	**£30.8**
TOTAL commitments v Funding	(£25.9)	(£14.6)	(£5.4)	(£0.3)	£0.0	**(£46.2)**
Unmitigated Risk	**(£12.4)**	**(£5.1)**	**£0.0**	**£0.0**	**£2.2**	**(£15.3)**

- Financial Plan submission on 28th April assumed total ESRF clawback of £23.8m – latest assessment based on revised activity plans assumes a clawback of £15.3m – a total improvement of £8.5m retained income (£6.3m relating to ICB activity, £2.2m relating to NHSE/I commissioned activity)
- In order to deliver this improved activity position, and improve waiting list performance trajectories, a further £6.5m of costs have been approved by System DoFs, over and above those included in the 28th April financial plan submission
- The net risk of £17.5m relating to commitments against this income therefore remains unchanged, and remains as an unmitigated risk to delivering a balanced financial plan in 2022/23. The £2.2m assumed gain from NHSE/I income has currently not been assumed as a benefit against this risk, pending further understanding of the split of activity delivery.

Current elective activity run rate vs. plan

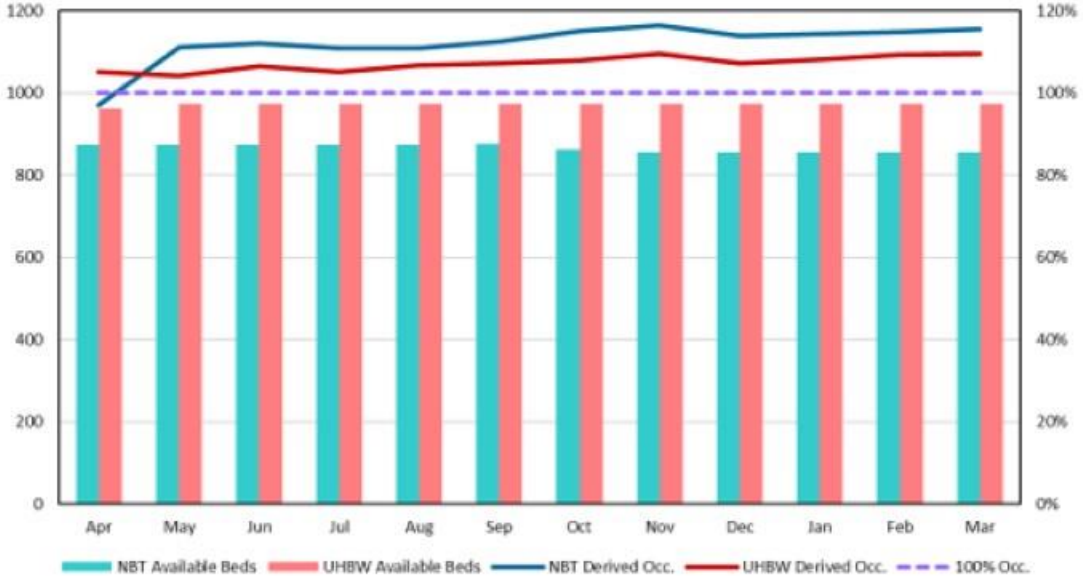
	Daycase			Elective			OP 1st			OP FUP		
	NBT	UHBW	System	NBT	UHBW	System	NBT	UHBW	System	NBT	UHBW	System
Apr-22 Plan	100%	89%	93%	90%	79%	83%	103%	92%	96%	97%	102%	100%
Apr-22 Actuals	103%	84%	91%	88%	75%	80%	89%	85%	86%	96%	100%	99%
Variance	3%	-5%	-2%	-2%	-4%	-3%	-14%	-7%	-10%	-1%	-2%	-1%
May-22 Plan	107%	93%	99%	87%	83%	85%	107%	94%	99%	103%	103%	103%
May-22 Actuals	98%	91%	94%	93%	84%	88%	92%	94%	93%	96%	103%	101%
Variance	-9%	-2%	-5%	6%	1%	3%	-15%	0%	-6%	-7%	0%	-2%

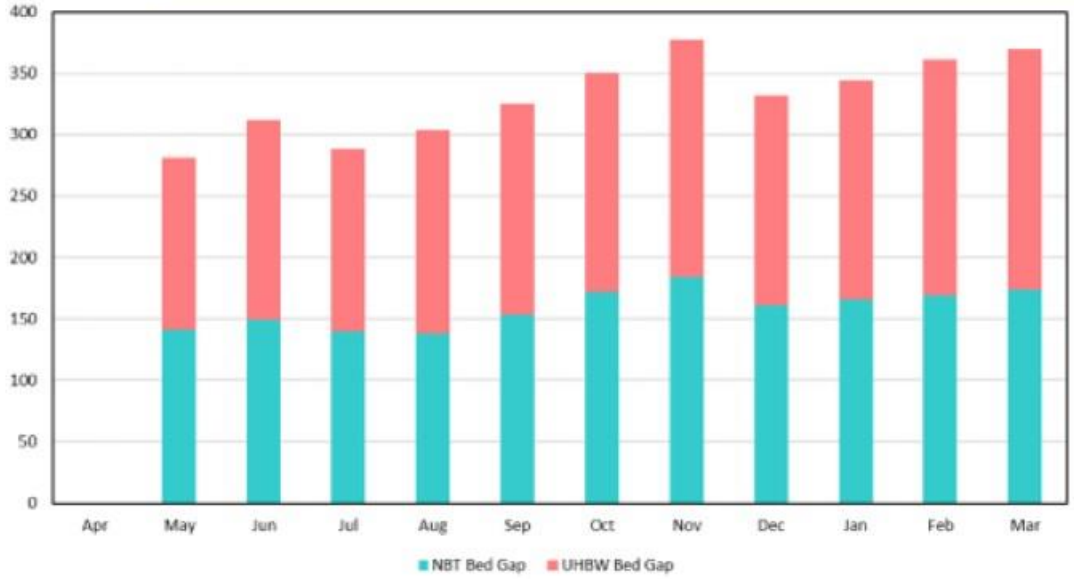
Local weekly activity data %s vs. plan

NB – data does not include last week in May and likely understating % achievement

Beds

- Addition of Knightstone ward beds as ring fenced
- NBT increased G&A beds available between Apr-Oct to avoid going over 100% occupancy





			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NBT	Plan	Available beds	871	875	875	875	875	876	862	855	855	855	855	855
	Plan	Occupancy	100%	100%	100%	100%	100%	100%	100%	98%	95%	95%	94%	93%
	Derived	Occupancy		111%	112%	111%	111%	113%	115%	116%	114%	114%	115%	115%
	Derived	Beds required		972	981	970	969	986	991	996	973	978	982	986
	Derived	Bed gap		141	149	139	138	153	172	184	161	166	169	174

UHBW	Plan	Available beds	963	973	973	973	973	973	973	973	973	973	973	973
	Plan	Occupancy	98%	98%	98%	98%	98%	98%	98%	99%	98%	99%	98%	98%
	Derived	Occupancy		104%	106%	105%	107%	107%	108%	109%	107%	108%	109%	110%
	Derived	Beds required		1065	1087	1073	1090	1096	1103	1119	1095	1103	1116	1120
	Derived	Bed gap		141	163	149	165	172	179	194	171	179	192	195

System	Plan	Available beds	1834	1848	1848	1848	1848	1849	1835	1828	1828	1828	1828	1828
	Derived	Beds required		2037	2068	2044	2059	2082	2094	2114	2069	2081	2098	2106
	Derived	Bed gap		282	312	288	303	325	350	378	332	345	361	369

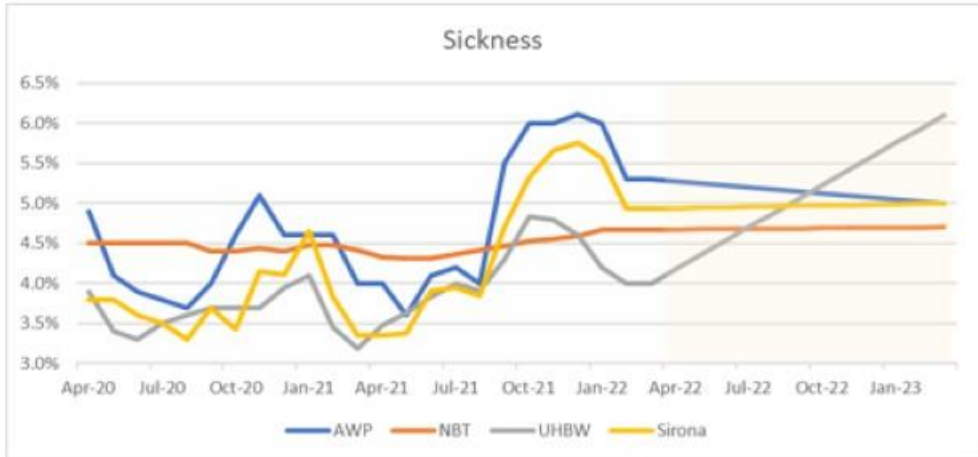
Workforce: key headlines

- Overall 3.5% growth in total workforce across 2022/23, compared to 2021/22.
  - Primary Care: c6.7%
  - Mental Health: c7.0%
  - Acute: c2.2%
  - Community: c21.7%

- 6.5% increase in Registered Nursing staff in post – this equates to 180.5WTE.
  - In 2019/20, Registered Nursing staff in post grow by 6%
  - This growth reduced to 2% in 2021/22
- Reduction in Banks Staff activity by 1.1% (20.1wte) and
- Reducing our planned agency use by 18.5% (140wte)
- Planning for reduction in turnover by March 2023 when compared to March 2022. The provider target end position for 2022/23 ranges between 14%-15%.
- Holding sickness absence to 3.8%

- **Additional analysis undertaken to stress test workforce plans**
- **High risk assumptions identified:**
  - **AWP: c7% growth in Staff in Post**
  - **Sirona c21.7% growth in Staff in Post**

Key risks: staff turnover and sickness rates



Finance - Route to Balanced System Financial Plan 2022/23

	UHBW	NBT	AWP	CCG	BNSSG
Inflation	(£7.6)	(£11.3)	(£2.8)	(£7.3)	(£29.0)
Q1 covid costs	(£1.9)	(£0.9)		(£0.6)	(£3.4)
Q1 ESRF lost income	(£3.9)	(£1.9)		£0.0	(£5.8)
Financial Plan Submission 28/04	**(£13.3)**	**(£14.1)**	**(£2.8)**	**(£8.0)**	**(£38.2)**
Additional Inflationary Uplift (ICB)	£2.7	£2.7	£0.8	£2.8	£9.0
Additional ICB Growth (CHC, FNC, BCF)				£5.6	£5.6
National Ambulance Funding				£2.4	£2.4
Additional Inflationary Uplift (Other Commissioners)	£2.3	£1.5	£0.9		£4.7
Revised Spec Comm envelopes 310522	£0.0	(£1.4)	£0.1		(£1.3)
Revised Spec Comm ERF	£0.1	£0.0	£0.0		£0.1
Application of National Funding					
Pass-through of 0.7% inflationary uplift from/to Out of System ICBs				(£1.2)	(£1.2)
Pass-through of National Ambulance Funding				(£2.4)	(£2.4)
Off-set to revised Spec Comm Contracts	£0.0	£1.4	(£0.1)		£1.3
Revised Plan after National Contract changes	**(£8.2)**	**(£9.9)**	**(£1.1)**	**(£0.7)**	**(£20.0)**
Other Non-Recurrent Actions					
Non-Recurrent National Allocations (PFI)				£3.2	£3.2
Non-Recurrent National Allocations (Other)				£6.0	£6.0
Q1 Covid Costs managed down to planned level	£1.9	£0.9	£0.0	£0.6	£3.4
ESRF Impact (productivity Improvments / review of investments)	£3.9	£1.9	£0.0		£5.8
BNSSG Share of SWASFT planning gap (£21.5m)				(£2.0)	(£2.0)
Uncommitted Community Growth				£2.8	£2.8
SDF Slippage				£0.7	£0.7
Revised Plan after non-recurrent actions	**(£2.5)**	**(£7.1)**	**(£1.1)**	**£10.7**	**£0.0**
Allocation of non-recurrent resource					
Allocation of Non-Recurrent Funding (PFI)	£0.0	£2.7	£0.5	(£3.2)	£0.0
Further n/r support	£2.5	£4.3	£0.6	(£7.5)	£0.0
Restated 2022/23 Plan (20th June submission)	**£0.0**	**£0.0**	**£0.0**	**£0.0**	**£0.0**

- Additional recurrent funding to the ICB of £17m, of which £14.6m relates to inflationary pressures (£2.4m ambulance trust specific, passed through to SWASFT)
- Further £4.7m of funding from Other Commissioners (£3.1m Spec Comm) for additional 0.7% inflationary uplift
- Further £9.2m n/r funding from region in recognition of increased PFI inflation (£3.2m), and additional n/r support (£6m) all allocated to providers
- Q1 Covid (£3.4m) & ESRF impact (£5.8m) removed from bottom line
- £1.5m CCG surplus n/r allocated to providers to present balance plan at organisation & system level

Finance - Underlying position and In-Year Savings requirement

Memo 1 - Bridge to Underlying

	UHBW	NBT	AWP	CCG	BNSSG
remove n/r national funding				(£3.2)	(£3.2)
remove n/r regional funding	(£2.0)	(£6.2)	(£1.0)		(£9.2)
remove n/r cost pressures				£2.0	£2.0
add back n/r measures	(£21.6)	(£8.3)	(£1.8)	(£3.6)	(£35.2)
remove n/r reserves allocation	(£16.2)		(£12.9)		(£29.1)
remove additional n/r support	(£0.5)	(£0.9)	(£0.1)		(£1.5)
n/r efficiency delivery 2022/23 (organisation)					tbc
n/r efficiency delivery 2022/23 (system transformation)					tbc
Full-Year Effect of 2022/23 plan					tbc
Restated Underlying position	**(£40.2)**	**(£15.3)**	**(£15.9)**	**(£4.8)**	**(£76.2)**
of which relates to unfunded inflationary costs	(£2.6)	(£7.1)	(£1.1)	(£0.1)	(£10.9)

Memo 2 - In-Year Savings Requirement & n/r measures required to deliver break-even plan

Core 1.1% National Efficiency Ask	(£7.8)	(£7.2)	(£3.3)	(£13.6)	(£31.9)
Transformational Savings	(£7.4)	(£5.9)	£0.0		(£13.3)
Provider Specifc Transactional Savings	(£1.2)	£0.0	(£2.0)		(£3.2)
Further Internal Savings Requirement	(£5.9)	(£7.1)	(£1.8)		(£14.8)
Sub-Total Savings Requirement	**(£22.3)**	**(£20.2)**	**(£7.1)**	**(£13.6)**	**(£63.3)**
Sub-Total Savings Requirement (%)	2.2%	2.6%	2.1%	1.8%	
n/r measures required to break-even	(£21.6)	(£8.3)	(£1.8)	(£3.6)	(£35.2)
ESRF Productivity Challenge / Review of Investments	(£12.4)	(£5.1)			(£17.5)
Covid Cost Reduction					£0.0
Total actions embedded within break-even plan	**(£56.3)**	**(£33.6)**	**(£8.9)**	**(£17.2)**	**(£115.9)**
actions embedded within break-even plan (%)	5.4%	4.4%	2.7%	2.2%	

- Recurrent deficit on exit of 2022/23 of £76.2m
- £10.9m of originally identified £29m inflationary pressure remains part of recurrent deficit
- Position will worsen if savings only met non-recurrently (tbc)
- Recurrent route to cash out for system transformation savings still needs to be identified at provider level
- Delivery of break-even plan contingent on delivery of £63.3m of savings (including Sirona 1.1% efficiency)
- £17.5m ESRF challenge expected to come from combination of reduced costs through review of investments and or additional ESRF activity/income compared to plan

Healthier Together

Narrative delegated sign off

Narrative Section	Key narrative authors	Narrative updates since April submission	Sign off oversight
Introduction: Health Inequalities	Adwoa Webber	*No updates*	N/A
Section A: Workforce	Taylor Pryer-Freeman	*Minimal updates*	N/A
Section C: Elective Recovery, Cancer and Diagnostics	Dani Sapsford, Ben Stevens	*Minor updates*	Steve Curry (SRO)
Section D1: Urgent Care	Greg Penlington, Kate Lavington	*Minimal updates*	Jon Scott (SRO)
Section D2: Community Services	Louise Rickitt, Becca Dunn, Alissa Davies	*Significant updates*: • *Virtual Wards* • *Discharge*	Virtual Wards – Becca Dunn Discharge – Rosanna James D2 reviewed by Mary Lewis and Sirona care & Health SLT

Narrative updates: Section D2 Community - Virtual Wards

Section	Additional content added

Actions	• Healthier Together@home vision now included and programme contextualized within BNSSG "Home First" Portfolio, interdependent with Ageing Well, Discharge 2 Assess, Condition specific programs – (e.g. Respiratory, Cardiovascular disease, End of Life care)
	• Recognising links with Elective Recovery – HT@H supporting the need to release acute capacity.
	• Key objectives: Delivery of 4,500 virtual ward beds by December 2023
	• Additional detail on HT@H governance i.e. primarily within the Integrated Care Steering Group, but with support from Acute Provider Collaborative, Sirona SLT and GP Provider Collaborative
	• Further detail on working processes e.g. workstream teams using a 'test and learn' approach
	• Delivery Plans detailed:
	  • Tranche 1: End of Q1 22/23 – 50 virtual ward beds in operation by July 22
	  • Tranche 2: Q2 and Q3 22/23 – 100 virtual ward beds in operation by December 22
	  • Tranche 3: Q4 22/23 – Virtual ward expansion in support of winter pressures – 150 beds by April 23
	  • Tranche 4: Q1-2 23/24: ICS interim business case and workforce allowing, move to 400 virtual ward beds
	  • Tranche 5: Q3/4: Evaluation and confirmation of Business case for long-term operating
	• Digital:
	  • Procurement for new digital solution underway and expected for completion b end of June 22/
	• Patient and public engagement embedded throughout, with 'test and learn' approach drawing on user feedback.
	• Workforce: Acute Provider Collaborative supportive of hybrid Consultant roles with mix of acute and community facing work. Physician Associates also being explored for Autumn 22.

Assumptions	• OPAT recruited in full (28wte)
	• A recruitment trajectory of c.7.9% per calendar month for the specific VW model (trajectory forced to meet £8.53m in Yr2 with linear recruitment in Yr1)
	• Full utilisation of the Yr1 funding (£3.413m) *plus* funding to support the OPAT service additional to the VW funding – total spend Yr1 c.£5m
	  • OPAT, 40 bed equivalent
	  • VW model (Resp / HT@H / Heart Failure) 89-110 bed equivalent (varying utilisation in line with monthly demand, peak in Jan 2023)
	  • VCSE, £300k
	• Full recruitment by Yr2 of the model - £8.53m (£4.265m, match funded), funding £132.48wte (VW & OPAT as a single service).
	• Other General Principles: Non Pay, 5%; Overhead, Estates & Contingency, 20%

Risks	• Consultant recruitment cannot be undertaken.
	  • Mitigation: support from Provider Collaborative. Discussion with current trainees on attractive role specifications.
	• Staff recruitment for @Home services in general:
	  • Mitigation: Roles being designed with workforce lead to be broader in scope and more attractive

Narrative updates: Section D2 Community – D2A

Section	Additional content added

Actions	• Outlining of all objectives including key objective of the D2A Programme; to achieve 132 acute bed day savings by March 2023
	• Summary theory of change included
	• Resources for delivery: governance through ICSG, monthly D2A Board, weekly D2A steering group and task and finish groups
	• System delivery plan
	  • Tranche 1 – 33 acute bed days saved by October 2022
	  • Tranche 2 – 132 acute bed days saved by March 2023
	• Programme workstreams:
	  1. Workforce: Sirona working to increase staff to offer greater capacity in P1 and reduce use of P2 and P3 beds
	  2. Pathway design: to test and implement new models of care across pathways via task and finish groups
	  3. Monitoring, evaluation and outcomes: focused on understanding if D2A is on track to deliver
	  4. System stakeholder engagement: Communications Lead has been recruited to develop strategic plan to ensure consistent engagement
	  5. Commissioning: Developing joint commissioning arrangements for intermediate care services

Assumptions	• Pathway proportion and length of stay: D2A modelling assumes pathway redesign will reduce length of stay in hospitals and community and proposition of people going into D2A pathway and P1 as opposed to P2 and P3.
	• The acute bed day savings of 132 beds by March 2023 is based on the assumption that:
	  • The proportion of people going into D2A pathways will move to 70% Pathway 1, 10% Pathway 2, 10% Pathway 3 and 10% other.
	  • The average length of stay will be 10 days for Pathway 1, 21 days for Pathway 2 and 28 days for Pathway 3.
	• Recruitment: Trajectory of Sirona staff recruitment will continue to grow – 164 slots was achieved by end of May 22.

Risks	• Risk that required culture and behaviour change does not result in P2/P3 shifting to P0/P1
	  • Mitigation: system-wide action plan to support acutes with culture change
	• Risk that required length of stay in P1/2/3 is not achieved due to lack of Sirona or community capacity
	  • Mitigation: recruitment campaign ongoing e.g. Proud of Care and Workforce Capacity Fund. Options for collective recruitment being considered.

Virtual Wards Planning Submission

The following sections contain the same content as Section D2 (Virtual Wards) of the Operational Plan narrative:

2.1 - System Vision for Virtual Wards; **3.1** - Service Model; **3.2** - Approach to Delivery; **3.3** - Technology Enablement; **3.5** - Risks and Issues; **3.6** – Dependencies; **3.7** – Mitigation; **3.8** – Indicative Milestone Plan; **4.2** – Governance and Assurance; **5.1** - Planning Approach and Engagement with organisations/teams/staff delivering the service and **5.3** – Health Inequalities.

Section	Additional Content to D2 Virtual Ward Narrative
3.4 Winter / Surge Capacity	- Winter Capacity built into programmes expansion plans - All pathways expected to be maximised through Q4 - Response to Covid-19 variations/surges built into EPPR escalation actions – Pulse oximetry can be stepped up at short notice.
4.1 Programme Management	- Programme objectives will be monitored by the HT@Home core group which meets twice weekly. - Clinical leadership is in place through collaboration of paid leads in Sirona, NBT and UHBW. - Technology leadership is in place through Sirona lead for IM&T. - Improvement leadership is multidimensional. SRO and programme leadership in place through CCG/ICB and programme management in place through each of the provider organisations. - Financial reporting and leadership in place via the CCG/ICB finance lead for community services and partner organisation data leads.
4.3 Overall Benefits Management and Evaluation	- Success criteria in place which will be monitored by SRO and sponsors. - Sitrep data being collected fortnightly by NHSEI, and will be reported at ICS level once central digital system in place (Impl. commencing July 22). - Wider programme benefits under development, linked to the outcomes of the Home First portfolio. - Further benefits expected outlined for patients and carers, staff , system, and wider population.
5.2 Planning Approach and Engagement with Patients & Carers	- Communications for new pathways to be developed following model set out for Covid Oximetry @ Home and Covid Virtual Wards. - There are 4 planned phases of insight activity: • Develop enhanced understanding of current service user experience (June-July 22) • Implement Regular Collection of Feedback from Potential Users of the HT@Home Service (Q3 2022) • Combine Service User Experience with Subsequent Service User Activity (Q4 2022) • Gather Detailed Feedback Relating to Particular Themes (2023)
6.1 Sustainability	- A system wide business case is being developed, bringing into consideration relevant BNSSG strategies. - Workforce requirements are being married with other Home First priorities. - Match funding has been brought into the Y2 plan. - The ICSG has a direct link to the Executive Group for escalation of issues and support, and providers are updated through Acute Provide Collaborative and Sirona SLT.

Next steps

Phase	Key milestones	Timing
	System sign off of changes to finance, activity and performance metrics	17 June
	Delegated sign off of narrative updates by SROs • C: Elective Recovery, Cancer and Diagnostics – Steve Curry	By 17 June
	System Plan Resubmission	20 June
	Healthier Together@Home/Virtual Wards programme plan submission	20 June
	Mental Health Workforce submission	23 June
	Bed deficit risk/mitigations submission	23 June

Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Contact us:

Healthier Together Office, Level 4, South Plaza, Marlborough Street, Bristol, BS1 3NX

0117 900 2583

Bnssg.healthier.together@nhs.net

www.bnssghealthiertogether.org.uk

@HTBNSSG