

BOB ICB BOARD MEETING

Title	Our approach to system financial planning and turnaround for 2024/25		
Paper Date:	07 May 2024	Board Meeting Date:	21 May 2024
Purpose:	Approval	Agenda Item:	10
Author:	Robert Bowen, Deputy Director Strategy and Partnerships; Ben Gattlin Head of Planning and Performance	Exec Lead/ Senior Responsible Officer:	Hannah Iqbal, Chief Strategy & Partnerships Officer; Matthew Tait, Chief Delivery Officer; Matthew Metcalfe, Chief Finance Officer
Executive Summary			
<p>Previous papers to the ICB Board have set out the need for an aligned approach to operational, financial and strategic planning for 2024/25 and the process we have undertaken within the ICB and the system to develop this. Following the submission of our operational and financial plan for 2024/25, this paper sets out:</p> <ol style="list-style-type: none"> Our strategic areas of focus this year, including what this means for the annual review of our Joint Forward Plan. A summary of our system financial submission. A summary of our operational plan. 			
Action Required			
<p>The Board are asked to:</p> <ul style="list-style-type: none"> Approve our strategic areas of focus this year, including what this means for the annual review of our Joint Forward Plan Note the approach taken to system turnaround programme with programmes relating to the short, medium and long term. Approve the operational and financial plan for the Buckinghamshire, Oxfordshire, Berkshire (BOB) Integrated Care System (ICS) and note the positions of partner organisations. 			
Conflicts of Interest:		Conflict noted: conflicted party can participate in discussion and decision	
The ambition outlined in this paper inform the prioritisation of the use of NHS resources. This will have an impact on organisations that members of the board lead/work for. The perspective of these members is an important aspect to development and delivery of our priorities and plans.			
Date/Name of Committee/ Meeting, Where Last Reviewed:		The development of this approach has been discussed previously at Board and by the Executive Management Committee. The financial plan has been reviewed by the System Productivity Committee.	

Our approach to 2024/2025 system planning and turnaround

Context

1. On 2 May 2024, the BOB system submitted its operational and financial plan to NHS England.
2. This paper summarises that submission within a wider strategic context, setting out:
 - a) our strategic areas of focus this year, including what this means for the annual review of our Joint Forward Plan
 - b) a summary of our system financial submission
 - c) a summary of our operational plan

Our strategic priorities for 2024/25

3. At the end of June 2023, our first NHS Joint Forward Plan (JFP) for the Buckinghamshire Oxfordshire and Berkshire West (BOB) ICB and partner NHS Trusts was published. The JFP sets out detailed delivery plans to improve services and outcomes for people who live and work in BOB, and how we will deliver the ambitions set out in the Integrated Care Strategy.
4. The JFP was developed through significant engagement with partners and the public and set out priority areas for delivery, linked to areas of identified system challenge. These activities were proposed as priorities for system wide working because they would set a foundation for longer term change.
5. For 2024/25, [updated guidance](#) on the publication of Joint Forward Plans was published in December 2023. This guidance re-iterated that the purpose of the JFP is to describe how the *“ICB will meet its population’s health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population. This should include the delivery of universal NHS commitments, address ICSs’ four core purposes and meet legal requirements.”*
6. As our JFP [update paper in March](#) set out, the ambitions outlined in the JFP remain the broad strategic framing for our system working and the delivery of these ambitions is monitored through regular system governance groups. This way of working continues for 2024/25 and given the significant amount of engagement behind the 5-year Joint Forward Plan published in June 2023, we have decided we will not significantly refresh it for 2024/25. We have, however, taken the opportunity to conduct an annual review, recognising the opportunity to *“update plans based on updated assumptions or priorities, including those set out in the 2024/25 priorities and operational planning guidance”*.
7. As we set out through our system planning [paper in March](#), planning discussions held over 2023/24 surfaced that our system is not yet working in a way that is financially sustainable. This reality has been further demonstrated through the deficit plan we have submitted to NHS England, which is described in later sections of this paper.
8. In this context, and as later sections of this paper will expand on, the system has moved into financial turnaround, and is now implementing a strategy aimed at delivering immediate grip, medium term turnaround and long-term sustainability.
9. The annual review of our Joint Forward Plan has therefore led us to focus on the following three key priorities. These seek to balance delivery of our core NHS commitments, the need to make some immediate and longer-term changes to ensure system sustainability, and the need to transform our system and services for the longer term.

BOB NHS Joint Forward Plan 2024/25 priorities

1. **Delivering our operational plan**, which includes focused work to reduce health inequalities, invest in prevention and deliver accessible and high-quality services to our population.
2. **Driving a system approach to turnaround**, implementing a strategy to ensure immediate grip, medium term turnaround and long-term financial and operational sustainability.
3. **Transforming our system** through publishing and starting to implement a Primary Care strategy, alongside the strategic system developments we will make through the turnaround programme.

10. Together with the wider context set out in our published JFP, these ambitions describe how the ICB and NHS provider will 'arrange and/or provide NHS Services' for 2024/25.

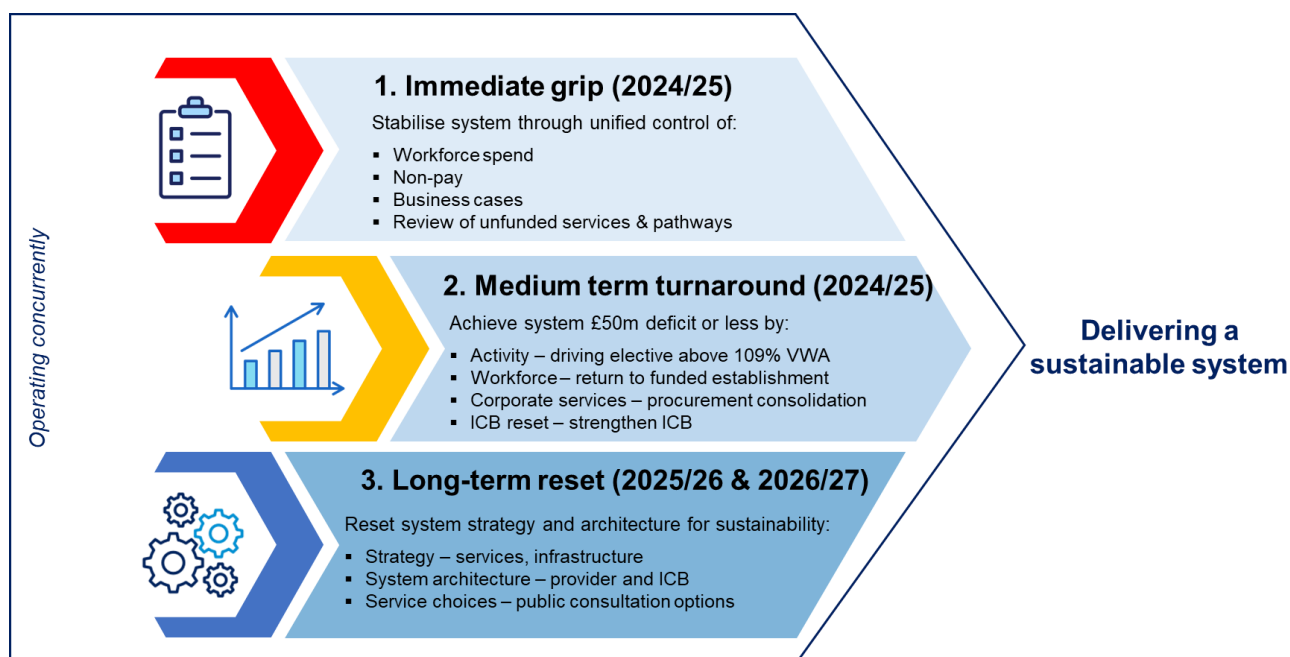
11. In addition to the above, the 2024/25 operational planning guidance specifically requests systems update their plans to indicate how they will address the most significant causes of morbidity and premature mortality. Our plans against these are set out below:

Areas where joined up working is required	What BOB is planning
Expand evidenced-based approaches to population health, focusing on a healthy start to life, prevention, self-care and better management of long-term conditions	<p>All three are priorities identified in the Joint Forward Plan but more recently as the priorities in the BOB Primary Care Strategy:</p> <ul style="list-style-type: none"> • Integrated Neighbourhood Teams (INTs) will be delivered in BOB building on existing good practice. Focus will be on people with complex care needs accessing joined up, proactive support. • The right care right place priority focusses on testing and establishing models for managing urgent access and relies on more integrated pathways and better use of population data to inform decision making. • Prevention is the third priority of the Primary Care strategy, with a particular focus on cardiovascular disease (CVD) prevention including improved self-care. <p>Other ambitions for integrated approaches to UEC are expressed in the 2024/25 Operational plan</p>
Join up care closer to home including through integrated neighbourhood teams and place-based arrangements with local authorities and other system partners	
Integrate and streamline Urgent and Emergency Care (UEC) pathways, with a particular focus on the management of older people with complex needs and frailty	
Continue to drive improvements in productivity and operational effectiveness	<p>Details are provided in:</p> <ul style="list-style-type: none"> • The 2024/25 operational plans, with clear ambitions for each NHS trust • Additional ambitions will be part of the turnaround programme described below.

BOB system turnaround

12. As described above, planning discussions held over 2023/24 surfaced that our system is not yet working in a way that is financially sustainable. This builds on challenges in 2023/24 where our system financial position deteriorated off plan.
13. Given our duty to live within our means and ensure we are managing our collective £3.5bn resources effectively, we need to start working differently as quickly as possible. We have therefore agreed to adopt a mindset of system financial turnaround and take some tough decisions to immediately reduce our system spend and develop a plan for longer term sustainability.
14. To support us in this work, Alastair Groom, an independent finance practitioner has joined us as our Turnaround Director to provide additional leadership, scrutiny, and challenge as we develop a plan to get us back into financial balance. Throughout this process, we must maintain quality, patient safety and delivery of services, using robust Equality and Quality Impact Assessment processes as required.
15. All system CEOs have agreed a unified set of financial controls which are being implemented immediately to help us gain a firmer grip of our financial challenges as we quickly develop a plan towards longer term recovery and sustainability.
16. The Turnaround programme has been initiated coordinated by a Turnaround PMO within the ICB. This is focusing on delivering the following areas of work (as detailed in Figure 1):
 - a. *Immediate grip*– Action required across the system to ensure and demonstrate immediate control of costs.
 - b. *Medium term turnaround* (impact in 2024/25) – A set of workstreams focused on cost reduction, greater efficiencies and increasing income. Workstreams include Acute activity, Mental health activity, Prescribing and High-cost drugs, Complex Care, Workforce and Procurement
 - c. *Longer term* (impact in 2025/26 & 2026/27) – develop system plans that will deliver more sustainable care in the right setting, backed with clear financial analysis and corresponding plans for system infrastructure, and system architecture.
17. Progress against agreed plans will be overseen by System Recovery and Transformation Board (SRTB), made up of the BOB system NHS chief executives, the BOB Turnaround Director and chaired by Martin Earwicker (Chair of Berkshire Healthcare NHS Foundation Trust). The SRTB meets monthly to update on progress and provide system leadership of this work.

Figure 1: BOB Turnaround Strategy



Financial Plan

National expectations

18. The National expectation as with every financial year is for the ICB to deliver balanced revenue and capital financial plans.

Revenue

19. Our planning process this year is an integrated approach across the ICB and system partners, with a focus on financial sustainability and triangulation across activity, workforce, and finance. This is clear in the progress made in the route to a final System deficit of (£92.1m) of which the ICB element is (£27.7m) deficit.

20. As previously reported and agreed through Board the ICB has worked closely with system partner leads to submit the draft Operational, Finance, Workforce and Activity Plans made in flash return 29 February 2024, draft full templates on 21 March 2024 and submission of the final plan made on 2 May 2024.

21. The plan has been the subject of review by the System Productivity Committee

22. The financial implications of the impact of system allocations and associated business rules and required NHS Long Term Plan operational planning priorities have worked through as part of the ICS planning process and the proposed ICB budgets flowing from this plan will be uploaded in line with national deadline expectations.

23. In accordance with the agreed principles across the system there has been minimum investment made other than the national must dos.

24. There has been no cross subsidisation planned for between individual ICB allocation streams.

25. The required business rules related to Mental Health Investment Standard (MHIS) and Better Care Fund (BCF) have been met and the mandated national reduction requirement in ICB Running cost allocations adhered to.
26. There are meetings being held by the NHSE national team and the system to review 24/25 plans submitted and any impact on the plan following the outcome of these meetings will be reported back through to the Board.

Efficiencies

27. Within the plan the ICB has a challenging total efficiency plan of £30.1m, increased from £26.6m at draft plan submission stage. Plans are being accelerated in each area where possible to ensure impact as soon as possible in 2024/25. System working is required to support the efficiencies related to High-Cost Drugs (HCDs) and this has support from the system Chief Pharmacists. S117 efficiency of £1m relies on £0.4m business case investment, currently within prioritised commitments in the ICB plan.
28. There remains a gap of (£27.7m) resulting in the current deficit position of the ICB. Further opportunities are being sought and the ICB will continue to seek system opportunities where appropriate through the system wide Recovery & Transformation Programme.

Capital

29. The total capital departmental expenditure limit (CDEL) plan of providers for 2024/25 is £187.3m. The actual capital allocation made to the system in 2024/25 is lower than that in 2023/24 due to the revenue overspend position in 2023/24 leading to the loss of the incentive element of capital funding in 2024/25. The capital is committed in full, mostly against operational capital requirements.
30. There is a minimal ICB Capital Allocation of £2.995m, mirroring allocations received in prior years. The allocation is committed in full, mainly against IT refresh/core for Primary Care, minimal ICB IT refresh and Minor Improvement Grant Programme for General Practice. Lease costs anticipated of £0.8m under IFRS16.
31. There is no expectation in year of any transfer from provider allocation nor any over programming.

Operational Service delivery plan and ambitions

Introduction

32. The purpose of this section is to provide an overview of our Operational Plan for 2024/25. Our plan aligns with the national 2024/25 operational planning guidance. A RAG (Red, Amber, Green) rating has been applied to indicate a high-level risk assessment for our plans compared with the national ambitions (Annex 1).

Progress 2023/24

33. Over the past year, we have made significant progress delivering key priorities for patients, as we have continued our recovery from the pandemic, despite industrial action, increased demand and pressures on budgets.
34. We have improved against almost every headline objective of 2023/24; we have either done what we set out to do or made meaningful progress towards it.
- Increased primary care access - GPs and their teams have delivered over 10.4 million appointments in 2023, 300 thousand more than the previous year. This means over 40 thousand appointments have been provided across BOB every working day. We have introduced our Pharmacy First service so that people can

now directly access advice and treatment from their local pharmacy for seven common conditions.

- Improved urgent and emergency care - average category 2 ambulance response times reduced by 17 minutes. This has been possible due to an increased number of escalation beds available over winter, greater use of urgent community response and admission avoidance services, increasingly mature discharge hubs and over 400 virtual ward beds.
- Treated more elective patients and reduced long waits - 360,000 elective pathways have been completed in the 2023/24 financial year despite the disruption of industrial action. There were over 1,500 patients waiting over 65 weeks in April 2023 at the end of March 2024 the number of patients had fallen to 1000.
- Focus on meeting the growing need for mental health support - with more people than ever before in contact with services across BOB for support for their mental health, autism and/or learning disabilities.
- Further progress made on early diagnosis and treatment of cancer - almost 80,000 people have been seen following an urgent cancer referral through 2023/24, the highest on record. Because of initiatives such as Targeted Lung Health Checks we are now diagnosing more cancers at Stage 1 and 2 when cancer is easier to treat.
- Introduced a comprehensive and evidence-based approach to tackling health inequalities – Using our Core20PLUS5 approach has helped increase the number of people from the most deprived communities access our Targeted Lung Health Checks and deliver other community-based initiatives across our three places.

35. The plans outlined in the report reflect the submissions made on the 2 May 2024 and have been reviewed and approved through respective partner boards.

Summary Priorities 2024/25

36. The overall priority in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience we will continue to:

- Maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services.
- Reduce inequalities in line with the Core20PLUS5 approach.
- Improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24.
- Reduce elective long waits and improve performance against the core cancer and diagnostic standards.
- Make it easier for people to access community and primary care services, particularly general practice and dentistry.
- Improve access to mental health services so that more people of all ages receive the treatment they need.
- Improve staff experience, retention and attendance.

Service Improvement plans and delivery ambition

Prevention, Health Inequalities and Management of Long-Term Conditions

37. As part of the 2024/25 national guidance the Health Inequalities funding has been confirmed as recurrent. During 2024/25 the ICB will continue to work to deliver the 5 national strategic priorities:

- Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.

- Ensure 75% of people aged 14+ on a GP learning disability register receive an annual health check in the year to 31 March 2025.
- Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025.
- Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025.
- Increase vaccination uptake for children and young people year on year towards WHO recommended levels.

38. We will continue to develop and support the ICS Partner Group that brings a collective focus on the four pillars of prevention, population health management, health inequalities, and vaccinations, and provides leadership and oversight, influences decision-making and supports place-based delivery to improve population health, tackle health inequalities and promote prevention. In doing this we will seek to expand evidenced-based approaches to population health, focusing on a healthy start to life, prevention, self-care and better management of long-term conditions. Place partnerships will continue to implement local schemes that commenced in 2023/24. The ICB has allocated £4m of funding to place based partnerships to support the CORE20plus5 approach and targeted local priorities.

39. In BOB there is a projected population increase over the next 10 years (45% for people aged 65+ and 20% for people aged 85+) which will translate to increased demand from more complex patients, and a minimum of 55% increase in GP appointments needed to keep pace with demand. This prospective cohort is a key Target Group for Preventative & Educational interventions.

- Commit to 2024/25 funding for Inequalities Project Funding
- Maintain structure of Inequalities & Prevention Team
- Local and System evaluation of project delivery
- Further investment considerations: i.e. Inequalities Locally Commissioned Service

40. Our BOB Clinical Programme approach brings together stroke, cardiac, diabetes and respiratory Integrated Delivery Networks along with mental health, children and young people, end of life, maternity, women's health, personalised care, weight management, cancer, specialised commissioning, Inequalities and Place Leads to enable a joint approach for assurance of delivery on the long-term plan and JFP objectives and jointly managing the population health.

41. The Clinical Programme Board work programme aims to deliver the Clinical Programmes across the system, provide strategic direction and identify opportunities to integrate primary, community and secondary care service models for patients.

Elective Care

42. The system is planning to continue to increase activity beyond pre-pandemic levels. The focus for 2024/25 will be to continue to reduce long waiters, cutting to zero the numbers of patients waiting 65 weeks or longer by September 2024 and reducing the number of patients waiting more than 52 weeks. The current cohort of patients that will breach over 65 weeks if not treated before the end of September is around 16,000.

43. Our outpatients programme aims to increase the uptake of advice and guidance (A&G) along with virtual consultations and patient initiated follow ups (PIFU). An additional metric has been targeted by NHSE relating to the ratio of outpatient's appointments with or without procedures. The BOB specific target is for 47.1% of appointments to have procedures, plans currently indicate 46%.

44. The Elective Care Board (as part of the acute provider collaborative) is driving elective recovery across the system focusing on mutual aid, joint procurement and productivity including theatres.
45. At a national level the Elective recovery model is supported by the Elective Recovery Fund which reimburses providers directly for additional activity even if this exceeds activity plans.
46. Table 1 shows Trust plans for the ICB population base and overall activity plans for the whole ICB population including independent sector activity and activity at Trusts outside of the BOB geography. Projected waiting lists above 52 and 65 weeks are also shown. National activity targets are based on percentage changes since 2019/20 but the comparison to 2023/24 activity levels is also included.

Table 1. Activity plan vs 2019/20 baseline and 2023/24

Organisation	Plan (against 19/20 actual)						Plan (against 23/24 actual)	
	Elective	Daycase	wgt activity	completed pathways	waits		Elective	Daycase
					52s	65s by Sep		
<i>Berkshire Healthcare NHS Foundation Trust</i>								
<i>Buckinghamshire Healthcare NHS Trust</i>	90.8%	107.4%	109.7%	101.9%	1,000	0	119.0%	119.0%
<i>Oxford Health NHS Foundation Trust</i>								
<i>Oxford University Hospitals NHS Foundation Trust</i>	86.9%	97.8%	101.2%	104.5%	3,295	0	107.5%	107.5%
<i>Royal Berkshire NHS Foundation Trust</i>	79.0%	108.9%	110.0%	74.0%	0	0	104.8%	119.2%
<i>ICS Providers</i>								
<i>Buckinghamshire, Oxfordshire & Berkshire West ICB</i>	87.0%	105.0%	109.3%	97.3%	4,707	0	112.0%	110.0%

Cancer

47. As a system we plan to achieve the Faster Diagnostic Standard (FDS) 77% and 62-day target of 70% by March 2025.
48. 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 including:
- Setting up the targeted lung health checks service across BOB.
 - Opening the interim implementation pilot for NHS Galleri-GRAIL.
 - Continuing Faecal Immunochemical Test (FIT) implementation in primary care with pathway work to stratify patients based on FIT in secondary care.
 - Support the age extension of the bowel cancer screening pathway.
 - Improve access to liver surveillance for appropriate patients.
 - Improve referral patterns and pathways for urgent suspected cancer patients in primary care.
49. In terms of Treatment and Care we are working to reduce treatment variation across the system in line with national recommendations and ensure the NHS Long Term Plan personalised care commitments are available (including personalised care and stratified follow-up).

Diagnostics

50. In line with national guidance, we are aiming to increase activity levels by a minimum of 120% of pre-pandemic levels across 2024/25 to support the recovery of performance to 95% of patients being treated within 6 weeks by March 2025. Given the present backlog nationally, 85% is considered a realistic target for 2024/25.
51. BOB plans outline achieving 14.9% overall of patients waiting over 6 weeks in March 2025. This continues an improving trajectory over the past months (February 2024 performance 15.3%). There is a variation between test types where Imaging is closer to 10% and Endoscopy is closer to 30%.
52. We will continue the development of our four Community Diagnostic Centres (CDCs) building from 2023/24 activity plans, focussing on expansion of services to ensure provision. The CDCs have several major new developments planned to support the increase in activity and improve outcomes in 2024/25. This includes:
 - a. Amersham CDC is building a new modular unit to co-locate a new MRI and CT on site. They plan to a launch tele-dermatology link into the Regional Skin Centre and will consolidate physiological measurements on site. They will further develop IT digital enablers to enhance patient experience and develop pathways in CYP asthma and gynaecology.
 - b. Oxford CDC plan to introduce mammography as part of a large development, as well as incorporating a one-stop dermatology 2ww clinic. Expansion of the current breathlessness pilot is ongoing.
 - c. Berkshire West CDC to introduce new mammography, Dexa and hysteroscopy services and expanding the endoscopy suite to 3 rooms.
 - d. Bracknell CDC (located in Frimley ICB geography) will be offering phlebotomy services, an additional x-ray room and new respiratory and cardiology services.
53. We will refresh of the Diagnostics Oversight Group. Align network, CDC and provider priorities and refocus on strategy, research and innovation, and diagnostic transformational opportunities.
54. The Diagnostics Oversight Group will commission a demand and capacity analysis for Endoscopy, MRI and non-obstetric ultrasound to understand the gaps and opportunities to meet our activity requirements over the next year. The result will be used to develop a comprehensive, system-wide action plan to achieve the 85% national ambition, as well as supporting a reduction in long waits and the waiting times for the diagnostic element of cancer treatment.
55. Other improvements include:
 - a. Working with the TVCA, imaging and pathology networks, and provider trusts to identify key pathways to support cancer diagnosis improvement (e.g. colon capsule endoscopy, capsule sponge, suspected Two Week Wait lung cancer one stop clinic). We will also deploy cardiac and respiratory testing in all CDCs.
 - b. Supporting ongoing work around alternatives to endoscopy (e.g. colon capsule endoscopy, cytosponge and trans-nasal endoscopy). These procedures will support a reduction in waiting lists. We are exploring options to run Colon Capsule Endoscopy and cytosponge through CDCs and to secure CDC revenue funding.
 - c. Deploying digital enablers for symptom-based pathways in CDCs. CDC funding awarded for introduction of Bleepa to address a gap in our physiological sciences referral process and provide a robust method of transferring digital reporting back to GPs. The app can also facilitate virtual multidisciplinary teams (MDTs) and conversations between clinicians.

56. Community Diagnostic centres have a specific ringfenced funding allocation and there are opportunities to access specific diagnostics funding that can support projects requiring both revenue and capital funding. 2024/25 allocations for CDCs have now been confirmed.

Urgent and Emergency Care and Community Care

57. The system aims to improve Accident and Emergency 4-hour performance to deliver the ambition of 78% by the end of March 2025.

58. Place partnerships all have UEC improvement and transformation plans in place utilising both ringfenced funding for continuity of services funded non-recurrently in 2023/24 and service expansion. The national increase in discharge funding across health and social care has also been included for local prioritisation with Place partners. Additional UEC recovery funding has been allocated directly to providers as part of the 2024/25 contract baselines.

59. In 2024/25 we will continue to work towards the recommendations set out in the national "Delivery Plan for recovering urgent and emergency care services" and the ten high impact interventions which include; maintenance of virtual ward capacity and expansion of the service offer where possible, further development of our Transfer of Care Hubs, Single Point of Access and Same Day Emergency Care (SDEC) offers and continuing to improve flow and a reduction in the length of stay of patients occupying an acute or community hospital bed.

60. Other delivery details include:

- a. Buckinghamshire Healthcare Trust have invested in additional bedded capacity
- b. All acute Trusts have submitted capital bids against the £150m UEC capital available nationally to assist in the delivery of the 4hr A&E standard.
- c. Royal Berkshire NHS Foundation Trust has not submitted a plan that delivers the national 4hr A&E standard of 78% by March 2025 (present submission is 70.75% in March 2025). The ICB will continue to support the Trust and place partners to develop a plan that delivers national expectations.
- d. South Central Ambulance Service NHS Foundation Trust has submitted a compliant plan that falls within the 30 minutes mean Category 2 (Cat 2) response time requirement. Work is ongoing with SCAS and Acute Trust colleagues to minimise handover delays to support Cat 2 delivery.

61. Community Services have received a slightly higher uplift as part of the 2024/25 settlement but have also seen sustained increases in demand. Outside of the elements of the urgent care pathways and the development of INTs the ICB is working with partners to identify priorities for transformation for community services in 2024/25 which may include wound care, district nursing services, community equipment and neurorehabilitation services in addition to close monitoring of the waiting list position.

Primary Care

62. The ICB will improve the experience of access to primary care, 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. Plans represent 104% of actual M1-9 Appointments in General Practice, which is over plan in year, a continuation of >85% patients seen within 14 days.

63. The ICB's approach to the national 'Primary Care Access & Recovery Plan' (PCARP) has been agreed. An action plan is in place to deliver with regular touchpoint meetings scheduled, all workstreams are considered on track and a communications strategy is being worked-up to support awareness of new approaches to improving access.
64. 'Practice / Primary Care Networks (PCN) capacity & access improvement plans' (CAIP) which aim to improve access and address inappropriate variation have been subject to review and evaluation to identify the challenges and support requirements.
65. The CAIP for 2024/25 will:
- a. Carry on work which was outstanding from 2023/24 plans (e.g. implementing automatic call back functionality for practices where this was not in place by March 2024),
 - b. Focus on continued development of patient access and experience,
 - c. Increase Online Consultations,
 - d. Drive greater take up of a "digital front door"
 - e. Identify the best use of PCN and practice resources to support patient outcomes and address waiting lists.
66. As part of the Primary Care Strategy implementation plan, we will be working with the Local Medical Committees and our GP leadership groups to look at resilience in general practice and encourage practices to take up the General Practice Improvement Programme (GPIP) offers or investigate what other support is needed from the ICB.
67. Principles to target and encourage 'at risk' practices to join the GPIP have been designed to support those that need it most.
68. The Interface between primary and secondary care is an area of focus for the ICB and has been included as part of our Primary Care strategy. The ICB Chief Medical Officer (CMO) has regular communication with the Trusts CMOs, to work on the interface aspects of PCARP but also around strengthening the interface. The ICB has a Clinical Lead whose specific role is to work with all Trusts and Primary care to enhance the relationships between primary and secondary care. A workshop was held in March 2024, as part of the Primary Care strategy engagement to help to develop a plan on how to improve the interface.
69. We are working to strengthen and increase workforce associated with the Additional Role Reimbursement Scheme (ARRS).
70. After an extensive period of engagement to allow the public and partners to provide feedback, the Primary Care Strategy is being presented for approval (Item 11) at this meeting of the Board. There will be a period of implementation across BOB focussing on the priority areas of (i) same day non-complex care, (ii) the development of Integrated Neighbourhood Teams and (iii) Cardiovascular Disease (CVD) Prevention. The Strategy not only aligns closely with the Operational Planning guidance aims and PCARP but also is evidence based on a future sustainable model of care to meet our changing population demographics and needs.

Mandatory Dental Services

71. The ICB is working to increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.

72. BOB Flexible commissioning scheme will be extended with an additional 2 providers and will deliver 4,417 sessions to patients where access has been difficult and our most vulnerable populations.

73. The ICB will seek to make an early decision on overperformance up to 115% to be agreed by June 2024.

Community Pharmacy

74. The ICB is working to embed Pharmacy First with support to both community pharmacy and general practice to ensure patients with one of seven common conditions can be seen and if appropriate treated in the community pharmacy. Next steps are to ensure Pharmacy First can also support the urgent and emergency care process where appropriate.

Community Optometry Services

75. Using the referral IT platform (REGO) all BOB based optometrists can now directly make routine referrals to appropriate secondary care providers (referrals have previously been sent for onward referral to the patients GP). This will include border and domiciliary companies who will be added to the system when needed for making referrals to BOB providers. During 2024/25 we will be extending this to include urgent referrals. The ICB will also implement the national initiative to extend and roll out 'in school' eye testing in special schools.

Mental Health, Learning Disabilities and Autism

76. Following publication of the Commissioning Framework for Mental Health Inpatient Services, the ICB is working with key partners and the mental health provider collaborative to create a 3-year strategic Mental Health plan that sets out 'what good looks like', proposing new models of care that will result in improved outcomes for our population. This is due to be published at the end of June 2024.

77. The initial focus will be on reducing the number of inappropriate out of area placements; a significant reduction represents a key opportunity to improve quality and value for money.

78. Incrementally, the plan will address:

- Improvement in patient flow and reduction in average length of stay in adult acute mental health wards, delivering more timely access to local beds.
- Embedding digital technology to transform mental health care pathways.
- Providing more personalised and joined-up care.
- Improving clinical productivity, and support improvements in access, waiting times and outcomes.
- Reviewing community services to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.
- Workforce development, recruitment, and retention.

79. The aims are to:

- Improve patient flow and working towards eliminating inappropriate out of area placements.
- Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.

- Increase the number of people accessing transformed models of adult community mental health.
- Increase the number of people accessing perinatal mental health.
- Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.
- Improve the quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate (DDR) to 66.7% by March 2025

80. To support delivery of national and local priorities, the ICB will continue to meet the Mental Health Investment Standard, expand the workforce, and expand services to implement the NHS Long Term Plan mental health commitments.

81. The ICB will put systems in place to monitor performance and effectiveness of the NHS 111 option 2 for mental health NHS crisis line services being rolled out in April 2024, including unanswered calls, wait times and patient feedback by Q2 2024/25.

82. The ICB with its key partners will oversee the implementation of the patient and carers race equality framework (PCREF) by the end of 2024/25, including establishing the governance structure and reporting metrics to monitor the access, experience and outcomes of ethnic minority groups and build organisational competencies. Analysis of inpatient admissions has already identified opportunities to improve the experience and outcomes of people from minority ethnic groups.

83. In 2024/25 there will be a focus on recovering performance and improving performance on the existing waiting time standards for children and young people (CYP) eating disorder services. This will be supported by investment for CYP services and training new CYP staff in critical roles. The ICB will also focus on reducing long waits in CYP Mental Health Services.

84. The ICB has an extensive learning disability and autism (LDA) programme of work which addresses the key actions set out in the operating guidance below:

- Reduce admissions of people with autism into mental health inpatient care and increase discharges into community settings so that the overall number of people with autism in hospital is lower.
- Continue to discharge people with a learning disability with the longest lengths of stay into community settings and continue to make progress on reducing the number of people with a learning disability in hospital.
- Ensure that each learning disability annual health check is accompanied by a health action plan.

85. In view of the rise in diagnoses of ADHD which impacts the capacity available in commissioned services, BOB ICB will be reviewing the pathways of care and addressing the issue of prescribing and responsibilities between primary and secondary care. This is an area of national focus.

86. The BOB Learning Disabilities and Autism Programme Oversight Group has been established since February 2024.

87. The purpose of the group is to bring system partners together to:

- Ensure the best outcomes for people within the LDA cohort.
- Have oversight of all the schemes of work in the ICB LDA programme.

- Ensure that there is the appropriate level of compliance with national requirements.
- Have shared programmes of work to improve services for people within the LDA cohort.
- Have shared oversight and assurance of quality of care and any emerging themes.
- Share and learn from good practice.
- Escalate concerns and risks as necessary.

Children and Young People (CYP)

88. The ICB will continue to reduce healthcare inequalities for CYP, continuing to deliver against the CORE20PLUS5 approach with clinically led programmes of work designed to improve outcomes for those living with asthma, diabetes and epilepsy. Our programme will also focus on support for those living in mental ill-health, those with oral health needs and remain committed to delivering a robust weight management pathway.

89. Planning details include:

- Continue the Community of Practice to focus supporting our population as they safely transition from childhood to adulthood. There will be an emphasis on those who have special education needs and disabilities (SEND) as we respond to the growing demand for these services.
- Work will continue to respond to, and support, the SEND agenda working to share best practice across the ICB.
- Accelerating the 'Further Faster' initiative, reducing children and young people who are waiting for elective care across community, secondary and tertiary care services.
- Supporting our secondary and tertiary providers to embed the principles of Martha's Rule and deploy the national Paediatric Early Warning Score enabling the timely and earlier identification of deterioration in CYP.
- Bringing partners together, placing the voice of our CYP central to the development of ambitions.
- Reimagining the Community Child and Adolescent Mental Health Services (CAMHS) programme to improve access, flow, and treatment outcomes.
- Building on the successful pilot of specialist CYP mental health practitioner roles across some PCNs the ICB will work to expand these roles further in support of our ambition to widen access to specialist mental health care in our CYP.

All Age Continuing Health Care

90. The All-Age Continuing Health Care transformation programme continues during 2024/25, strengthening the workforce model that undertake the assessment and commissioning functions. In the context of increasing demand and complexity of those who need continuing health care, the ICB will work with system partners to review and address variation across and maintain strong focus on quality, operational and financial excellence.

End of Life

91. The ICS priority to support all ages of our population to 'die well', including:
- Increased access to specialist end of life care 24 hours a day, seven days a week.
 - Improved identification of those in need of specialist end of life care
 - Robust care planning which includes the implementation and rollout of the national Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) across BOB.

92. We will maximise on the opportunities that the CYP Grant for palliative and end of life care offers and continue with our ambition to improve the experience of CYP and families who experience care at the end of their life.

Maternity and Women's Health Services

93. The BOB local maternity and neonatal system (LMNS) will continue to deliver the second year of the three-year maternity and neonatal delivery plan. The plans centre around four themes which are:

Theme 1 - Listening to and working with women and families with compassion.

Theme 2 - Growing, retaining and support our workforce.

Theme 3 - Developing and sustaining a culture of safety, learning and support.

Theme 4 - Standards and structures that underpin safer, more personalised and more equitable care.

94. The BOB LMNS will prioritise the following workstreams:

- The continued rollout of the system wide personalised care and support plans to capture feedback and iterating successive versions.
- Ensuring the continued development of the of Maternity & Neonatal Voice Partnerships (MNVPs) and listening to service users.
- Implementation of the system wide Perinatal Pelvic Health service in line with the national service specification and implementation guidance
- Fulfil the LMNS/ICB responsibilities in relation to the year six Maternity Incentive Scheme.
- Continued implementation and assurance of the Saving Babies Lives Care Bundle (version 3).
- The development of our data analytical capabilities in line with our LMNS data strategy.
- Continued implementation of main priorities of the equity and equality action plan, priorities include race equality for staff, tobacco dependency, asset-based community development programmes such as Early Lives Equal Start, translation services and support to seeking sanctuary populations.
- Continued implementation of the LMNS workforce plan to include increasing placement opportunities, setting up a system wide education hub, supporting various workforce initiatives to improve retention and recruitment.
- Continued implementation of BOB specific projects for maternity and neonates.
- Implementing the actions following the recommendations from the national independent reviews.
- Set up Women's Health hubs and support other priority deliverables for women's health across BOB, including improving access to gynaecology and abortion services.

95. The ICS will continue to build on the success of the initial women's health hub in Oxfordshire, increasing provision across the system and embracing the priorities set out in the national women's health strategy.

Quality and Patient Safety

96. To improve patient outcomes and experience we will continue to maintain our collective focus on the overall quality and safety of our services. The ICB Quality Assurance Framework was published in September 2023 and is being strengthened for 2024/25 with a supporting framework for primary care.

97. The quality assurance framework was designed in collaboration with partners across the system and sets out a shared single view of quality for safe, effective, positive, well led, sustainably resourced and equitable care. It describes the approaches the ICB takes in gaining quality assurance and a clear set of responsibilities and accountabilities so we can all respect the roles of each partner organisation and understand how the system interacts. The framework sets out the methods for gaining quality insights including governance arrangements, quality metrics, observation, soft intelligence, and appraisal through place based/provider quality interface meetings.
98. The voice of the patient, carer or family is integral to quality assurance and improvement work across the system. The ICB will continue to work with Healthwatch partners, the voluntary sector, charities and service user representatives in improvement work across the ICS.
99. In 2024/25 BOB ICB will publish a Quality Strategy to support continuous improvement across the system, underpinned by the approach set out in NHSE National Quality Board Guidance - A Shared Commitment to Quality, NHS IMPACT (Improving Patient Care Together) and incorporating the National Patient Safety Strategy. The NHS IMPACT self-assessment will be used by the ICB to create a shared, measurable plan for systematically using improvement methodology as the approach to delivering key priorities and strengthening the culture of continuous improvement in the organisation and across the ICS. As described by NHSE, NHS IMPACT supports delivery of clinical and operational excellence, helping to develop the leadership and organisational capacity, capability, and infrastructure to create the conditions for improvement. In line with the ambitions of NHSE the focus will be on interventions that improve patient flow and safety. Improvement work will involve multi-disciplinary colleagues both within provider organisation and across the wider ICS.
100. Implementation of the national patient safety strategy is a key element of the BOB ICB strategic approach to quality in 2024/25. Provider organisations across the system have started transition to the new Patient Safety Incident Response Framework (PSIRF), with some having fully transitioned. BOB ICB will continue to support system partners with the adoption of the PSIRF model and embracing the systems-based approach to learning from incidents. As the national patient safety framework for primary care evolves this will be integrated in the ICB primary care strategy. Patient safety training will be supported for ICB colleagues including the national training programme to ensure there are patient safety specialists in the organisation. Governance and reporting processes will be strengthened with the recruitment of patient safety partners, ensuring the voice of the patient is heard. We will support participating provider sites to devise and agree an approach to implementing Martha's Rule.

Workforce Plans and Priorities

101. Strategic themes for 2024/25 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.
102. Despite an overall reduction in planned total spend across the BOB system, there is significant variation across Trusts regarding overall workforce reduction/growth with some Trusts planning pay bill increases (see Table 3 below). Further work is required to understand the detail and justifications for this and to explore correlation to performance.

103. Work is underway to understand unfunded workforce growth including use of NHSE Productivity Tool.

104. System workforce controls have been implemented including vacancy freezes across Trusts, and pay controls (for example, system rate card adherence for nursing and Allied Health Professionals, and Nursing Director authorisation for Locum Medical appointments and pay levels).

Table 2. WTE (Whole Time Equivalent) March 2024 vs plan for March 2025

Organisation	Workforce (WTE)				Total Staff Variance	Difference in Total Spend (£000)
	Total Staff in Post (12 month average)	Total Workforce Spend (£000)	Planned Total Staff in Post	Planned Total Workforce Spend (£000)		
	31-Mar-24	31-Mar-24	31-Mar-25	31-Mar-25		
Berkshire Healthcare NHS Foundation Trust	5,176	£265,665	5,181	£281,227	0.1%	£15,562
Buckinghamshire Healthcare NHS Trust	6,894	£378,100	6,696	£382,020	-2.9%	£3,920
Oxford Health NHS Foundation Trust	6,898	£361,026	6,904	£374,855	0.1%	£13,829
Oxford University Hospitals NHS Foundation Trust	14,683	£902,402	14,229	£887,398	-3.1%	-£15,004
Royal Berkshire NHS Foundation Trust (Note 1)	6,571	£359,261	6,428	£332,620	-2.2%	-£26,641
BOB ICB Total	40,222	£2,266,454	39,437	£2,258,120	-2.0%	-£8,334

Note 1: Further validation working being undertaken.

105. In addition to the Trusts position there is planned growth in relation to ARRS roles in Primary Care of around 6.8% in 2024/25.

Digital, Data and Intelligence

106. The focus is on creating a modern digital and data capability to deliver local, place and system outcomes. This will be delivered through the following three strands.

107. DIGITISE - Creating a modern digital estate for our health and care providers to improve safety and care.

- Digitising all secondary care services to 'Healthcare Information and Management Systems Society Level 5' by March 2025 - Delivery of 2 upgraded electronic care systems at Oxford Health and Buckinghamshire Healthcare Trust improving the care model and digitising patient pathways in an acute trust, a cross county mental health trust and several community settings by March 2025.
- Digitising Adult Social Care. BOB is on target to meet the national targets of 80% of adult social care providers with a digital record by Mar 2025.
- Electronic Prescribing and Medicines Administration (EPMA) – implementation of 2 new EPMA systems for Buckinghamshire Healthcare Trust and Oxford Health NHS Trust by June 2025.

108. CONNECT - Connecting our organisations using digital and data capabilities to improve productivity.

- Patient Portals and use of the NHS App. Our usage of the NHS App (63%) is second highest within the southeast region and above the national average (58%). Acute hospital appointments across BOB are now visible within the NHS App; community and MH appointments will be visible in 2024/25.
- A system intelligence operating model Work continues in 2024/25 to develop a system-wide intelligence function, supporting the need for insight and data analytics across the ICS.
- Shared Care Record. A single shared care record is being deployed across BOB and will be 100 % available to all BOB providers by the end of 2024/25.
- Secure Data Environment (SDE). Deployment of a cloud based minimum viable product to share cancer and research collateral across BOB and TVS providers. National funding (hosted by OUH) is +5 years to support research and innovation across SE Region.
- Population Health Management (PHM) Tool. A common PHM tool has been deployed across Berkshire West and Buckinghamshire, including population risk stratification and segmentation. By the end of 2024/5 we will have deployed this across all BOB providers.

109. TRANSFORM – Transforming cross organisation clinical pathways

- End of Life Care - Patient Preferences for Emergency / End of Life Care – A single UEC and End of Life Care digitised form will be available to all patients and carers (live and editable) for emergency and end of life care to support care.
- Elective Care – A single system dashboard for both theatre optimisation and diagnostics, a triage application for acute providers and scoping of a shared system patient tracking list to support cross organisational elective care pathway transformation.
- Urgent and Emergency Care and Virtual Wards - Delivery of a programme of clinically led digital applications and tools to support care delivery closer to home as well as support the frailty virtual ward capability at each trust.
- Primary Care - Delivery of a suite of transformation programmes to support care closer to home, the delivery of integrated neighbourhood teams and support service and workforce resilience.
- Clinical Transformation - Delivery of a range of 12 user and clinically led digital enabled change programmes for person centred care and addressing inequalities as well as programmes for women, maternity, mental health and learning disabilities. These programmes will improve clinical safety, access, value for money and support the delivery of better care outcomes.

Key Risks to the delivery of our service ambition plan

110. The financial sustainability challenge facing the system may impact on the delivery of elements of the plan and will need to be kept under review.

111. At this stage the plan does not factor in the impact of any industrial action during 2024/25

112. Excess winter pressures caused by an increase in number and virulence of flu, COVID and other respiratory illnesses.

Asks of the Board

113. The Board are asked to:

- Approve our strategic areas of focus this year, including what this means for the annual review of our Joint Forward Plan
- Note the approach taken to system turnaround programme with programmes relating to the short, medium and long term.
- Approve the operational and financial plan for the Buckinghamshire, Oxfordshire, Berkshire (BOB) Integrated Care System (ICS) and note the positions of partner organisations.

Annex 1 National Operational Plan Metrics 2024/25

Programme Areas	Objectives of the Operational Plan	BOB present outlook and delivery	BOB
Quality and patient safety	Implement the Patient Safety Incident Response Framework (PSIRF)	Rollout already underway through 2023/24	
Urgent and emergency care	Improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025.	Latest performance >70%. BOB providers currently plan to achieve 76.8% in March 2025 including mapped activity the 78% target will be achieved	
	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 – Cat 2 response times are planned to be below 30 mins. SCAS performance has been better than 30 mins for the past 6 weeks.	
	Increase or maintain G&A bed capacity	BOB planned average for available core G&A beds (2087) is greater than current year (2052)	
Primary and community services	Improve community services waiting times, with a focus on reducing long waits	Community services over 52 week waiting list waiting list to reduce by c. 35% through 2024/25. 1,360 CYP and adults waiting over 52 weeks in Feb 2024.	
	Continue to improve access to primary care and improve community services waiting times, focusing on reducing long waits	BOB plans to offer almost 10.9m GP appointments with 89% being seen within 2 weeks. 12 months to March 2024 saw 10.4m GP apps. March 2024 88.9% seen within 2 weeks	
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	BOB Contracted activity to increase by c.70k contacts through 2024/25	
Elective care	Eliminate waits of over 65 weeks for elective care by September 2024 (except where patients choose to wait longer or in specific specialties)	All BOB providers plan to achieve zero patients waiting over 65 weeks by September 2024 - Current cohort 16.5k has reduced by 4.5k over the last month.	
	Deliver the system- specific activity target (109% agreed through the operational planning process)	BOB plans to achieve 2024/25 target with 109.3%. BOB YTD (M1-10) at 106.5%, national methodology assessed impact of IA to be 4%	

	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 (BOB specific target 47.1%)	BOB has improved in this metric year on year 2023/24 (43.4%). BOB plans to achieve 46% in 2024/25.	
	Improve patients' experience of choice at point of referral	BOB already has 'patient choice' within the elective referral pathway.	
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025	BOB providers plan to achieve 70% by March 2025. February 2024 performance 66.5%	
	Meet the cancer faster diagnosis standard by March 2024 so that 77% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	BOB plans to achieve the 77% FDS standard. February 2024 performance 78.2%	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	BOB continues to build upon last year's plan to deliver this ambition.	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24	BOB is planning to achieve the 2024/25 ambition of <15% patients waiting a diagnostic test. This continues an improving trajectory over the past months (February 2024 performance 15.3%)	
	Prioritise the opening and maximisation of approved new capacity to deliver planned additional activity.	Plans prioritise opening and maximising diagnostic capacity in support of Cancer 62-day performance and treating long waiting elective patients	
Maternity	Continue to implement the Three-Year Delivery Plan for Maternity and Neonatal services	In progress	
Use of resources	Deliver a balanced net system financial position for 2024/25	Submitted deficit position	
	Meet the 2.2% efficiency target	Submitted 6% efficiency plan	
Workforce	Reduce Agency to 3.2% of total wage bill	Dedicated Temporary staffing Programme. BOB plans equate to 2.1% of wage bill attributed to Agency.	
	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	Continue to improve access and quality in line with the priorities set out for 2023/24 and increase delivery of full annual physical health checks. Further expand access to NHS talking therapies and Individual Placement and Support (IPS) services in line with the additional funding being made available, as announced in the 2023 Spring Budget and Autumn Statement	Planned trajectories seek to increase patient contacts; improving number of annual health checks (AHC) completed and outcomes for patients accessing talking therapies (TT). AHC >7k now rising to >8k by March 2025 TT target 48% currently achieving 50%	
	Achieve Dementia Diagnosis Rate (DDR) of 66.7%	BOB current performance hovers at low 60% range, trajectory is based upon estimated prevalence. Plans seek to achieve 63.1% in March.	
	Work towards eliminating inappropriate adult acute out of area placements	Continue to work towards achieving zero, demand and capacity remains unbalanced. BOB planning for 6 at March 2025 (we previously monitored total bed days 115 in quarter 3 2023/24)	
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	BOB plan to ensure 78% on the LD register aged over 14 receive an annual health check in 2024/25. At M10 2023/24 BOB had completed 54%	
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2025 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	29 adult inpatients (per million). March 2024 BOB had 60 adult inpatients vs target of 37 in March 2025	
		19 under 18s inpatients (per million) March 2024 BOB had 10 CYP inpatients vs target of 5 in March 2025	
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77%	65.8% (Sep 2023) – latest data point) - continues to improve (under 58% in 2022)	
	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%	55% Sep 2023 (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	