

BOARD MEETING

Date of Meeting: 9 January 2023	Agenda item: 13
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Title of Paper: 23/24 Operational Planning Guidance Summary
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Paper is for: (Please ✓)	Discussion	✓	Decision		Information	✓
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<p>Executive Summary</p> <p>The Operational Planning Guidance was published by NHS England on 23rd December 2022. The guidance is brief and seeks to continue themes of focus from 22/23. The guidance contains key objectives for service areas across 23/24. A summary is provided in the paper together with information on the present position across the integrated care system on some of these objectives to give a sense of the improvement planned</p> <p>Further detail and key actions are contained in the annex of the Operational Planning Guidance</p> <p>It is proposed the BOB Operational Plan aligns to the National ambitions set out within the guidance whilst remaining realistic related to areas where baselines are a long way off target and ensuring local priorities are reflected</p> <p>Details of ICB allocation are due in January but at a national level allocation [including COVID-19 and Elective Recovery Funding (ERF)] is flat in real terms with additional funding available to expand capacity.</p> <p>The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.</p> <p>The Executive Management Committee and ICB Board will be used as the two ICB groups to sign off the 23/24 Operational Planning submission. Partner Trusts will define their own governance process prior to the Trust Board providing sign off for their organisational level plans.</p>
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<p>Action Required</p> <p>The Board Members are asked to</p> <ul style="list-style-type: none"> • Note the requirements of the 23/24 Operational Planning guidance • Agree the proposed approach to developing the BOB 23/24 Operational Plan
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Date of Paper: 6th January 2023

Conflicts of Interest

The agreement of the Operational Plan will have an impact on organisations led by members of the Board (NB, NM) and ICB funding contributes to the pooled budgets managed by Oxfordshire County Council and the contract held by GP practices, so SC and SJ are potentially conflicted. The perspective of these members is an important aspect to development of our priorities and plans.

No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	✓
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

23/24 BOB Operational Planning

Context

1. The [NHS 2023/24 priorities and operational planning guidance](#) was published on the 23 December 2022.
2. The guidance outlines key objectives and national ambition for core NHS services.
3. The 23/24 Operational Planning Guidance was published at the same time as the [Joint Forward Plan \(JFP\) guidance](#)
4. It is essential that both planning requirements, operational planning for 2023/24 and the longer-term planning of the JFP are considered together given the potential for overlap and duplication

Summary of the 23/24 Operational Planning Guidance

5. The national guidance outlines three key tasks for 2023/24;
 - a. To recover our core services and productivity
 - b. Make progress in delivering the key ambitions in the NHS Long Term Plan.
 - c. Continue transforming the NHS for the future.

Timescales for submission (see Annex 1)

6. ICBs and their partner Trusts have a duty to prepare operational plans prior to the start of the financial year 2023/24.
7. Numerical templates are due to be released week commencing 9th January.
8. Draft submissions are due week commencing 20th Feb with final versions due week commencing 30th March¹

Submission Documents

9. Operational Planning over the past 3 years has used a 'System by Default' approach with templates collated and submitted at a System level including
 - a. Activity and Performance
 - b. Workforce
 - c. Finance
10. These templates have not yet been released it is unlikely that there will be a deviation from the templates listed
11. In addition to the templates listed above the ICB will submit a narrative document to include key actions and enablers in delivering the trajectories set out within the numerical templates along with key risks and mitigations

¹ These dates are provisional

Objectives of the Operational Plan

12. National objectives related to recovering our core services and improving productivity are summarised below, some include the current position within BOB.

13. Urgent and emergency care

- 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
 - BOB providers have averaged 60% over the past few challenging months
- 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
 - SCAS provide the ambulance response for BOB and for planning purposes. Current Category 2 response times are between 1 hour and 1.5 hours and the validated data from November 2022 shows an average of 28 mins.
- Reduce adult general and acute (G&A) bed occupancy to 92% or below
 - BOB averaged 96.3% through October 2022. National best practice is an 85% occupancy level

14. Community health services

- Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
 - BOB consistently meets this target (87.9% in September 2022)
- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals

15. 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
- Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
 - BOB currently delivers the highest number of GP appointments per 10,000 of the population in the SE²
- Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
 - For BOB this will mean achieving performance of 51.29% of the population attending a Dentist within a two-year period (high point in April 2019) 883,941 people if applied to the current of population of 1,723,417 we are currently we're at 713,306 people (41.39%)
 - In terms of pre pandemic activity current forecasts are to achieve 71% of our total contract UDA value of 2,181,497
 - Early discussions started with Local Dental Networks regarding recovery indicate we should not underestimate the challenge

² 5,547 per 10k population (October 2022)

16. 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)
 - In June 21 BOB had over 8,000 patients waiting over 65 weeks in December 22 that figure has been reduced to 1,722
- Deliver the system- specific activity target (agreed through the operational planning process)

17. Cancer

- Continue to reduce the number of patients waiting over 62 days
 - Although BOB has shown continuous improvement over the past few months as at the end of November over 12% of patients were waiting over 62 days – the highest proportion in the South East Region.
- 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
 - BOB generally trend around the 75% mark; the latest data October 22 shows 72.3%.
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

18. Diagnostics

- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
 - Has been trending in the wrong direction in BOB through 2022, 16.7% patients waiting over 6 weeks in October 2022.
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

19. Maternity

- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury
 - The BOB (Local Maternity & Neonatal System) LMNS holds a monthly compliance group, which the trusts attend and where good practice can be shared. Each trust has an Ockenden action plan which they are progressing, we receive updates on the progress and this is reported to the LMNS and to NHSE Region as part of the Regional Maternity and Neonatal Safety and Concerns Group. The LMNS also funded a post for a 'Compliance Lead' in each maternity service, which is a senior post with a designated role, to apply tight scrutiny and oversight of their trusts maternity care and to report issues in an unbiased way, to hold the trusts to account at every level.
- Increase fill rates against funded establishment for maternity staff
 - Increased capacity for more midwives is welcomed. However, BOB trusts compete for midwives against areas that offer High-Cost Area Allowance, and this can deter midwives as BOB trusts do not offer the allowance, yet are still very expensive areas to live. Each trust has completed an assessment of their midwifery birth-rate staffing establishment and have made plans to recruit onto those posts. Staffing assessment reports are

reviewed at trust level and shared with the LMNS every 6 months. A system wide maternity and neonatal workforce forum has been set up to meet monthly with a focus on recruitment, retention, and upskilling.

20. Mental health

- Improve access to mental health support for children and young people (CYP) in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
 - The ICS had CYP access of 17,000 in June 2020, since then the trajectory has tracked above target with 21,400 in June 2022 (12 month rolling).
- Increase the number of adults and older adults accessing IAPT treatment
 - The number varies month on month BOB exceeded target in 8 of the past 18 months, latest data point shows numbers accessing services 2,690 vs target of 3,574 (October 2022). Our access rate based on October is 5.44% which is below the current target of 6.25%
- Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
- Work towards eliminating inappropriate adult acute out of area placements
 - BOB recovered this to under 800 in March 22 from over 2,000 in March 21, unfortunately this number has been increasing from March 22 up to 1,400 in September 22.
- Recover the dementia diagnosis rate to 66.7%
 - Through 2022 BOB consistently achieves 59% correct diagnosis rate (59.7% in Sep 2022)
- Improve access to perinatal mental health services
 - BOB has improved access month on month from March 21, with the number of women accessing services increasing from under 1,000 in March 21 to over 1,300 in September 22.

21. People with a learning disability and autistic people

- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
 - BOB ICS performed 38.7% of Annual Health Checks to November 2022 with 32.8% health action plans. The trajectory for November based on last year performance is 38.5% which brings BOB ICS on trajectory.
- 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
 - Adults ICB and specialist commissioning: target for 22/23 Quarter 4 is 37, currently at 56
 - CYP: target for 22/23 Quarter4 is 8, currently at 11

22. Prevention and health inequalities

- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
 - BOB achieved 71.2% for age 0-79 years and 82.5% for over 80 years over the past 12 months, actions underway to continue improving the number of patients
 - BOB Integrated Cardiac Delivery Network (ICDN) & BOB CVD Prevention group established
 - Initial focus on those practice/PCNs that are below 50% in achievement of target and are in known areas of deprivation
- 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%
 - In March 22, 56.2% of identified patients in BOB were on lipid management therapy
- Continue to address health inequalities and deliver on the Core20PLUS5 approach
 - BOB has a well-established Health Inequalities programme setup to achieve our broad ambitions
 - Reduce premature deaths across the system (for under 75s)
 - Halve the life expectancy gap between the most and least deprived communities
 - Increase health life expectancy by 10%

23. Workforce

- Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
- Request to refresh 2022/23 workforce plans to support local plans and pressures

24. Use of resources

- Deliver a balanced net system financial position for 2023/24
- Meet the 2.2% efficiency target
- Reduce Agency to 3.7% of total wage bill
- The guidance outlines a need to drive productivity through workforce flexibility, theatre utilisation, corporate running costs, procurement, and medicines optimisation
- Formal allocations are due to be issues in detail during January

25. Digital

- Use forthcoming [digital maturity assessments](#) to measure progress towards the core capabilities set out in [What Good Looks Like](#) (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.
- Put the right data architecture in place for population health management
- Put digital tools in place so patients can be supported with high-quality information that equips them to take greater control over their health and care.

ICB Governance

26. The Operational Planning governance will align with the governance for the Joint Forward Plan through the 'Executive Planning Group'. The Executive Management group will provide input to and assurance of the Operational Plan.
27. The 'Operational Planning Group' brings together the planning leads from all 5 provider Trusts who will own their Trusts input into the System plans as well as ensuring Trust Board sign off
28. The 'System Leads Group' will utilise the expertise of those most directly involved in the development of the strategy delivery plan (Prevention / Inequalities, Primary Care, Long Term Conditions, Mental Health / Children and Young People), including Place Director (TBC). Others will be included in the group as required
29. System plans should be triangulated across activity, workforce, and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023.
30. Further work is required to align the ICB planning timeline with partner trust board dates and ICB Board for approval and sign off prior to the end of March 2023

Next Steps

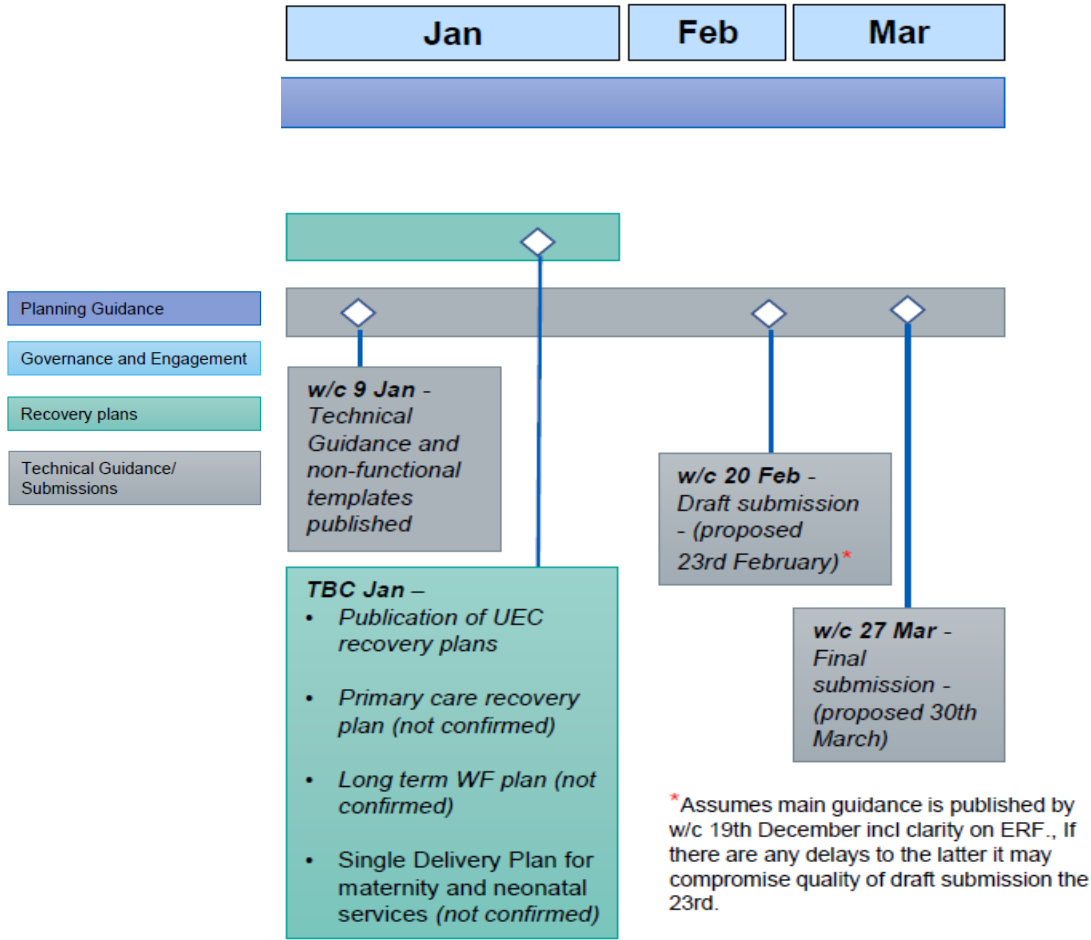
31. Continue collaboration with system partners to digest the guidance and discuss assumptions to achieve alignment
32. Receive and distribute planning templates when released
33. Revert with first cut of assumptions related to activity, workforce, and finance³

Asks of the Board or of members present

34. The Executive management Committee is asked to:
 - a. Note the summary and objectives of the 23/24 Operational Planning guidance
 - b. Agree with outlined ICB governance and next steps

³ Dependent on date of release and design templates

Annex 1. Draft Timeline



**Draft timeline is for System submissions; these dates will be altered for dissemination to providers to build slippage into the planning process*