Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Thursday 7 December 2023
Time: 12:30
Location: Teams Meeting

Agenda Number :	5	
Title:	Chief Executive Update – December	
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)	Yes/No

Purpose: For Information

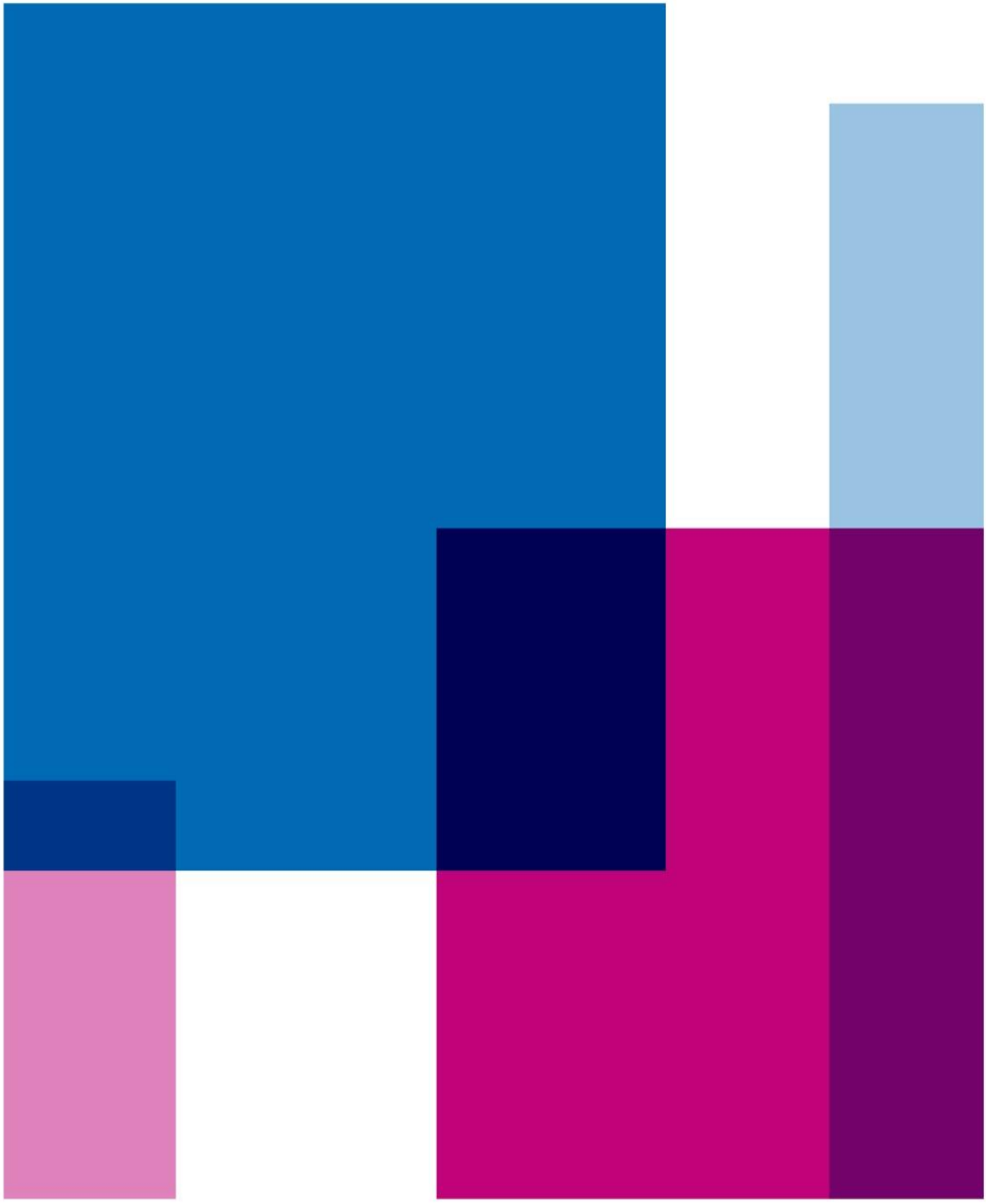
Key Points for Discussion:

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.
The main areas of discussion this month are;

- **ICB Organisational Structures**
- **Winter update**
- **Acute Provider Collaborative**

Recommendations:	To note the current position
Previously Considered By and feedback :	No other groups
Management of Declared Interest:	No declared interest

Chief Executive Briefing – December 2023



Shaping better health

Purpose

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues since the last board meeting, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- **ICB Organisational Structures**
- **Winter update**
- **Acute Provider Collaborative**

ICB Organisation Structures

As agreed at the May 2023 Board Meeting we are taking an engaged approach to the reorganisation of the ICB as is required by NHS England to ensure that running cost reductions are achieved.

In March 2023 NHS England wrote to all ICB's to advise us that we needed to reduce our running costs by 30%; the formal request is for this to be delivered in two stages - 20% to be delivered by the end of 2024/25 and 10% to be delivered by the end of 2025/26.

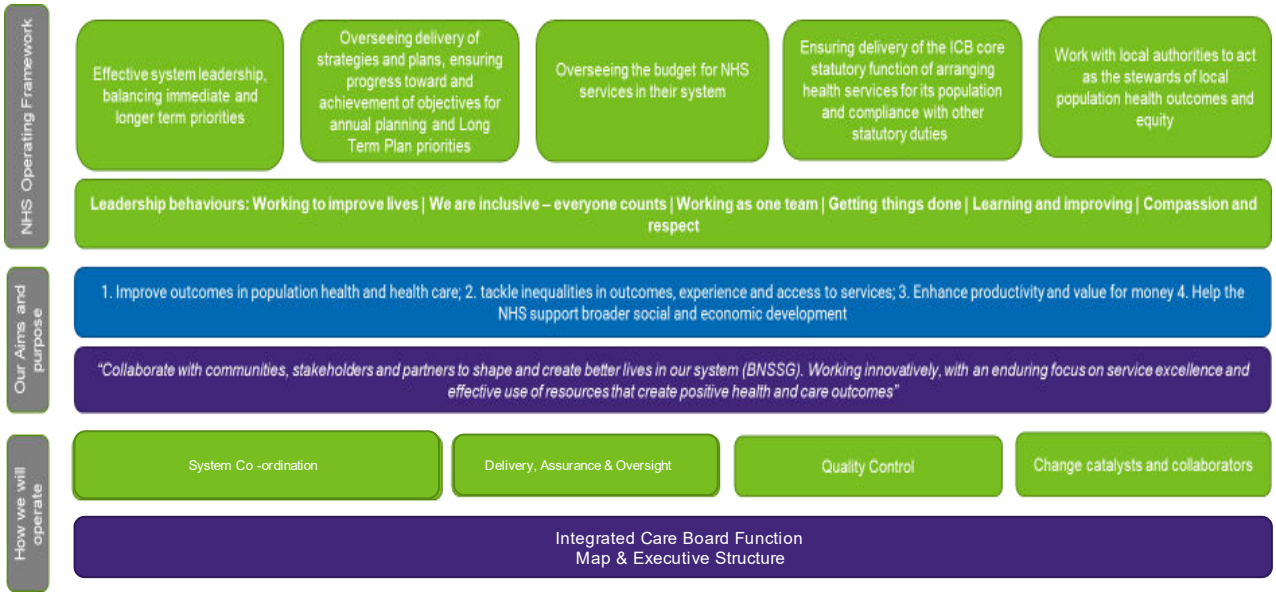
We are approaching this as a single stage process of restructuring the ICB to achieve the required savings – this is to create the headroom to plan and balance the books in the second year. NHSE require us to have an agreed final plan by March 2024 to achieve the whole of the 30% reduction.

NHSE have confirmed, that whilst they will seek assurance from ICBs that plans are on track on a regular reporting basis, the governance and decision making for how the RCA efficiencies are achieved sit within the ICB.

The work undertaken by ICB staff, system partners and supported by NECS has culminated in the development of a collaborative purpose statement and new BNSSG ICB operating model.

The operating model is set within the wider context of the NHS national and regional requirements, it is built to enable the future delivery of the ICP Strategy through clearly articulating the purpose and aims of the ICB, its role and how it will operate.

BNSSG ICB Operating Model



In support of the operating model a number of high-level function maps and executive structures were consulted on at the Executive layer of the organisation only. Following consultation, the function map and executive Chief led structure were agreed and executive directors confirmed into Chief Officer roles.

Having undertaken the first phase of organisational change we are now focused on the next phase of change, encompassing all staff, with the exception of the Executive layer. Subject to Board Approval, this consultation will be open from 11th December 2023 and run until 24th January 2024.

The consultation proposals are being shared with all ICB staff. It is important to recognise that these are proposals only at this stage. Feedback will be considered and may mean changes to current proposals.

These are very challenging times for all of us and whilst we review and revise our operating model, our staff are continuing to do the day job and deliver on key pieces of work to improve the lives of the population.

Winter Update

As explained in previous reports, winter planning began at the start of the year and we have allocated approx. £40m extra recurrent investment to high-impact urgent/emergency care and discharge/rehab interventions which ramp up during the challenging winter months

Our plans will help to reduce unnecessary hospital admissions by delivering more urgent care outside of hospitals and helping emergency patients return home on the same day (£16.5m extra investment). They will also support faster hospital discharge and reduced length of stay through improved discharge planning and extra community rehab capacity (£20m extra investment)

Other schemes allocated extra investment include ARI hubs, system CAS and SWAST additional crews (£4.1m)

A 24/7 System Co-ordination Centre has been launched to monitor system capacity and performance, and bring partners together to manage winter pressures

- Urgent and emergency care schemes:
    - Expansion of **Urgent Community Response** teams, providing urgent care to people in their own homes to reduce hospital admissions (approx. £1m of additional winter investment)
    - **System Clinical Assessment service**: Expansion of clinical team working with NHS 111 to assess and treat patients who would otherwise be routed to ED/999 (additional planned investment of £1.4m FYE.)
    - Expansion of **Same Day Emergency Care** (SDEC) services at each of our three hospitals, providing senior clinical review, diagnostics and treatment to enable patients to return home the same day and minimise the number for overnight admission (£3.6m FYE)

- Home first/discharge schemes:
    - **Discharge to Assess**: Increased community rehab capacity, with a focus on home-based pathways to support faster discharge and reduce hospital length of stay (£5.6m FYE.)
    - **Transfer of Care hubs** at each ED: increasing multi-agency capacity for discharge planning from hospitals, to support faster discharge from hospital (£5.7m FYE across three hospitals)
    - **NHS@Home/Virtual wards**: Increased virtual ward capacity to support admission avoidance and earlier discharge (£7.2m FYE)

- Other schemes, with non-bed impact
    - **Community Acute Respiratory Infection** (ARI) – dedicated PCN sites to manage patients with acute respiratory infections (£0.6m FYE)

- Additionally, we have invested in comprehensive staff flu and Covid vaccination to protect our workforce over the winter period and continue to deliver vaccinations to our local communities.

Summary at the end of November

- Following system pressures in October, very high levels of escalation capacity have been in use throughout the month, peaking at over 100 beds towards the end of November. This has made the system fragile to variations in rates of demand or discharge.

- Both acutes reported Operational Pressures Escalation Level (OPEL) 4 on 28th November having been OPEL 3 the rest of the month.

- Category 2 ambulance response times have improved to within the 30min target in the latter half of November, following worse performance in the first week of the month. SWAST resourcing has improved in November which has contributed to this.

- Handover delays have improved in November to be broadly within plan, although each site has experienced 1-2 days of excessive delays during the month.
- 12 hour decision to admit (DTA) delays have increased at the end of November.
- Non-elective admissions have varied but show no clear trend.
- NBT no criteria to reside (NCTR) increased by c.20% mid-November, but has since reduced.
- UHBW NCTR bed days improved for 5 weeks but have now grown by c.15% towards the end of November, and is at their highest level since March 2023. This growth has been seen in both acute and community delay codes.
- UHBW Pathway 0 (i.e. non-complex) discharges are 5-10% higher than the year to date average. NBT is in the process of creating a data flow for Pathway 0 data to share with the wider system.
- Growth has been seen in Discharge to Assess (D2A) Pathway 1 and Pathway 2 acute waiting list towards the end of November.
- NCTR patients within Pathway 1 in the community have reduced from circa 80 in October to 50 at the end of November, the lowest in over a year; Pathway 2 NCTR has remained fairly static at around 50 patients.
- General practice continues to develop its OPEL framework including plans to systematically share GP activity data and OPEL action cards with the System Control Centre. Daily GP telephony data is shared in the system live dashboard.

Vaccination Update

- One of the key tools to a safe winter will be our ability to ensure that vaccination uptake is high. The **deadline for Covid-19 vaccinations has been pushed back to 31 Jan**, although the national booking service/119 will close on 15 December. We were planning to continue offering C19 to people from Core20PLUS5 populations, plus some lower uptake areas and pregnant women, so will just widen this offer. People will have to walk-in to Community Vaccination Clinics or book at a pharmacy. GPs will all stop on 15 Dec.
- We are running an **advert for two weeks on Ujima radio**, along with some presenter 'Live Reads' to promote specific walk-in clinics in Inner City Bristol. These should start this week. This was always in our plan, but also supports a request from NHSE to target Inner City Bristol due to low uptake.

Acute Provider Collaborative

North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) have announced their decision to move to a Joint Chair and Joint Chief Executive as the first and important step on a journey to establish a Group model within the next two years.

Whilst this is not a merger, the move demonstrates clear commitment from both organisations to formally create an environment which enables a deeper partnership, strengthens collaboration, and enables delivery of a Joint Clinical Strategy. Working as a Group will also enable the Trusts to join forces to address shared challenges while still retaining the flexibility to serve their unique communities.

These changes are crucial to unlock significant benefits for staff and patients - improving access, experience and outcomes, addressing inequalities and supporting the wider community through the Trusts' responsibilities as anchor institutions.

The Trusts will be launching their Joint Clinical Strategy in the New Year, and aim to appoint a Joint Chair in March with a Joint Chief Executive following shortly thereafter.

This is a direction of travel which I fully support and will drive real benefit for our system as a whole.