

BOB ICB BOARD MEETING

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| Title | Operational Plan 2023/24 | | |
| Paper Date: | 04 May 2023 | Meeting Date: | 16 May 2023 |
| Purpose: | Information / Approval | Agenda Item: | 11 |
| Author: | Ben Gattlin, Head of Performance | Exec Lead/ Senior Responsible Officer: | Matthew Tait, Interim Chief Delivery Officer |
| Executive Summary | | | |
| <p>The paper provides an updated summary of the latest draft of the Buckinghamshire, Oxfordshire, Berkshire (BOB) Integrated Care System (ICS) 2023/24 Operational plan submission. The latest BOB plan was submitted to NHS England (NHSE) on the 4 May. The board are asked to approve the activity and workforce plans outlined and note further actions identified which may still be subject to further NHSE review. The board signed off the Integrated Care Board (ICB) financial plan in March and further discussion is taking place with NHSE regarding NHS ICS partners financial plans.</p> <p>Key Changes from the March Board paper are:</p> <ul style="list-style-type: none"> • Activity – value weighted activity has moved from 95.7% to 104.4%. • Dementia diagnostic rate is now compliant at 66.8%. • Cancer Performance – patients waiting over 62 days for treatment has reduced from 271 away from target to 39 patients. • Workforce numbers have reduced from planned growth of 1.9% to 1.7% March 2023 to March 2024. • Workforce numbers have reduced from planned reduction of -0.2% to -0.3% WTE (Whole Time Equivalent) March 2023 versus the average of 2023/24 monthly plans. <p>Across the ICS, NHS partners' plans include:</p> <ul style="list-style-type: none"> • Workforce growth of 1.7% March 2023 to March 2024. • Delivering 104.4% of value weighted elective activity when compared to the 2019/20 activity level. The national target is 109%. • Eliminate waits for elective treatment of more than 65 weeks by March 2024 as per national ambition. • Improving delivery of the 4-hour standard to 76%. • An expansion of virtual wards and urgent community response capacity. • Increased primary care appointments and an increase in appointments offered within two weeks. • An improvement in cancer care access times. • Targeted investment in health inequalities. • The financial plan outlines a balance position for the ICB. | | | |
| Action Required | | | |
| <p>The board are asked to:</p> <ul style="list-style-type: none"> • Note the contents of the draft operational plan submissions across ICS NHS partners. • Approve and support the ICB/S activity, workforce, and delivery plans. • Note further discussions continue with NHSE on the financial position of NHS ICS partners. | | | |
| Conflicts of Interest: | Conflict noted: conflicted party can participate in discussion and decision. | | |
| <p>The agreement of the Operational Plan will have an impact on organisations led by members of the Board (Nick Broughton, Neil Macdonald) and ICB funding contributes to the pooled budgets managed by Oxfordshire County Council and the contract held by GP practices, so Shaheen Jinah and Stephen Chandler are potentially conflicted. The perspective of these members is an important aspect to development of our priorities and plans.</p> | | | |
| Date/Name of Committee/ Meeting, Where Last Reviewed: | Development of the plan has been considered at Board workshops, the System Productivity Committee, and the Executive Management Committee. | | |

BOB ICB 2023/24 Operational and Financial Plan

Introduction and purpose of the paper

1. The purpose of this paper is to provide an overview of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System Operational and Financial Plan for 2023/24. Our plan aligns with the national 2023/24 operational planning guidance. A RAG (Red, Amber, Green) rating has been applied to indicate a high-level assessment for ICS plans compared with the national ambitions, Annex 1.

Context and background

2. The system has been on a recovery trajectory from the effects of COVID-19 on our activity and waiting lists. The focus through 2023/24 is to continue this recovery by using resources effectively, recruiting, training, and retaining staff.
3. The plans reflect the submissions made on the 4 May and have been reviewed and approved through respective partner boards.

Service area highlights and delivery

Health Inequalities

4. As part of the 2023/24 plan BOB has allocated £4m of funding to place based partnerships to support the CORE20plus5 approach and targeted local priorities.
5. Our place-based partnerships are developing local investment plans including:
 - a. Integrated Community Wellness Outreach Programme across Berkshire West including NHS Health checks, blood pressure monitoring, social prescribing, and health coaching.
 - b. In Buckinghamshire, supporting the Opportunity Bucks programme and investing in a more coherent outreach programme supporting the voluntary, community and social enterprise sector.
 - c. Oxfordshire Move Together Investment programme working with Active Oxfordshire to support increase levels of activity focusing on people with long-term conditions and people living in deprived areas.

Elective

6. The system is planning to continue to build additional activity beyond pre-pandemic levels. The focus for 2023/24 will be to continue to reduce long waiters, cutting to zero the numbers of patients waiting 65 weeks or longer by March 2024 and reducing the number of patients waiting more than 52 weeks.
7. Plans show that the overall waiting list for elective care will increase from 136,000 (December 2022 actual) to 146,000 (March 2024 plan). We will be working with Trusts to review these waiting lists to ensure that they are fully validated.
8. Our outpatients programme aims to increase the uptake of advice and guidance (A&G) along with virtual consultations and patient initiated follow ups (PIFU).

Table 1. 2023/24 Plan vs 2019/20 baseline

| Organisation | Plan (against 19/20 baseline) | | | | | | waits | |
|--------------------------------------------------------------|-------------------------------|---------|-----------------|-----------------|---------------|--------------------|-------|-----|
| | Elective | Daycase | Outpatients 1st | Outpatients FUP | wgt activity | completed pathways | | |
| | | | | | | | 52s | 65s |
| <i>Berkshire Healthcare NHS Foundation Trust</i> | | | | | | | | |
| <i>Buckinghamshire Healthcare NHS Trust</i> | 85% | 90% | 115% | 96% | | 87% | 2,310 | 0 |
| <i>Oxford Health NHS Foundation Trust</i> | | | | | | | | |
| <i>Oxford University Hospitals NHS Foundation Trust</i> | 83% | 90% | 104% | 108% | | 93% | 1,605 | 0 |
| <i>Royal Berkshire NHS Foundation Trust</i> | 82% | 98% | 111% | 106% | | 74% | 50 | 0 |
| <i>Buckinghamshire, Oxfordshire & Berkshire West ICB</i> | 83% | 92% | 109% | 105% | 104.4% | 85% | 4,142 | 0 |

Table 2. 2023/24 Plan vs 2022/23 actuals

| Organisation | Plan (against 22/23 actual) | | | |
|--------------------------------------------------------------|-----------------------------|---------|-----------------|-----------------|
| | Elective | Daycase | Outpatients 1st | Outpatients FUP |
| | | | | |
| <i>Berkshire Healthcare NHS Foundation Trust</i> | | | | |
| <i>Buckinghamshire Healthcare NHS Trust</i> | 119% | 111% | 105% | 97% |
| <i>Oxford Health NHS Foundation Trust</i> | | | | |
| <i>Oxford University Hospitals NHS Foundation Trust</i> | 102% | 102% | 99% | 99% |
| <i>Royal Berkshire NHS Foundation Trust</i> | 95% | 106% | 106% | 99% |
| <i>Buckinghamshire, Oxfordshire & Berkshire West ICB</i> | 103% | 105% | 102% | 98% |

Based on M1-M6 22/23 actual vs M1-M6 23/24 plan.

9. The system will focus on outpatient activity and productivity in quarter one and will also ensure waiting lists are accurate and effectively support prioritisation.
10. System plans have been updated to reflect higher a level of value weighted activity through 2023/34 (104.4%) compared with 2019/20. The draft plans displayed 95.7%. The increased value is driven by revalidating 2019/20 units of activity, adjusting activity correctly allowing for differences in working days per month and higher numbers of Elective and Daycase procedures undertaken by Oxford University Hospitals NHS Trust (OUH).
11. The value weighted activity percentage still falls short of the 109% target calculated nationally and as a result there is a risk that the funding directly allocated for elective recovery could be reduced.

Cancer

12. The system has submitted a trajectory that does not meet the revised target set of returning the number of people waiting 62 days or more for cancer treatment to the February 2020 level (514). At the draft submission stage, the system was forecasting 271 above the target. This was in part due to a holding position whilst Royal Berkshire NHS FT (RBFT) forecast the improvement impact of histopathology intervention (reduced throughput causing current operational performance issues). The system plans to reduce number of patients waiting over 62 days to 539 by 31 March 2024. Although this is 39 above the target set, the number of referrals and overall size of cancer patient tracking lists (PTLs) has grown over the past three years. It is expected that the percentage of patients waiting over 62 days as a proportion of the PTL (Patient Target List) will be lower than pre-pandemic levels (500 Feb 2020). As a system we plan to achieve the Faster Diagnostic Standard (FDS). The system has worked closely with the Thames Valley Cancer Alliance (TVCA) to increase the percentage of patients diagnosed with cancer at stage 1 and 2 in line with the ambition to achieve 75% in 2028.

Diagnostics

13. Through 2022/23 the System has achieved almost 110% of diagnostic activity vs the 2019/20 baseline although not at the national ambition of 120% this is in line with our operational plans for the 2022/23 year. As a system our submission for 2023/24 displays a realistic trajectory of an increase in total waiting list and decrease in those waiting over 6 weeks. Activity over and above 2019/20 levels this year and planned for 2023/24 sit within the imaging modalities (c110%) whereas Endoscopy modalities are in line with 2019/20 activity (c.100%). Elements of additional capacity are associated with the continuation of Community Diagnostic Centres.

Urgent and Emergency Care and Community Care

14. The system aims to improve Emergency Department (ED) 4-hour performance to deliver the minimum ambition of 76% during 2023/24. Hospital flow is key to delivering improvement in the ED. Our acute partners have implemented several strategies to improve flow from ED and have shared their ideas with each other to enable wider benefit across the ICS. Initiatives to improve flow are already underway and will continue through 2023/24. Bed occupancy remains high within the ICS providers and while discharge initiatives and funding have been targeted at reducing this, the plans for 2023/24 reflect a general and acute bed occupancy of more than 95%.
15. Through 2022/23 the ICB has focused on the adoption and use of Virtual Wards. BOB ICS partners had 300 beds in place by April 2023. Having recently successfully recruited to several posts with staff due to start in the next three months, we feel confident about increasing this capacity to 430 beds by December 2023 and 460 beds by April 2024.

Primary Care

16. Improved access to primary care is a key focus for the system through 2023/24 despite already recovered appointments to pre-pandemic levels. Continued improvements in digital technology will support further advances and improvements in patient care together with wider roll-out of the Community Pharmacist Consultation Service and projects for same day urgent access to provide wider choices (111, urgent care centres, Primary Care Network (PCN) urgent access hubs). The ICB working to strengthen and increase workforce associated with the Additional Role Reimbursement Scheme (ARRS).
17. General practices across BOB are planning to increase the percentage of patients seen within two weeks as per the national ambition through 2023/24.

Mental Health, Learning disabilities and Autism

18. The ICS has submitted an ambitious trajectory for reducing the number of patients staying in out-of-area placements from 720 bed days per month in April 2023 to 120 in March 2024. This will ensure better patient and family experience and reduce costs to the system.
19. The ICB is collaborating with local authorities to support pathways associated with Special Educational Needs and Disabilities to reduce waiting times during 2023/24 and developing services to address the growing demand and backlogs.
20. There is a focus on unblocking barriers to physical health care and addressing gaps in provision for people with Learning Disabilities and Autism in mental health inpatient settings. We will aim to incorporate mental health care into discharge planning to ensure safe discharge and ongoing physical health monitoring in the community.
21. Although not meeting the national ambition, the ICS aims to increase the number of people with a learning disability and/or autism getting an annual health check while reducing reliance on inpatient care.
22. The ICS has stated that we will achieve the dementia diagnostic target of 66.7%.

Workforce Plans

23. Themes for 2023/24 include increasing rehabilitation, reablement and therapeutic skills: advancing clinical practice, nurse consultants and specialist nurses, and promoting rotational opportunities, virtual working, 'flexible resourcing', 'modular skills', and placement expansion.

Table 3. WTE (Whole Time Equivalent) March 2023 vs plan for March 2024

| Organisation | Workforce | | |
|---------------------------------------------------------------------|---------------|-----------------------|-------------|
| | Staff in post | Planned staff in post | variance |
| | 31/03/2023 | 31/03/2024 | |
| <i>Berkshire Healthcare NHS Foundation Trust</i> | 4729 | 4920 | 4.0% |
| <i>Buckinghamshire Healthcare NHS Trust</i> | 6621 | 6598 | -0.3% |
| <i>Oxford Health NHS Foundation Trust</i> | 6638 | 6863 | 3.4% |
| <i>Oxford University Hospitals NHS Foundation Trust</i> | 13926 | 13947 | 0.1% |
| <i>Royal Berkshire NHS Foundation Trust</i> | 6130 | 6102 | -0.5% |
| <i>Buckinghamshire, Oxfordshire & Berkshire West ICB</i> | | | |
| <i>Primary Care</i> | 4942 | 5279 | 6.8% |
| Total | 42986 | 43709 | 1.7% |

Table 4. WTE (Whole Time Equivalent) March 2023 vs avg. of 23/24 monthly plan

| Organisation | Workforce | | |
|--------------------------------------------------------------|---------------|-------------------------------|--------------|
| | Staff in post | Avg. of Planned staff in post | variance |
| | 31/03/2023 | 31/03/2024 | |
| Berkshire Healthcare NHS Foundation Trust | 4729 | 4676 | -1.1% |
| Buckinghamshire Healthcare NHS Trust | 6621 | 6576 | -0.7% |
| Oxford Health NHS Foundation Trust | 6638 | 6388 | -3.8% |
| Oxford University Hospitals NHS Foundation Trust | 13926 | 13940 | 0.1% |
| Royal Berkshire NHS Foundation Trust | 6130 | 6176 | 0.7% |
| Buckinghamshire, Oxfordshire & Berkshire West ICB | | | |
| Primary Care | 4942 | 5106 | 3.3% |
| Total | 42986 | 42862 | -0.3% |

24. Plans reflect expected growth in relation to ARRS (Additional Role Recruitment Scheme) roles in primary care and investment associated with delivery of the Mental Health Investment standard.
25. Across the ICS our partners have seen substantial workforce growth of 11% between 2019/20 and the end of 2022/23 and the reasons for this increase will be reviewed as part of our productivity challenge in 2023/24.

System Financial Plans

26. The March board paper outlined a breakeven plan for the ICB in 2023/24. NHS partners across the ICS have submitted financial plans and continue to work with the ICB and NHSE to finalise these.
27. These will be further supported by a system wide productivity programme covering:
 - a. Clinical variation
 - b. Procurement
 - c. Corporate and support functions
 - d. Estates, equipment, and devices
 - e. Commercial
 - f. Workforce growth and variation

Digital Plans

28. Key areas of digital improvement across the ICS are to increase capability within the digital sphere with the ultimate end of improving patient outcomes.
29. Population health analytics to inform fact-based decisions on need / resource allocation using high quality information. A coherent system-wide approach will be designed to address the complexity of data being managed by the South Central and West Commissioning Support Unit (SCWCSU), in Connected Care (Berkshire West), Cerner (Oxfordshire) and myCareRecord (Buckinghamshire).
30. Patient level analytics used by every GP to enable anticipatory care / prevention.

31. Virtual wards and remote monitoring by patients that enable better long-term condition (LTC) self-management, enable virtual step up / step down wards and support patients to be safely cared for at home.
32. A BOB-wide shared care record (SCR) that eradicates the current barriers to information sharing and enable provision of safer, better coordinated care. Strengthen the links of social care data with health data.
33. A Trusted Research Environment to harness our expertise in real world trials and provide earlier access to innovation.
34. Empowering our population to take more control of and meet their health needs digitally. BOB has one of the most digitally enabled and literate populations in the country and comparably high penetration of the NHS App. We need to build upon the success of the NHS App to provide a consistent digital patient-held record and digitally transact our health and care needs while protecting from digital exclusion.

Risks to the delivery of our plan

35. Increase in COVID-19 rates affecting infection prevention and control measures, limiting time and space for our elective procedures, and increasing the time taken to complete pathways through urgent and emergency care.
36. Current instances of industrial action if continued through 2023/24 will affect multiple care settings to varying degrees, depending on the type and breadth of action.
37. Excess winter pressures caused by an increase in number and virulence of flu and other respiratory illnesses.
38. Our workforce - stress, anxiety, depression, and other psychiatric conditions continue to be a significant cause of absence – in some cases it accounts for 30%-50% and reinforces the importance of maintaining a focus on health and wellbeing.
39. Alignment of financial constraints with operational delivery expectations and ensuring a high quality of care is maintained.

Recommendations

40. The Board Members are asked to:
 - Note the contents of the draft operational plan submissions across ICS NHS partners.
 - Approve the ICS activity, workforce, and delivery plans.
 - Note further discussions continue with NHSE on the financial position of NHS ICS partners.

Annex 1 National Operational Plan Metrics 2023/24

| Programme Areas | Objectives of the Operational Plan | BOB present outlook and delivery | BOB |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 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 averaging around 69% through March 2023 | |
| | 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 (South Central Ambulance Services) provide the ambulance response for BOB and for planning purposes are aligned to Hampshire and Isle of Wight ICB – current Cat 2 response times are below 30 mins | |
| | Reduce adult general and acute (G&A (General & Acute)) bed occupancy to 92% or below | BOB averaged 96.3% | |
| Community health services | Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard | BOB consistently meets this target (87.9% in February 2023) | |
| | Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals | Improved from 1 completed referral per 100k patients to community pharmacy in April 2022 to 75 per 100k in Dec 2022 (current national avg. 73.1 per 100k) | |
| 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 | BOB practices on improving trajectory through 2022/23 (86.3% in January). Increasing number of appointments per head of the population (already one of the best in the country). Improved from 1 completed referral per 100k patients to community pharmacy in April 2022 to 75 per 100k in Dec 2022 (current national avg. 73.1 per 100k) | |
| | Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 | BOB currently delivery above the Southeast and England average | |
| | Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 | Achieved 87% of planned PCN recruitment in 2021 / 2022 Second highest number of ARRS FTE per 100K at 27 (SE average figure of 24) | |
| | Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels | Jan 23 saw BOB deliver 86% of contracted UDAs. Steep upward trajectory from low of 283k (March 2021) to over 600k (Apr 2023)* *12 month rolling | |
| 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) | Significant reduction and removal of most over 78 week waits in 2022/23 | |

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| | Deliver the system- specific activity target (agreed through the operational planning process) | Presently operating around 100% compared to 2023/24 target of 109%. | |
| Cancer | Continue to reduce the number of patients waiting over 62 days | BOB providers on an improving trajectory, although not planning to meet national target (500 - Feb 2020 level) | |
| | 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 trend around the 75% mark, the latest data (Feb 2023) shows 78.3%. | |
| | Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028 | Plans are recovering towards this target | |
| 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 throughout 2022/23 (over 20% in Feb 2023). | |
| | Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition | Above planned levels throughout the year but pressure point in Endoscopy | |
| Maternity | Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal, mortality and serious intrapartum brain injury | rate of still births has reduced year on year since 2015 | |
| | Increase fill rates against funded establishment for maternity staff | People Plan and BOB LMNS (Local Maternity and Neo natal System) | |
| Use of resources | Deliver a balanced net system financial position for 2023/24 | Submitted deficit position | |
| | Meet the 2.2% efficiency target | Submitted 4.4%efficiency plan | |
| Workforce | Reduce Agency to 3.7% of total wage bill | Dedicated Temporary staffing Programme | |
| | Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise | Followed the national picture of increasing leave rate People Plan has detail on actions | |
| 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) | Above plan from Apr 21 through to July 22 (cyber-attack) | |
| | Increase the number of adults and older adults accessing IAPT (Improving Access to Psychological Therapies) treatment | Not planning to meet ambitious LTP (Long Term Plan) trajectory. Although maintain high performance in access rates 76.1% (Dec 2022) vs. national avg. 67% | |
| | Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services | 82.6% Oct 22 (ICB ranked 30/42). Plans to increase 5% from last year's activity levels | |

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| | Work towards eliminating inappropriate adult acute out of area placements | Increasing numbers through 2022 some improvement in January | |
| | Recover the dementia diagnosis rate to 66.7% | Planning to reach 67% in Q4 23/24 | |
| | Improve access to perinatal mental health services | Increased by c.40% from June 21 to June 22 however plans cannot reach combined target of FYFV and LTP ambition | |
| 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 | | |
| | 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 | Dec 22 43 adult inpatients (per million) 11 under 18s inpatients (per million) | |
| Prevention and health inequalities | Increase percentage of patients with hypertension treated to NICE (National Institute for health and Care Excellence) guidance to 77% by March 2024 | 58.8% (20/21 – latest data point) - highest in SE | |
| | Increase the percentage of patients aged between 25 and 84 years with a CVD (cardiovascular disease) risk score greater than 20 percent on lipid lowering therapies to 60% | 52.8% Q2 22/23 (continuous improvement from April 21) | |
| | 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 | |