Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 4th May 2023
Time: 12:30 – 15:15
Location: Somerset Hall, the Precinct, High Street, Portishead, BS20 6AH

Agenda Number:	6.1
Title:	Our System Operational Plan 2023/24
Purpose: Decision	
Key Points for Discussion:	

We have developed our System Operational Plan for the period 2023-2024 and have used this to satisfy the requirements of the final submission to NHSE on 30 March 2023.

Our approach to developing our system operational plan was informed by the experience and lessons from developing the operational plan for the period 2022-2023; that being the first full year plan developed as a whole system since the Covid pandemic.

While there are some minor amendments required to the plan prior to a resubmission on 4th May 2023, our plans have received positive feedback from NHS England.

This is our system plan and it covers significantly more areas than those which are asked for by NHS England; for example we have included:

- a strong focus on system actions to address health inequalities, and
- more detail on children's services, primary care, and community services.

We have developed a balanced financial plan and have made strong and sustainable improvements in performance in many areas. However, some areas of challenge remain:

- Bed occupancy – though we have improved our position since our draft submission, we still do not meet the target of 92%. However, we are confident that our submitted plans are both ambitious and realistic.
- 65 week waits – though we improved our position since our draft submission, we still do not meet this target mainly due to a few highly specialist areas and some waiters due to patient choice.

- Diagnostics – though we have improved our position we do not meet the targets in some disciplines. However, this will be improved as the Community Diagnostics Centre activity is brought online.
- Financial plan – although we are presenting a balanced plan in year, the impact of inflation has deteriorated our underlying position which will make 24/25 FY more challenging. We are continuing to work with the National team to facilitate their understanding and explain the evidence to support their negotiations.
- Mental Health Out of area placements – we have made really significant progress in this area and are confident about continuing this work; the target of zero remains a challenge.
- Children and Young People Mental Health access standard – we have prioritised investment in this area, but remain cautious as to achieving this target owing to the ongoing workforce constraints.

At time of writing, the NHSE Primary Care recovery plan remains outstanding. We expect to receive this shortly, with a requirement to respond by Summer 2023.

We applied for additional Urgent and Emergency Care Demand, Capacity and Flow funding to support our recovery. Following agreement from NHSE, we have incorporated the impacts of these additional schemes into our system plans.

We have developed our Draft Joint Forward Plan and submitted this to NHS England on 30 March 2023[1]. This draft will be updated to reflect feedback received from NHS England and internal stakeholders and a final version will be published by 30 June 2023.

Our focus now moves to the delivery of this system operational plan and the monitoring of performance measures including those to indicate our work to address Health Inequalities. We will hold a system senior leadership engagement event in late Spring to clearly articulate the expectations of the plan on those holding these roles, and to define the role for the Health and Care Improvement Groups (HCIGs) in enabling this function. In addition, we will outline the role of the ICB Board assurance committees in assuring the delivery of the system operation plan and continue to develop our Annual Planning Cycle, to align future years' Operational Plans with the outputs of the Strategy and Joint Forward Plans.

Where our performance is not yet where we wish it to be, we will adopt a continuous improvement approach to develop, test, learn and update our processes and ways of working. The lessons drawn from this activity will inform the approach to developing and delivering future system plans.

[1] Available at: Joint Forward Plan - BNSSG Healthier Together

Recommendations:	The ICB Board is requested to: **Note** the approach to the development of our system operational plan for 2023/24 and intent to learn for future planning activities. **Commit** to shifting the focus on to the effective delivery of the operational plan.
Previously Considered By and feedback:	**ICB Board**, 1 December 2022; approved system operational planning approach Healthier Together Executive Group, 12 January 2023; approved delegated SRO sign off responsibilities. Healthier Together Directors of Finance, 20 January 2023, for development of approach to system financial plan ICB Finance Estates and Digital Committee, 26 January 2023, recommended to ICB Board ICB Quality, Performance and Outcomes Committee, 26 January 2023, recommended to ICB Board **ICB Board**, 2 February 2023, noted ongoing development of system operational plan, provided feedback on financial planning, and approved delegated sign off approach. System Executive Group, 16 February 2023, approved the approach to finalising the draft submission. ICB Finance Estates and Digital Committee, 23 February 2023, noted the content of the draft submission and key areas of challenge remaining. **ICB Board** 2 March 2023, noted progress, approved approach, approved use of delegated SRO sign off model to support Draft JFP System Executive Group, 16 March 2023, received feedback from NHSE on draft Operational Plan submission, and update on key themes and actions from Planning Day 4. ICB Finance Estates and Digital Committee, 23 March 2023, received the system draft budget, recommended to ICB Board for approval following updates. **ICB Board** 6 April 2023, approved the approach to developing the Joint Forward Plan, and endorsed and supported the intent to convene the system leadership group to build consensus and focus on delivery of the System Operational Plan
Management of Declared Interest:	Not applicable

Risk and Assurance:	Dependencies and Risks are covered in detail in Section 6 of the report. **System Governance**. To mitigate the risk of delays to decision making, a model of delegated approval of plans by theme has been adopted. **Workforce.** All the thematic planning areas are highly dependent on workforce, creating a significant risk of delivery due to the high turnover and attrition within the system. **Health Inequalities**. To support our teams to assess and mitigate the impact of their plans on HI access, experience and outcomes, we will seek to identify, monitor, report and challenge on HI metrics across all elements of our system plan. This is in itself a mitigation against multiple other key risks. **Interdependencies.** There are considerable interdependencies between mental health, children & families, primary care, community services, urgent care, and elective care. **Cost of living.** As the costs of living increase, there may be a greater than anticipated demand on our services, which will compromise our ability to deliver our plan. **Financial plan.** Our underlying financial position presents a risk to the delivery of our system operational plan which will need to be mitigated in year. Although we are presenting a balanced plan in year, the impact of inflation has deteriorated our underlying position which will make 24/25 FY more challenging. We are continuing to work with the National team to facilitate their understanding and explain the evidence to support their negotiations. The risk management process will align with the System Risk Assessment Framework, under development currently.
Financial / Resource Implications:	The financial challenge in BNSSG over the medium-term remains challenging whilst the system recovers its underlying financial deficit, however it is important to note that this is a favorable settlement compared to most other health economies in the SW, and nationally, due to BNSSG having maintained control of the underlying system financial position during the pandemic. This budget was developed as part of a whole System Financial Plan in line with the duties of the Integrated Care Board. This is the first budget developed under the

	oversight of the new Integrated Care Board. Full details of the Workforce and Finance resource implications are included at Sections 4 and 5, respectively.
Legal, Policy and Regulatory Requirements:	NHS Operational Priorities and Planning Guidance was released by NHSE in December 2022. Further supplementary information has been received throughout January to April 2023. At time of writing, the Primary Care recovery plan remains outstanding.
How does this reduce Health Inequalities:	Our planning process specifically challenges each contributor to articulate the impact of their actions on health inequalities. Further details at Section 3.
How does this impact on Equality & diversity	The outputs from the system planning activities have been used to develop a list of impacts and actions to address Equality and Diversity, based on the format of an Equality Impact Assessment. Where appropriate, mitigations will be identified, and management responsibilities assigned.
Patient and Public Involvement:	Patient and Public involvement has been incorporated into the development of the system strategy, which will inform the development of the system Joint Forward and Operational Plans.
Communications and Engagement:	A Planning communications plan was developed to identify stakeholders, key messages, communication channels and frequency. This was reviewed during the planning period and will be updated to incorporate feedback gleaned from all those involved.
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Sponsoring Director	Sarah Truelove, CFO and Deputy CEO

Agenda item: 6.1

Report title: Our System Operational Plan

1. Background

The system develops an operational plan each year which details anticipated activity and performance across the full spectrum of areas of responsibility. The scope of our plan is informed by, but not limited to, the scope of priorities and objective identified by NHS England. While the ICB Planning Team leads and coordinates the development of the plan, the contributions are drawn from across all system partners.

The 2023/24 priorities and operational planning guidance published by NHS England in December 2022 reconfirmed the ongoing need to recover our core services and improve productivity, making progress in delivering the key NHS Long Term Plan ambitions and continuing to transform the NHS for the future. Our response to these objectives was submitted on 30th March 2023. We have since received feedback on this submission and have some minor amendments to make prior to a resubmission on 4th May 2023.

2. Developing our system operational plan

Lessons identified during recent System Operational Planning cycles informed the principles of our approach to the development of the latest System Operational Plan. These principles are:

- Start early, proactively, and confidently develop our 2-year system operational plan; use the outputs from this to respond to the national planning requirements.
- Workforce constraints are significant and will be front and centre of our system planning.
- Adopt a more inclusive approach involving primary, community, social care, and wider partners.
- Credibly include as much scrutiny of population health outcomes and inequalities as on operational performance metrics.
- Recognise that there is no resource to double-run, of either workforce or money.
- We need a different approach to change, embracing performance improvement rather than major strategic change.
- We must adopt realistic assumptions and agree them across the system.
- We must be clearer on articulating delivery milestones.

We have worked hard to realise these principles throughout this most recent planning cycle using the system planning days and workshops, and to incorporate and align outputs from the Strategy and Joint Forward Plan.

In the months before the publication of the national priorities and objectives on December 23rd 2022, we sought to maintain a credible focus on developing our own system

operational plan, using the outputs of that process to satisfy the national requirements. We held the first System Planning Day in November 2022 where we reviewed our performance so far against our previous plan and began to outline our priority areas of focus for the 2023/24 period.

We held Planning Day 2 in December 2022, which allowed us to further develop our understanding of those programmes expected to deliver benefits in the period 2023/24 and 2024/25, as well as begin to capture the work undertaken to address health inequalities. We clearly articulated our planning priorities around understanding and addressing health inequalities, and this informed our efforts to make addressing Health Inequalities a Business-as-Usual activity. The Home First planning workshop held in January 2023 brought together system partners to build a consensus around delivering the Home First portfolio in coherent way.

Planning Day 3 in February 2023 allowed us to conduct a check and challenge on the draft content of issue 1 of our system plan and note the progress to address the objectives identified as priorities by NHSE.

While we had not made the progress we had hoped by this stage, and some key areas were yet to be developed or agreed, we were well placed to respond to a short notice request on our draft position from NHSE, and able to identify clear actions required to meet the requirements of the draft submission. In addition, we were able to identify that the acute planning area required a more focussed approach to ensure Issue 2 of our plan would be ready for review at Planning Day 4 in March.

Additionally, it allowed us an opportunity to collate the responses from across the system on actions to address health inequalities and identify where further work was required. Furthermore, we introduced consideration of the prevention programmes.

At the draft submission stage, we identified a number of key challenges which remained. We continued to develop our plans prior to the final submission in March. By Planning Day 4 in March; some key areas were still to be agreed. However, we were able to establish clear actions and timelines to support the resolution to meet the NHSE final deadline.

We have worked hard to establish a system position against each of the objectives set out in the National priorities and planning guidance which is both ambitious yet realistic. The national priorities, together with our position at 30th March 2023, is shown at Appendix 1.

Having finalised Issue 2 of our System Operational Plan and met the Final submission deadline to NHSE on 30 March 2023, our focus now turns to the practicalities of successfully delivering this plan, leveraging the newly formed Health and Care Improvement Groups (HCIGs), and looking ahead to the next iteration of the planning cycle.

We have collated lessons on this process as they have been identified throughout this planning cycle and have sought to develop these further through a series of learning events over recent weeks. This will allow us to capture a holistic and comprehensive set of lessons from which to build our principles and approach to planning the next iteration, and to inform the principles which will apply then.

3. Addressing Health Inequalities and Prevention

A core principle of our approach to operational planning this year was to be able to 'Credibly include as much scrutiny of population health outcomes and inequalities as on operational performance metrics'. In line with this, we included challenge on actions to address health inequalities during the development of our operational plan, and measures of performance. This has also allowed us to collate evidence throughout the Planning Days in a similar format to an Equality Impact Assessment (EIA).

Theme leads have been asked to consider the following questions during Planning Days 1 and 2:

- How are you planning to reduce health inequalities in your plans and promote inclusivity within the system?
- What health inequalities have or might emerge from your plan?
- Could the proposal have a positive or negative impact on any of the protected characteristic groups or other relevant groups?
- Who will you engage with in shaping the proposal?
- What actions will you take to mitigate the negative impact outlined above?
- How will you monitor the effectiveness of these actions? When will you review these actions (include specific dates)? OR What metrics will you use to monitor the success of these actions?

The NHSE guidance published December 2022 included 'Continue to address health inequalities and deliver on the Core20PLUS5 approach' within the objectives for 2023/24. Planning theme leads were subsequently contacted to ask them to consider how they will deliver on the Core20PLUS5 approach within their area. The Healthcare Inequalities 2023/24 NHS Planning Guidance Advisory Note was received in February and informed the final narrative response. We encouraged planning theme leads to develop SMART and deliverable plans for addressing health inequalities.

Responses to areas of challenge were presented and reviewed at Planning Days 3 and 4. The Planning Team collated the information on health inequalities from the Planning Days and developed a draft list of 'Health Inequalities Actions'. Monitoring Health Inequalities has been included within the Terms of Reference (TOR) for the HCIGs. The evidence collated thus far is summarised below, by HCIGs:

Improving the Lives of our Children

Children's Services

A working group focused on understanding and addressing health inequalities will be developed. The approach to addressing health inequalities will include:

- Understanding the baseline across all children's service providers.
- Collectively agreeing measures and methods of data collection, and map current health inequalities (HI) that are systematic, avoidable, and unjust differences in health and wellbeing between different groups of people.
- Any new or recurring investments in service delivery will be considered for their impact on health inequalities.
- Sharing and learning through knowledge/experience across other partners/systems.
- Working with locality partnerships, local authorities, and the voluntary sector to provide an inclusive and holistic approach to addressing inequalities in specific population groups.
- Working with our Education & Social Care partners, Parent Carer organisations and wider Community of Groups.
- Engaging with Core20PLUS5:
    - Disaggregate 'Core20' to better understand the 20% most deprived Children and Young People (CYP) in BNSSG and appropriately tailor interventions.
    - Identification of priority areas to drive reduction in inequalities (plus groups).

Improving the Lives of People with Mental Health, Learning Disability & Autism

Mental Health

- Delivering the National Strategy Advancing Mental Health Equalities will be a key driver of change.
- The BNSSG Mental Health and Wellbeing Strategy will share data on equalities and indicate where the areas of most need are locally.
- Health inequalities have been factored into the allocation of resources to localities to deliver the Community Mental Health Framework (CMHF).

Learning Disabilities & Autism (LD&A)

The LD&A approach to addressing health inequalities includes:

- Developing a systematic approach to advancing mental health equalities across BNSSG – through dedicated capacity and establishing an Advancing Equalities Group.
- Improving insights and data – agreeing headline measures of mental health equality in BNSSG, improving data collection system-wide and commissioning Population Health Management (PHM) to undertake needs assessments.
- Improving workforce skills and representation – developing an approach that supports a representative workforce at all levels.
- Learning from best practice – considering opportunities to collaborate with national and local improvement programmes.

Improving Lives of People in our Community

Primary Care

- For Recovery, Memoranda of Understanding (MOU's) are in place with Primary Care Networks (PCNs), with data packs for targeted approach to long term conditions including COPD/Asthma, cardiovascular disease (CVD), Diabetes and Cancer.
- For Winter Access, Segment 5 PHM data will be used to identify High Intensity Use (HIU) lists for targeted approach by practices.
- The Hypertension working group will embed prevention and reducing health inequalities, including the use of Hypertension Toolkit, Training programme, Community Pharmacy case finding and direct support for 6 PCNs in most deprived areas from PHM data.
- The Integrated immunisation will build on the learning from the Covid vaccination programme and proactive communications and engagement campaign to engage with hard-to-reach communities to address inequalities and access to inequalities.
- Currently reviewing data to identify opportunities to work across the system to improve outcomes for CVD patients for the implementation of national lipid guidance.

Community – Locality Partnerships

- The work of locality partnerships defines BNSSG's broader approach to addressing the needs of Core20PLUS by being locally informed and locally led. Our approach is place based.

Improving Outcomes through Efficient and Effective Hospitals

Urgent and Emergency Care

We continue to support colleagues working on projects in Urgent and Emergency Care to ensure they include actions to address health inequalities.

Elective Care

It is a priority in BNSSG to develop and implement elective recovery plans that do not create or exacerbate health inequalities but provide an integrated and holistic approach to addressing health inequalities where they are identified at the system level.

In 2022/23 a system health inequalities group for elective care and recovery was established, with membership drawn from the ICB, Trusts, community provider, academia, public health/local authority and the voluntary sectors. The EIA of the recovery plans and analysis of the waiting lists by ethnicity and Indices of Multiple Deprivation highlighted a number of areas of priority focus against which work begun in 22/23 and will continue in 23/24. These include:

- Understanding the data to identify potential inequalities
- Data Quality Improvement
- Outpatients Appointment Attendance Project

Other activity to note includes:

- Community engagement events: this was successful in October 2022, and we are planning another for 2023.
- C2Ai as a tool to support risk stratification in the waiting lists, that accounts for health inequalities.
- There is a well-established Health Inequalities agenda and programme of work for cancer across BNSSG, this will continue and strengthen in 2023/24.

Maternity

Regular monthly reporting will continue to identify women from minority ethnic backgrounds and also those from deprived communities in line with the CORE20PLUS5 approach. This will be reported via the maternity dashboard at the Local Maternity and Neonatal Services (LMNS) Delivery Board and Clinical Leads meetings.

Healthcare Prevention Programmes

We have programmes underway to address areas identified in the NHS Long Term Plan of tailored help for tobacco addiction, alcohol and obesity, with treatment to reduce the risk of early ill health and diseases such as cancer, cardiovascular disease, stroke, respiratory disease and mental ill-health.

Next Steps

The Planning Team met with Business Intelligence and Clinical Effectiveness colleagues to discuss next steps. We agreed that it would be helpful to incorporate health inequalities (HIs) into two types of metrics:

1. **HI specific metrics:** set up new metrics specifically to monitor/analyse an area of interest for HIs.
2. **Existing metrics:** inclusion of breakdown by different population groups within existing/standard metrics.

The Clinical Effectiveness team can help theme areas to think through, at the beginning of a piece of change work, what should be measured to test effectiveness including breakdown by different population groups.

By integrating metrics on HIs alongside standard operational/numerical metrics, we hope to embed health inequalities earlier in iterative planning processes. The Health and Care Improvement Groups will include monitoring performance against HIs within the Terms of Reference, and this assurance will support an improved and ongoing focus on health inequalities. Progress with HIs actions will be monitored throughout 23/24, alongside the numerical plans. For the 24/25 Operational Planning, we aim to have HIs integrated into our plan from the beginning of the planning process.

4. Workforce planning

Our workforce plan for 2022/23 was severely challenged during the delivery period owing to over optimistic recruitment & retention across many areas.

Key factors lead to this position:

- Lack of nursing supply, educational places have not kept pace with demand.
- Pipelines are unable to keep up with attrition rates despite increased international recruitment during 2022/23.
- 2022/23 attrition rates were higher than expected across all NHS providers.
- Approximately 10% of BNSSG nurses and midwives leave the NHS completely and 73% of these leavers have less than 6 years of service.
- Cost of living pressure, staff leaving to other sectors for better salary
- Burnout is also cited as a factor, particularly against a backdrop of high sickness rates and significant vacancies leading to a high proportion of unfilled shifts.

Many of the described impacts on the 2022/23 workforce plan are likely to continue into 2023/24. The aim of the first year 2023/24 multiyear BNSSG workforce plan will be to:

> Create a sustainable nursing, midwifery, AHP and support workforce, working productively. This will be achieved by making BNSSG the best place to work and the employers of choice for nursing

The key objectives will be:

- **Pipeline**: The aim here is twofold. To:
  a) improve the pipeline into nursing, midwifery, AHP and support roles through expansion of educational places and clinical placements, including apprenticeships and
  b) coordinate recruitment and return campaigns including, where beneficial, international pipelines.

- **Productivity**: This will focus on the development of shared system banks and agency switch incentives.

- **Retention**: Most beneficial will be the development of system wide career paths and development opportunities and facilitated job moves across system partners.

Underpinning these objectives will be cultural competency and anti-racism actions. Investment in our workforce is fundamental to the 2023/24 plan. Particularly in areas such as improved staff experience via focus on all elements of the NHS People Promise, flexible

working practices, flexible deployment and regional multi professional education and investment plans.

Workforce planning 2023/24 and final issue assumptions

Providers have returned their final 2023/24 monthly workforce trajectory and an expected yearly baseline until 2028 with supporting narrative. This was submitted to NHSE on 30 March 2023, Sirona are excluded from the National submission.

The following assumptions are from the final 2023/24 workforce plan, which is a summary of UHBW, NBT and AWP:

- We are planning for a substantive staff growth in 2023/24. Registered nursing is also planned to grow.
- The overall funded establishment will increase marginally.
- It is expected that substantive staff vacancies will reduce in 2023/24.
- Planned nursing growth is higher in 2023/24 than 2022/23.
- The planned nursing growth is heavily reliant on a successful international recruitment campaign. Providers have articulated a confidence of the international recruitment plans based on previous levels of performance in 2022/23.
- In line with system and local initiatives it is expected that bank usage will increase from March 23 to March 24.
- By March 24, Agency is planned to reduce. The reduction will come from the increased bank fill, closing of the vacancy gap, and investing in models of care that reduce reliance on escalation capacity using temporary staffing. Initial assessments expect a decrease in agency spend for 23/24 but achieving the NHSE target for is seen as extremely challenging.
- Organisations are being cautious around turnover and sickness assumptions.

It is worth highlighting that the above 2023/24 workforce assumptions are based on the projected outturn of limited growth of the nursing and support workforce during 2022/23.

Sirona are not included in the above workforce assumptions; however, they have submitted a 2023/24 monthly workforce trajectory and an expected yearly baseline until 2028 with supporting narrative.

5. 2023/24 System Financial Plan and ICB Budget Setting

The Finance Estates and Digital committee received the draft 2023/24 revenue budget paper on 23 March 2023 and it was approved by the Board at its meeting in April. This budget was developed as part of a whole System Financial Plan in line with the duties of the Integrated Care Board. This is the first budget developed under the oversight of the

new Integrated Care Board. Whilst this paper formally proposes the revenue budgets for the ICB, as this allocates ICB-level commissioning budgets including inflation and deficit support funding for BNSSG providers, this budget effectively sets the financial envelope in which BNSSG providers must operate to achieve breakeven at provider and system level in 2023/24.

A draft System Operating Plan was approved for submission to NHS England on 23 February in line with the delegation arrangements agreed by the ICB Board.

This budget is underpinned by the operating plan, with due regard to emerging ICP Strategy, and Year 2 of the ICS Medium-Term Financial Plan reviewed by the ICB Board in December 2022; and has been updated for ongoing discussions with NHS England up to and including 28 March, notably with regards funding for excess cost inflation, Urgent & Emergency Care Plans and allocation of Service Development Funds (SDF).

The total ICB revenue budget (including Pharmacy, Ophthalmic and Dental (POD) services) for 2023/24 is proposed as £2,050,589k.

The ICB revenue budget for Pharmacy, Ophthalmic and Dental (POD) services) for 2023/24 is estimated to be £82,951k, pending final agreement between ICB CFOs and NHSE on the apportionment method between ICBs.

The System has prepared a balanced financial plan at both system and organisational level. However, the plan includes utilisation of £98.2m of non-recurrent actions (£86.2m) and additional NR funding from NHSE (£12m).

The Pharmacy, Ophthalmic and Dental (POD) services budget plan is balanced to the published allocation and includes a Dental 'ring-fence'. This budget has been prepared by NHS England, under the Memorandum of Understanding between the ICB and NHS England pending formal delegation of commissioning responsibilities from 1st April 2023.

Delivering a balanced in year financial position, builds on a balanced forecast outturn for 2022/23 and would ensure the following:

- Write-off of £117m of cumulative deficit from predecessor CCGs during the pre-ICS NHS financial framework
- Access to a share of £300m of System Capital Department Expenditure Limit (CDEL) funding
- Achievement of 2022/23 criteria for System Oversight Framework (SOF) rating related to Finance and Use of Resources, with the exception of agency expenditure cap; and associated reduction in regulatory scrutiny

Savings

This plan requires delivery of £12.2m ICB savings to deliver a balanced budget and ensure the underlying position of the ICB and ICS does not further deteriorate from the Medium-Term Financial Plan. This requirement equates to c1.8% of relevant controllable budgets and is made up by:

- £4.1m 1.1% business as usual efficiency in non-NHS provider partners including Sirona
- £4.1m Primary Care Medicines optimisation to mitigate growth
- £3.1m Funded Care efficiencies to mitigate growth
- £0.9m Savings to manage within the ICB Running Cost Allocation for 23/24

Healthier Together providers will also need to deliver £62.3m cash releasing savings (c3% of controllable cost base), including the benefits of system transformation programmes:

- £14.5m Urgent & Emergency Care / Home First benefits
- £1.3m Mental Health Transformation
- £3.8m Outpatients Transformation

System Efficiency	System	BNSSG ICB	AWP	NBT	UHBW
Total ICB Efficiency	£22,035	£22,035			
Less: ICB Efficiency impact on Providers	(£9,840)	(£9,840)			
Total Provider Efficiency	£62,250		£11,000	£24,200	£27,050
Total Net System Efficiencies	**£74,445**	**£12,195**	**£11,000**	**£24,200**	**£27,050**

Contingency

There will be no general contingency budgets for 2023/24 and any overspending on budgets will not be tolerated and will require prompt recovery actions by budget holders. Due to the lack of contingency underspending on budgets will not automatically be available for re-investment without the approval of the ICB Board.

Underlying financial position and Non-Recurrent Actions to deliver the in year breakeven duty

In reaching this budget position, the ICB and system partners will have to draw on £98.2m of non-recurrent actions and funding sources that will not be repeatable in future years; and therefore, further plans to recover to a sustainable balanced financial budget over the medium term will be required as part of the ICS strategy and Joint Forward Plan. Sirona is assumed to have a balanced underlying budget, although for 23/24 this is anticipated to require £2.8m of non-recurrent mitigations including holding vacancies.

The underlying position of £98.2m deficit is £57.1m adverse to the trajectory included and approved in the Medium-Term Financial Plan. There are two key drivers:

- £18.3m deterioration in underlying deficit due to delay in acute provider savings arising from delivering the financial benefits of system transformation programmes
- £38m excess inflationary pressures

	AWP £m	NBT £m	UHBW £m	BNSSG ICB £m	BNSSG System £m
Planned Surplus / (Deficit) as per MTFP Year 1	**(£9.6)**	**£0.6**	**(£27.3)**	**(£4.8)**	**(£41.1)**
Excess Inflation	(£3.4)	(£15.2)	(£10.7)	(£8.7)	**(£38.0)**
Delay in MTFP savings	£0.0	(£7.6)	(£10.7)	£0.0	**(£18.3)**
Other, including unallocated growth	(£2.0)	(£6.4)	(£6.7)	£14.3	**(£0.8)**
Restated March 2024 exit position	**(£15.0)**	**(£28.5)**	**(£55.4)**	**£0.8**	**(£98.2)**
Non Recurrent Actions	£3.0	£15.9	£19.8	£47.5	**£86.2**
Non Recurrent Funding				£12.0	**£12.0**
Provider Deficit Support	£12.0	£12.7	£35.7	(£60.3)	**£0.0**
TOTAL In Year Surplus / (Deficit)	**£0.0**	**£0.0**	**£0.0**	**£0.0**	**£0.0**

Negotiations will continue with NHSE, DHSC and HM Treasury regarding mitigations for inflationary pressures. Regardless of the outcome, the pace of savings delivery as well as planning for 24/25 and 25/26 savings, will need to significantly increase over the coming year, most notably realising the benefits of transformation and investment.

Sensitivity, risk and mitigations

The Directors of Finance have identified a further £60.7m of financial risks to the plan, of which £19.9m relate directly to ICB budgets; of this £29.8m relates to Savings Plans not identified or deemed high risk of non-delivery at this stage of the year and £30.9m relates to other potential cost pressures.

£28.7m of potential mitigations have also been identified. Leaving £21.1m savings gap and £10.9m further mitigations to be delivered in year. As this represents c1% of system funding envelope and given provider Board commitments to delivery of the savings and the track record of delivering more savings as the financial year develops with focussed executive management actions, Directors of Finance are content to present this as a balanced financial plan.

	AWP £k	NBT £k	UHBW £k	BNSSG ICB £k	BNSSG System £k
Risks					
Unidentified 2023/24 Savings	(£2,200)	(£2,803)	£0	(£1,470)	**(£6,473)**
Non-delivery of identified savings	(£5,150)	(£8,159)	(£10,011)	£0	**(£23,320)**
Unidentified savings - Sirona				(£2,800)	**(£2,800)**
UEC Plan (net)				(£7,900)	**(£7,900)**
Local Authority cross charges				(£4,700)	**(£4,700)**
Underlying Position - CHC activity				(£3,000)	**(£3,000)**
FIT test funding		(£3,200)			**(£3,200)**
ESRF under-delivery			(£8,000)		**(£8,000)**
Band 2 to Band 3 beyond HCA		(£1,000)			**(£1,000)**
Loss of Local Authority Income	(£300)				**(£300)**
Total Risks	**(£7,650)**	**(£15,162)**	**(£18,011)**	**(£19,870)**	**(£60,693)**
Mitigations					
Sirona vacancy rate and n/r actions				£2,800	**£2,800**
Reduce HomeFirst/UEC investment plan				£7,900	**£7,900**
POD Delegation - Dental Clawback Reserve				£1,700	**£1,700**
National pay award impact on non-NHS care market				£2,000	**£2,000**
ESRF Productivity		£4,000	£8,000		**£12,000**
Further slippage on Strategic & Health Inequalities investment				£2,253	**£2,253**
Identified mitigations	**£0**	**£4,000**	**£8,000**	**£16,653**	**£28,653**
Net risk after identified mitgations	**(£7,650)**	**(£11,162)**	**(£10,011)**	**(£3,217)**	**(£32,040)**
Further 2023/24 Savings identification	£2,200	£2,803	£0	£1,470	**£6,473**
Unidentified N/R Slippage	£5,450	£8,359	£10,011	£1,747	**£25,567**
Unidentified Mitigations	**£7,650**	**£11,162**	**£10,011**	**£3,217**	**£32,040**
Net Risks & Mitigations	**£0**	**£0**	**£0**	**£0**	**£0**

As the plan relies on a significant level of non-recurrent action there is an unquantifiable risk that actions may not meet audit requirements, such as valuation of assets and liabilities.

There are unquantifiable mitigations relating to further national and NHSE Spec Comm funding sources becoming available in year; and also excess inflation levels reducing in line with national macro-economic conditions.

The plan assumes the 23/24 pay award settlements negotiated between NHS Unions and Government are fully funded.

Elective Services Recovery Funding

The ICB target of average 103% of 19/20 value weighted activity across the year, is assessed as deliverable. As this funding stream is now variable there is an operational risk

of under-achievement, however current performance trajectories included in the operating plan could equally lead to over-achievement and bring additional funding to the system. Careful management to ensure costs are flexible and that additional activity delivers a marginal benefit to the system will be required.

It is notable that the route to a balanced plan, whilst always stretching and challenging is more advanced than in previous financial years, and the benefits of medium-term financial planning, early joint operational planning, system working, and more certainty in NHSE allocations since the Covid pandemic are being realised.

6. System approach to Capital planning

The ICB Estates Steering Group has developed a system approach to prioritise and allocate NHS capital funding between projects and NHS partner organisations. This has enabled us to take a more balanced and targeted approach to capital investment to support delivery of our shared strategic and operational objectives.

During the planning period, the ICB Estates Team has developed and facilitated the process which was then implemented. A 2-year capital plan has been proposed with ongoing work through Q1 and Q2 of 2023/24 being undertaken to develop a system level ICS Estates Strategy, with a 10-year prioritised capital plan at its heart.

At an initial workshop in September 2022, a set of principles were produced to determine which schemes are system-level investment decisions and which can be agreed locally at organisational-level. These principles were then refined and approved. These principles are:

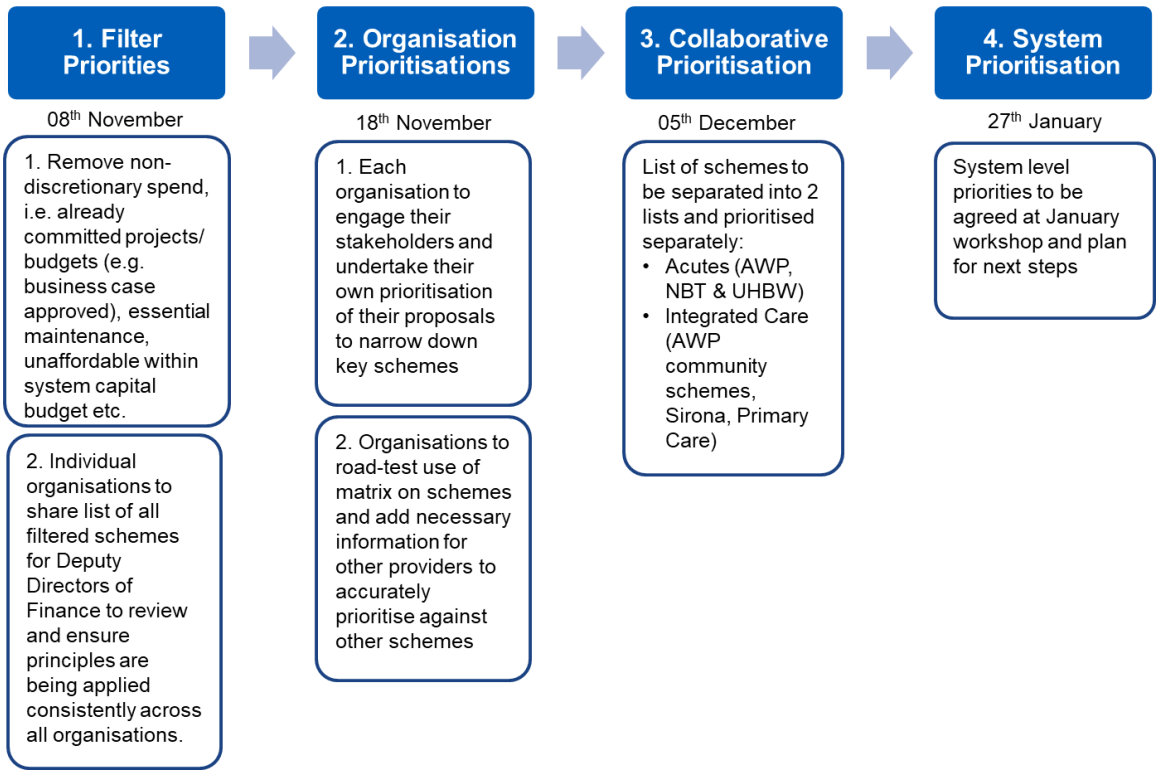
1. Organisation Level Decisions:

- Maintenance – critical risk items (organisations to agree risk tolerance for consistency)
- General Equipment replacement (excluding major diagnostic kit)
- Minor redevelopments – threshold for minor developments are schemes under £1m

2. System Level Decisions:

- New office / admin space
- Major redevelopments
- Major digital systems
- Additional operating theatres
- Outpatient / clinic / consulting space & waiting rooms
- Additional beds (beyond ward reconfiguration that might give marginal gain)
- Diagnostics – location and major kit replacement
- Acquisitions and disposals of buildings
- Lease break clauses and renewals
- New leases

Using these principles, the following process and milestones were devised:



The challenges encountered in implementing this process resulted in the decision to develop an initial 2-year plan which would focus on:

- Delivery of “pre-commitment” projects. i.e. projects that are already in the construction stage, or have funding allocated to them via a system approved business case.
- Acute Trust major diagnostic equipment replacement, and critical backlog maintenance
- Priorities for Integrated Care - those bids agreed by the Integrated Care collaborative estates group to be of highest priority.

The following schedule sets out the allocation of available system capital funds that were approved by the Board and submitted in our plan for 2023/2.

Organisation	Financial Year	2023/24 (£m)	2024/25 (£m)
AWP ***(pre-commitment)***	Callington Road Redevelopment (BNSSG STP wave 3)	6.9	2.2
NBT ***(pre-commitment)***	BNSSG Elective Care Centre	7.5	7.5
System-wide	Net Zero projects - to be prioritised by Green Plan Steering Group		3
Primary Care	Minor Improvement Grants (MIGs)	0.3	0.3
Primary Care	Additional capacity in Connexus PCN		6
Primary Care	New GP facility on Central Weston Rugby Club site (Pier Health PCN)		2.58
Sirona	New health facility on Central Weston Rugby Club site	1.5	1
UHBW and NBT	Major diagnostic equipment replacement, critical backlog maintenance (not covered by 80% depreciation)	11.8	9.4
UHBW	Additional sum to support major diagnostic equipment replacement & critical backlog maintenance	1.422	0.36
NBT	Additional sum to support major diagnostic equipment replacement & critical backlog maintenance	0.711	0.18
AWP	Additional sum to support major diagnostic equipment replacement & critical backlog maintenance	0.237	0.06
UHBW ***(pre-commitment)***	Adult ICU	4	
UHBW ***(additional pre-commitment)***	Strategic Infrastructure	1.83	
UHBW ***(additional pre-commitment)***	CT Scanner	2	
UHBW ***(additional pre-commitment)***	Education Centre	0.7	
	Available System Capital (£m)	**32**	**32**
	Total Planned Spend (£m)	**38.9**	**32.6**
	Remaining Annual Budget (£m)	**-6.9**	**-0.6**

It is proposed that the ICB Estates Steering Group together with representatives from Medical Equipment services and representatives from the Digital Delivery Board lead an annual process of reviewing and checking that agreed priorities within the 10-year capital plan are still relevant and appropriately prioritised. The group will also be responsible for managing the reprioritisation of projects within the plan for system capital as well as the pipeline of projects for potential bidding opportunities.

7. Dependencies and Risks

The following key risks to the development and delivery of our System Operational Plan have been identified, along with appropriate mitigations:

1. **Clarity of system governance/ decision making:** Delays in making decisions, setting ambition, prioritisation, sign off of plans.
    a. Implementation of HCIGs/ SROs and establish role in supporting planning
    b. Interim - identify groups and Execs by Theme to support delegated approval of plans
2. **Health Inequalities (HI):** Support teams to assess and mitigate the impact of their plans on HI (outcomes, experience, access) to align with ICS principle.
    a. Equality Impact Assessment on elements of plan
    b. Identify/ monitor/ report/ challenge on HI metrics
3. **Workforce availability (including voluntary workforce):** High turnover, attrition, industrial action restricts ability to deliver the operational plan. There are some critical roles, for example, Mental Health and Learning Disabilities nurses.
    a. Reduce attrition and turnover (addressing racism and discrimination against staff)
    b. Improve recruitment (language of adverts to ensure it is not putting people off)
    c. Key Worker Accommodation investment
    d. Communicate benefits of careers
    e. Planning to deal with impact of Industrial Action
4. **Cost of living increase:** Results in greater demand on services, compromises our ability to deliver plan, increased costs, fall in ESRF, degradation in staff morale, increase in inequalities in population.
    a. Monitoring and prioritisation of activity
    b. Monitoring of financial position
    c. Staff wellbeing proposals
    d. Identify/ monitor/ report/ challenge on HI metrics
5. **More people waiting longer:** Increase demand across system, more GP visits, additional care costs to support waiting, more ED visits, more unplanned admissions.
    a. Monitoring and prioritisation of activity
    b. ‘Better waiting’ initiatives
    c. Identify/ monitor/ report/ challenge on HI metrics

6. **Data Quality:** Owing to data quality issues we may not know what is working and will have difficulty evaluating/ prioritising. We might decide to stop/ continue the wrong things. We will have less visibility of the impact on health inequalities.
    a. Data sharing/ validation
    b. Shared Data Planning Platform programme
    c. Identify/ monitor/ report/ challenge on HI metrics
7. **Reduction in Local Authority budgets:** Some services may no longer be funded, so people might not receive these services. Result in greater demand on NHS funded services, people with higher levels of need. Greater impact on Indices of Multiple Deprivation, disability, Learning Disabilities, or other measure of inequality. Potential to exacerbate health inequalities in our population.
    a. Consideration of funding non-traditional services but recognising trade-off in availability of healthcare services if take on cost shift from LAs eg S117 aftercare
    b. Identify/ monitor/ report/ challenge on HI metrics

Our system executive group note that our efforts to identify, monitor, report and challenge on Health Inequality metrics is a common mitigation to multiple risks and should be prioritised.

All the thematic planning areas are highly dependent on workforce, creating a significant risk of delivery due to the high turnover and attrition within the system. The People programme are mitigating the risks with actions to reduce attrition and turnover, as well as to improve recruitment, reviewing the role of key workers; communicating benefits of carers; and reviewing accommodation investment. Despite this, adequate supply of suitably qualified and experienced workforce remains the key constraint and focus of our planning efforts and have framed all discussions during this planning round.

There are considerable interdependencies between mental health, children & families, primary care, community services, urgent care, and elective care. Programmes such as children and mental health will cross over and interface with all age urgent care programmes, meaning that urgent care performance such as Emergency Department (ED) attendance and admission will depend on initiatives from mental health, primary and community transformation, children and families, elective care planning and Local Authorities' interventions.

The Planning Team sought to identify risks to the delivery of the Operational and Joint Forward Plans throughout the planning process. Following review, the detail of the risks will be discussed and confirmed with the relevant owner, to include risk assessment, identification of current mitigations/ controls, and identification of the means of monitoring the controls during the operational period.

8. Next steps

Our focus now moves to the delivery of the plans, and we are developing our ways of working with the nascent Health and Care Improvement Groups to support this, and to prepare for future planning activities. We will hold a system senior leadership engagement event in late Spring to clearly articulate the expectations of the plan on those holding these roles, and to define the role for the Health and Care Improvement Groups (HCIGs) in enabling this function. In addition, we will outline the role of the ICB Board assurance committees in assuring the delivery of the system operation plan.

We are keen to ensure we make maximum use of the learning opportunities presented by the development of this system plan. We have developed a feedback form and have been proactively seeking constructive feedback from all groups involved in system planning. We have sought to identify what worked well, what should be improved, and to collate examples of good practice from across the system and beyond.

We will use the learning identified to inform the development of our system annual planning cycle which will support future iterations of both the JFP and operational planning going forward, integrating and aligning with our system Strategy.

We have received feedback from NHSE on the submission of 30th March and will review our plans and amend where appropriate prior to the resubmission of 4th May. In addition, we will use the opportunity to collate and provide feedback to NHSE on the planning processes.

9. Financial resource implications

Workforce implications have been considered in Section 4. Finance resource implications have been considered in Section 5.

10. Legal implications

NHS Operational Priorities and Planning Guidance was released by NHSE in December 2022. Further supplementary information has been received throughout January to April 2023. At time of writing, the Primary Care recovery plan remains outstanding.

11. Risk implications

The risks to the delivery of the operational plan have been described in Section 6.

12. How does this reduce health inequalities?

The planning process specifically challenges each contributor to articulate the impact of their actions on health inequalities. A first picture of these impacts was captured during Planning Day 1 on 1 November 2022. At Planning Day 2 in December, we asked each team a series of targeted questions based on the Equality Impact Assessment of the plan, as detailed in Section 3. At Planning Day 3 in February 2023, we sought to confirm the HI

priorities and metrics across each theme. Different themes responded with differing levels of detail. The responses have been collated and summarised at Section 3. We will continue to work with teams and our Clinical Effectiveness and BI colleagues to articulate the effects of their work in reducing Health Inequalities as the planning process progresses.

13. How does this impact on Equality and Diversity?

The outputs from the system planning activities have been used to develop a list of impacts and actions to address Equality and Diversity, based on the format of an Equality Impact Assessment. Where appropriate, mitigations will be identified, and management responsibilities assigned.

14. Consultation and Communication including Public Involvement

Patient and Public involvement has been incorporated into the development of the system strategy, which will in turn inform the development of the system Joint Forward and Operational Plans.

A Planning communications plan was developed to identify stakeholders, key messages, communication channels and frequency. This was reviewed throughout the planning period and will be updated to incorporate feedback gleaned from all those involved.

15. Appendices

1. Our system position against the national priorities as at 30 March 2023

16. Glossary of terms and abbreviations

All initials, technical terms and abbreviations have been explained and expanded in the paper.

Appendix 1: Our system position against national priorities – 30 March 2023

Area	Objectives	Assessment
UEC	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	Plan = meet target
UEC	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Latest plan does not meet target
UEC	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	Plan = meet target
Community	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	Plan = meet target
Community	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	No trajectory required / metric available
Primary Care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	No specific trajectory, BNSSG above national average
Primary Care	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	Plan = meet target
Primary Care	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Plan = meet target
Primary Care	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	No specific trajectory
Elective Care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	Latest plan does not meet target
Elective Care	Deliver the system- specific activity target (agreed through the operational planning process)	Plan = meet target

Area	Objectives	Assessment
Cancer	Continue to reduce the number of patients waiting over 62 days	Plan = meet target
Cancer	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Plan = meet target
Cancer	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	No trajectory required / metric available
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%, and regional target of 85% for March 2024	Not met in all disciplines
Diagnostics	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	No trajectory required / metric available
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	No trajectory required / metric available
Maternity	Increase fill rates against funded establishment for maternity staff	No trajectory required / metric available
Use of Resources	Deliver a balanced net system financial position for 2023/24	Refer to Section 5
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	Refer to Section 4
Mental Health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Plan = Does not meet target
Mental Health	Increase the number of adults and older adults accessing IAPT treatment	Plan = Meet target
Mental Health	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Plan = Meet target

Area	Objectives	Assessment
Mental Health	Work towards eliminating inappropriate adult acute out of area placements	Plan = Amber
Mental Health	Recover the dementia diagnosis rate to 66.7%	Plan = Meet target
Mental Health	Improve access to perinatal mental health services	Plan = Meet target
People with LD + A	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	Plan = Meet target
People with LD + A	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	Plan = Meet target
Health Inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024	No trajectory required / metric available
Health Inequalities	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	No trajectory required / metric available
Health Inequalities	Continue to address health inequalities and deliver on the Core20PLUS5 approach	No trajectory required / metric available