

BOARD MEETING

Title	Our approach to System Planning, Transformation and Recovery for 2024/2025		
Paper Date:	12 March 2024	Board Meeting Date:	19 March 2024
Purpose:	Information/Discussion	Agenda Item:	11.2
Author:	Robert Bowen, Deputy Director Strategy and Partnerships; Ben Gattlin, Head of Planning & Performance; Kate Holmes, Head of Planning, Contracts, Capital & Place Transformation	Exec Lead/ Senior Responsible Officer:	Hannah Iqbal, Chief Strategy & Partnerships Officer; Matthew Tait, Chief Delivery Officer; Matthew Metcalfe, Chief Finance Officer

Executive Summary

Ahead of the 2024/25 financial year, the executive planning leads have been providing the Board with regular updates on our approach to 2024/25 system planning. This paper builds on discussions in January 2024 and provides updates on:

1. The national 2024/25 operational planning context and priorities, as currently understood, including the requirement to make a draft system submission from all Integrated Care Boards and NHS Trusts on 21 March 2024.
2. How we have been working with system partner colleagues to ensure appropriate input to the planning and priority setting through ongoing comprehensive engagement.
3. The development of an approach to planning that balances the need for both system recovery and a continued focus on longer term transformation.
4. The detail and next steps for each of our system goals including information on the proposed scope of work and expected impact of the transformation goals.

Action Required

The Board are asked to:

- Note the system's approach to meeting the national planning expectations, despite the additional operational guidance not being published (at time of writing).
- Agree delegation of draft plan submission to the CEO, CFO and Chair (for 21 March submission).
- Agree to the proposed System Goals, recognising the shift towards balancing transformation with recovery.
- Note the proposed System Recovery and Transformation Board as the mechanism to oversee delivery of these programmes.

Conflicts of Interest:

Conflict noted: conflicted party can participate in discussion and decision

The goals 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 regularly by the Executive Management Committee.

Our approach to System Planning, Transformation and Recovery for 2024/2025

Overview

1. Ahead of the start of the new financial year 2024/2025, the executive planning leads have been providing the Board with regular updates on our approach to 2024/25 system planning.
2. This paper builds on discussions in January 2024 and provides:
 - a. A short update on the national 2024/25 operational planning context and priorities, as currently understood.
 - b. An update on how we have been working with system colleagues to ensure appropriate input to the planning and priority setting.
 - c. An update on the development of a system approach to transformation and recovery
 - d. An update on the detail and next steps for each of our system goals

National Planning Process

3. As described in January, NHS England wrote to the ICB on 22 December outlining that discussions with Government on operational guidance remain live, and NHSE would therefore not be able to publish the 2024/25 priorities and planning guidance until the new calendar year. Systems have not yet received additional guidance and it is expected that operational priorities on urgent and emergency care, primary care access, and elective and cancer care will not fundamentally change.
4. Within this context, systems were asked to submit a summary planning return on 29 February 2024. We worked with system partners to complete this, setting out an indicative financial position for 2024/25 in addition to our planned performance on key operational metrics including:
 - a. Accident and Emergency department waiting times.
 - b. Elective care waits
 - c. Value weighted activity compared to 2019/20
 - d. Cancer 62-day treatment target
 - e. General and acute bed numbers
 - f. Workforce numbers
5. A draft system submission will be required from all Integrated Care Boards and NHS Trusts on 21 March 2024. This paper seeks delegated authority for the Chief Executive Officer, Chief Financial Officer and Chair to sign off and submit the draft ICB plans.

Local Planning Discussions

6. In January, we set out our process for 2024/25 system planning, ensuring wide engagement with partners through Integrated Care Partnership discussions, Trust planning meetings, regular BOB ICS CEO calls (NHS & Local Authority), discussions at Place Partnerships and with Provider Collaboratives, alongside NHS planning meetings.
7. These discussions have focussed on a small number of priorities (“System Goals”), and the expected operational deliverables for 2024/25. The System Goal ambitions build on those articulated in the Integrated Care Strategy and the Joint Forward Plan (JFP) by focusing on a small number of priorities.

8. Since January, we have built on our engagement by undertaking further discussions to agree priorities within:
- **System Board Discussions** – Themed discussions on system goals within forums such as the BOB Mental Health Partnership Board; Primary and Community Transformation Board; BOB Children and Young People’s Board.
 - **BOB Joint Health Overview and Scrutiny Committee** – Discussions held with scrutiny representatives from across our three places to provide input and challenge into our system goal priorities.
 - **NHS Leaders System Workshop** – Workshop held with NHS leaders to discuss our shared financial context for 2024/25 and explore how we might need to work differently together given the challenges of system financial sustainability.
 - **NHS Leaders planning calls** – Regular CEO discussions, in addition to functional working groups of NHS system operational and financial leaders to develop approach and ensure alignment on planning assumptions.
 - **Place level discussions** – An update at place partnership meetings and other place level discussions to discuss alignment with local planning priorities.
 - **Internal ICB Planning Discussions** – Several planning workshops within the Integrated Care Board to evaluate investment requirements for the next year and identify key choices to make, once statutory and mandatory requirements have been met.

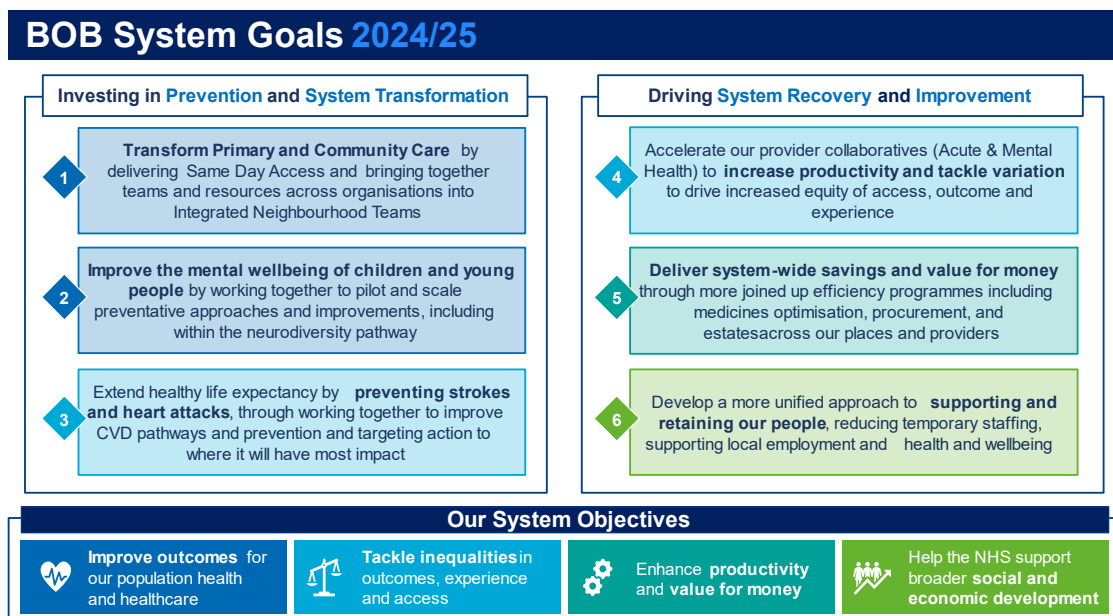
Our approach to System Recovery and Transformation

9. Through the discussions outlined above, it has become increasingly clear that our system is not yet working in a way that is operationally or financially sustainable. Whilst it is too early to set out our system financial position for the next year, the system looks set to forecast a deficit position with significant unmitigated pressures across partners. Given the need for system operational and financial sustainability, we need to ensure we are doing all we can as a system to mitigate this through our approach to planning, priority setting and resource allocation for the next financial year.
10. In addition to our financial situation, it is also clear that we are not yet fully maximising the benefits of system working to improve outcomes and transform the way we deliver healthcare. Shifting our focus to prevention, using data to segment our population and target resource, and drawing together multi-professional teams around pathways will allow us to improve outcomes, manage demand and release efficiencies. However, the operational challenges of today are currently driving out our ability to fundamentally transform our system in ways which will have lasting benefits.
11. To achieve the level of transformation that we require, we will need to develop greater clarity about our shared direction, followed by closer alignment and coordination of our total £3.5bn NHS system resource to achieve our priorities. We will also need to be clearer on how, within a challenging operational environment, we maintain the leadership headroom, capability and capacity required to drive change across the system, keeping track of our progress as we go.
12. Taking these together, we will need to adopt a dual focus on system recovery and transformation over 2024/25 and likely beyond. To support this, it is proposed that from April 2024, we set up a new System Recovery and Transformation Board to oversee the delivery of the BOB System Goals, focusing on driving both system recovery and transformation. The original goals will be strengthened to provide a more robust approach to driving financial efficiency and operational improvement. In addition, the first goal will be broadened to include a wider focus on transforming primary care through Integrated Neighbourhood Teams and the addition of Same Day Access, reflecting the Primary Care Strategy. The implementation of this will be held until the final strategy is approved (expected Spring 2024).

13. Driving transformational changes in a complex and operationally challenged system will require a level of skilled and dedicated resource. We are therefore looking to set up a System Delivery Unit, which will be hosted by the ICB and will support the System Recovery and Transformation Board by ensuring effective implementation of the System Goals and constituent programmes of work.
14. We are also exploring further resourcing opportunities such as how we might work differently with partners including across NHS, Local Authorities and the VCSE sector underpinned by a social investment approach. These discussions are ongoing but would bring potential investment funds into BOB which could be used to pump prime preventative initiatives.

Updated System Goals 2024/2

15. Considering the context described above, our System Goals, have now been deliberately separated into those focused on *Prevention and System Transformation* and those focused on *System Recovery and Improvement*. This is shown in the diagram on the next page.
16. This separation aims to ensure that across our system, we can hold the tension of addressing the immediate need to deliver improved performance and financial sustainability, with the need to make longer term changes that support our populations be healthy and well in their communities for longer. Over time, these goals will also all play a role in reducing demand and ensuring a better use of system resources.



17. Since January, each of the transformation focussed System Goals has been developed to include additional detail on the rationale for its inclusion, the proposed scope of the programme and the expected outcomes that will be achieved, including how success will be measured. Additional details of the *Prevention and System Transformation* goals can be found in Appendix 1.
18. The *System Recovery and Improvement* goals will continue to be refined in March through discussions with partners in preparation for the first Recovery and Transformation Board on 12 April 2024. Given the ongoing discussions relating to the System Recovery approach and the system financial position heading into next year, this paper only includes indicative detail of these. This is also due to ongoing work to reset our approach to system efficiency from next financial year, including how we utilise and build on the work of the ICS Efficiency Collaboration Group.

Asks of the Board

19. The Board is asked to:

- Note the system's approach to meeting the national planning expectations, despite the additional operational guidance not being published (at time of writing).
- Agree delegation of draft plan submission to the CEO, CFO and Chair (for 21 March submission).
- Agree to the proposed System Goals, recognising the shift towards balancing transformation with recovery.
- Note the proposed System Recovery and Transformation Board as the mechanism to oversee delivery of these programmes.

Next steps

20. A draft system Operating Plan submission is required to be made by the ICB and Partner NHS Trusts on 21 March 2024. This will be coordinated by the ICB Chief Delivery Officer and Chief Finance Officer, working closely with the system executive teams, the ICB Chief Executive and Chair.
21. The strategy and partnerships team will continue to work closely with leads to refine the System Goals and the process for monitoring delivery progress. This will be in alignment with any final requirements identified from the operational planning process and agreed changes resulting from engagement on the Primary Care Strategy.
22. Reporting on delivery progress will be made at subsequent public meetings of the ICB Board.

Appendix 1: additional detail on each of the proposed 2024/25 System Goals

BOB SYSTEM GOALS		
Goal	Rationale	KPIs
Transform Primary and Community Care by delivering improved Same Day Access and bringing together teams and resources across organisations into Integrated Neighbourhood Teams	Integrated Neighbourhood teams (INTs)	Rationale <ul style="list-style-type: none"> Over 50% people have at least one longstanding health condition. Over a quarter of the adult population live with more than two. Long-term conditions associated with older age such as dementia will increase in prevalence with our aging population. Early detection and coordinated management of these conditions is critical. Population Health Management (PHM) allows for development of targeted early interventions to proactively improve outcomes and address health inequalities. Improving proactive out-of-hospital care for priority groups keeps more people in their communities longer, reducing acute care demand.
		Scope of Work <ul style="list-style-type: none"> Rollout new INTs in the place geographies with a multi-disciplinary and cross-organisational model, targeting early interventions and proactive care for patients with complex support / care needs. Confirm common BOB-wide INT principles and model. Stocktake of current best practice and learning. Create a reliable model for risk-based population segmentation using PHM methods.
		Outcomes / KPIs <ul style="list-style-type: none"> At least 3 INTs operating in each BOB Place by end of March 2025 % of identified (high risk cohort) patients cared for by an INT by Q4 Reduction in avoidable admissions (% reduction from defined cohort)
	Same Day Access	Rationale <ul style="list-style-type: none"> Population growth and shifting demographics are driving up demand for primary care. Without a care model change, a 55% increase in GP appointments will be required within a decade. Since 2021, accessing primary care has become more difficult. Positive responses relating to appointment booking have decreased by 19%. Around 70% of population health needs are low complexity, accounting for roughly half of GP activity. These needs can often be directed to other primary care services like community pharmacies or virtual/physical access hubs. In the BOB ICS GP National Survey, it was reported that 10% people went to A&E when they couldn't get a GP appointment and 30% attended when the practice was closed.
		Scope of Work <ul style="list-style-type: none"> Support rollout of Same Day Access model and develop new plans for ongoing implementation. Clarify and share the PHM offer to segment our relevant populations. Agree common features, principles and enabling support based on good practice and shared learning.
		Outcomes / KPIs <ul style="list-style-type: none"> Improved patient experience. Released capacity in General Practice. Enhanced staff satisfaction in PCNs where model has been implemented. Increased referrals to alternative pathways

Support our children and young people (CYP) who are accessing Neurodiversity or mental health support services	Develop a system-wide needs led approach to supporting children and young people with a diagnosis of or suspected autism/ ADHD	Rationale <ul style="list-style-type: none"> In December 2023, BOB had over 11,000 CYP on the neurodiversity waiting list with an average assessment wait time of 92-102 weeks, exceeding the national average. 80% of CYP inpatients have autism or suspected autism. 70% of Neurodivergent children and young people have comorbid mental health difficulties
		Scope of Work <ul style="list-style-type: none"> Improved support offers for children and young people in our clinical pathways waiting for an (ASD /ADHD) assessment. Implement the THRiVE framework including piloting and evaluating schemes to introduce more early needs-based support in BOB working with system partners including VCSE and education providers. Deep dive into avoidable inpatient admissions that informs proactive planning to prevent avoidable admission
		Outcomes / KPIs <ul style="list-style-type: none"> Increased number of people accessing preventative early intervention support % reduction in avoidable hospital admissions Targeted mobilisation of Hospital at Home Model for children and young people with moderate to severe Learning Disability/Autism
	Improve the emotional mental wellbeing of children and young people	Rationale <ul style="list-style-type: none"> Demand for CYPMH services has grown by 32% since 2017, with greater acuity and complexity of need. Around one in five CYP aged 8 to 25 years had a probable mental disorder in 2023. Over 17,000 CYP have received support or treatment for a Mental health issue in the last 12 months. Waiting times for CAMHS services vary significantly across BOB
		Scope of Work <ul style="list-style-type: none"> Scale up preventative early needs-based support and intervention in schools, focussing on inequalities, working collaboratively with system partners. Identify and support regular users of our urgent/emergency MH and Acute services who often have complex support needs. Strengthen our Mental Health Support Team (MHST) coverage across BOB
		Outcomes / KPIs <ul style="list-style-type: none"> Increased number of people accessing preventative or early intervention support including MHSTs / counselling in schools % reduction in avoidable hospital admissions by 2025/26 Reducing waiting times for specialist MH Treatment (CAMHS services)

<p>Extend healthy life expectancy by preventing strokes and heart attacks, through working together to improve CVD pathways and prevention and targeting action to where it will have most impact</p>	<p>Rationale</p> <ul style="list-style-type: none"> • CVD accounts for 25% of UK deaths, with over 72,000 people living with relevant conditions in BOB. • CVD significantly increases premature deaths in deprived areas, with mortality rates four times higher compared to affluent communities. • Approximately 11% of BOB's population are active smokers and 3 in 5 adults are overweight or obese. • CVD prevention primarily involves lifestyle changes and community engagement, which can effectively reduce health disparities and are cost-efficient in preventing cardiovascular events.
	<p>Scope of Work</p> <ul style="list-style-type: none"> • Enhance early detection of CVD risk by widely implementing NHS Health Checks. • Address blood pressure control disparities in primary care by aligning practices with NICE guidance. Boost blood pressure checks in community pharmacies and encourage consistent self-monitoring. • Increase % of at-risk patients on lipid lowering therapies and optimisation treatments in line with NICE guidance. Prioritise lipid management within stroke and cardiology pathways (inpatient/outpatient/rehab). • Acute trusts to target and improve smoking cessation support in stroke and cardiac wards. • Focus on Patient Empowerment and Community Engagement to target approaches to smoking cessation, tackling obesity, increasing activity, healthy diets and alcohol consumption.
	<p>Outcomes / KPIs</p> <ul style="list-style-type: none"> • Over 77% of people with known hypertension are treated to age specific thresholds. • Increase lipid target achievement in CVD patients. Improve lipid management for people with QRISK >20% • NHS health checks available for staff in all trusts • More than 65% of people with SMI / LD access an annual Health Checks • Increased uptake of smoking cessation programmes from cardiac and stroke inpatients.