

**Agenda Item 12: Item 12**

**Meeting:** Buckinghamshire, Oxfordshire, and Berkshire CCGs Governing Bodies meetings in common

<b>Date of Meeting</b>	10 June 2021
<b>Title of Paper</b>	Operating Plan update ( April to September 2021)
<b>Lead Director</b>	Matthew Tait Interim Deputy SRO
<b>Author(s)</b>	Matthew Tait Interim Deputy SRO
<b>Paper Type</b>	Noting and ratification of financial plan
<b>Action Required</b>	<p>Governing Bodies are asked to note the submission of system plans to support local and national priorities and the financial plans associated with these as approved through the Finance committees in common in May with subsequent changes noted In the June Committee.</p> <p>Governing Bodies are asked to note that any subsequent changes to financial plans will go through the Finance committees in common.</p>

**Executive Summary**

As per national guidance a BOB Integrated Care System response to national priorities has been submitted on the 3<sup>rd</sup> June including narrative, activity and workforce template. System financial submissions have also been made covering all NHS organisations.

The templates contain a comprehensive response and demonstrate a commitment to recover services, support our workforce, and deliver improvements through a collaborative approach across system.

At present financial plans are not balanced and further work is underway to mitigate the financial risks identified. Key risks around workforce availability, future COVID waves , and the impact of waiting list backlogs are also identified together with mitigations where possible

<b>Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)</b>	Update was received by the at the May Governing body workshop on the first draft submission.
<b>Financial and resource implications</b>	As per financial plans reviewed at Finance Committee in Common
<b>Risk and Assurance</b>	As an overall plan it relates to a number of key risk in governing bodies assurance frameworks
<b>Legal implications/regulatory requirements</b>	Not applicable
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	Not applicable at this stage
<b>Public Sector Equality/Equity Duty</b>	Not applicable at this stage

<b>Conflicts of Interest</b>
Not applicable

<b>Authority to Make a Decision – process and/or commissioning (if relevant)</b>
As per Finance Committees terms of reference

## 1. Present Position

The BOB ICS submitted a set of operating plan templates on the 6<sup>th</sup> May covering the key national priorities outlined in the 2021/22 priorities and operational planning guidance and focuses on the period April to September 2020/21. The first draft has been reviewed by regional colleagues and an updated set of templates was submitted on the 3<sup>rd</sup> June.

The national priorities relating to the long term plan and reflecting the impact of the COVID pandemic and associated incident command structures are outlined below:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Continuing to meet the needs of patients with Covid-19 Maximise elective activity, taking full advantage of the opportunities to transform the delivery of service
- Restore full operation of all cancer services
- Expand and improve mental health services
- Expand and improve services for people with a learning disability and/or autism
- Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review
- Restoring and increasing access to primary care services
- Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities
- Transforming community services and improve discharge
- Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments
- Working collaboratively across systems to deliver on these priorities

We have adopted an approach with system leads co-ordinating responses to promote a system narrative and have completed narrative and numerical template covering activity, workforce and financial plans.

To support the templated submission we are developing broader system narrative as a summary document and this will be presented to future governing body meetings and will start to outline a longer term planning and delivery horizon than the April to September period.

## 2. Key Issues and risks

Whilst responding to the national priorities the plans also reflect our local system priorities, agreed across Chief executive Officers, which are outlined below:

- Cancer - Endoscopy

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Filename: Operational plan 2021

- CAMHS
- Recovery of three key elective specialities (Ophthalmology / ENT/ Orthopaedics)
- Financial sustainability
- Digital transformation

In terms of key risks the plans identify these around:

- Workforce availability and resilience
- Risk of another COVID wave destabilising delivery
- Financial pressures on revenue and capital allocations
- The impact of increases in waiting times in terms of clinical risk and broader quality and delivery of services

The plans includes mitigations for these risk, where possible, including closer working on workforce agency and bank, the embedding of collaborative responses to COVID pressures on areas such as HDU/ITU capacity, identification of potential additional elective recovery fund income and a consistent and focused approach to clinical prioritisation.

The plan outline a strong recovery position in terms of elective activity operating at an average at 94.3% when compared to 2019/20 baseline levels (Oxfordshire 87.6%, Buckinghamshire 93.2% and Berkshire West 110.1%). The national minimum expectation ranges from 70% in April to 85% in September so all areas are operating above this level. Actual numbers during April and May are generally at or above these planned levels.

Waiting list numbers have increased substantially as a result of the pandemic and plans will need further development to work through a detailed recovery trajectory.

Workforce plans show an increase of just less than 1% (between April and September) across our three acute providers, with a reduction in bank and agency usage. Mental Health workforce increases will be driven in line with the long term plan allocations and the Primary Care workforce is planned to increase by 105 wte by September; primarily through the Additional Roles Reimbursement Scheme (ARRS)

The system financial plans show a revenue gap of £9m and a capital gap of £12m. At this stage there has not been a submission of financial plans to reflect updated activity and workforce plans submitted on the 3<sup>rd</sup> June and these are likely to be submitted in late June and should reflect the potential financial benefit through the Elective Recovery Fund of increased activity plans.

The Elective Recovery Fund is a national £1bn fund to support systems increase elective activity and is calculated at a system level use a cost based tariff model. The funds will be paid to systems for activity above the national minimum levels. Present calculation suggests this could amount to £52m for the BOB system but further work is required to confirm the additional costs associated with the delivery of this activity. As outlined these assumption will be fully reflected in any resubmitted financial plans.

Individual CCG financial plans are summarised below:

- **Oxfordshire CCG: £1.5m deficit**, reducing from £2.8m in the first cut plan. This arises from the Mental Health mediation investment requirement, which is not funded in envelope but which has been partially mitigated through non-recurrent headroom elsewhere in the position.
- **Buckinghamshire CCG: Breakeven**, improving from a £2.2m deficit in the first cut submission which related to an unfunded contingency reserve which has now been removed from the plan.
- **Berkshire West CCG Breakeven**, improving from a £1.2m deficit in the first cut submission caused by iMSK and ADHD/Autism investment needs, which have been reduced and can be covered by other mitigations.

### 3. Recommendations

Governing Bodies are asked to note the submission of system plans to support local and national priorities and the financial plans associated with these as approved through the Finance committees in common in May with subsequent changes noted In the June Committee.

Governing Bodies are asked to note that any subsequent changes to financial plans will go through the finance committees in common.