

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
		E
DATE OF MEETING:	23 May 2024	
REPORT TITLE:	NHS Somerset 2024/25 Operational Plan Overview – Final Submission	
REPORT AUTHOR:	Scott Sealey, Deputy Chief Finance Officer and Deputy Director of Performance & Contracting	
EXECUTIVE SPONSOR:	Alison Henly, Chief Finance Officer and Director of Performance and Contracting	
PRESENTED BY:	Alison Henly, Chief Finance Officer and Director of Performance and Contracting	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	X
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	
Note	To note, without the need for discussion	
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	

SELECT (Place an 'X' in relevant box(es) below)	LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
	Objective 4: Strengthen care and support in local communities
	Objective 5: Respond well to complex needs
	Objective 6: Enable broader social and economic development
X	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

The ICB Finance Committee has approved the Operational Plan submission

REPORT TO COMMITTEE / BOARD

The enclosed paper provides an update summarising the NHS Somerset Integrated Care System operational planning submission for the 2024/25 financial year due to be submitted on 2nd May 2024.

This report provides an analysis of financial performance across the following areas:

- Summary of NHS Somerset Financial Position
- Summary of NHS Somerset Performance Position
- Summary of NHS Somerset Workforce Position

The Integrated Care Board is asked to approve the NHS Somerset Integrated Care System operational planning submission for the 2024/25 financial year.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	Financial decisions are made with due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share in it.
Quality	Financial decisions are made to deliver with regard to the best possible value for service users.
Safeguarding	No issues identified
Financial/Resource/ Value for Money	NHS Somerset Integrated Care Board has a confirmed revenue budget of £1,364,300,000 for the 2024/25 financial year as at the time of the planning submission.
Sustainability	No issues identified
Governance/Legal/ Privacy	The financial report details any constitutional standards required to be met by the NHS Somerset Integrated Care Board
Confidentiality	No issues identified
Risk Description	NHS Somerset Integrated Care Board must ensure it delivers the planned financial target.

Operational Plan Overview

ICB Board

23 May 2024



Overarching Narrative

- Primary Care and Community Services
 - Demand, capacity and service model
 - Alignment to requirements outlined primary care access and dental recovery plans
- Urgent and Emergency Care
 - Demand, capacity and productivity
 - A&E, ambulance performance, emergency admissions, virtual ward and NCTR
 - Contingent link between system flow and bed base to deliver plan
- Elective Care
 - Demand, capacity and productivity
 - Long waits, diagnostics and cancer
 - Delivery of performance against elective recovery fund (117.2%)
- Mental Health
 - Demand, capacity and productivity
 - Access to services community MH and LD services and requirements for bedded care
- Health Inequalities
 - Outline of actions to close inequality gaps
- 2 additional sections
 - Finance – Balanced plan, relating to delivery of workforce and capacity reductions and delivery of ERF
 - Workforce
 - SFT – 292 WTE reduction across substantive, bank and agency
 - Primary Care – 51 WTE increase in primary care and ARRS roles

Financial Plan Overview



Final Financial Plan Position

- NHS Somerset has submitted a balanced financial plan for 24/25.
- This position assumes the system will deliver a stretch target of £4.3m over the remainder of 2024/25 (with further delivery into 2025/26 to improve the system underlying position).
- It is projected that the NHS Somerset underlying deficit position will improve from an £84m deficit at the exit of 23/24 to a £65.5m deficit at the exit of 24/25.

Risks and Mitigations	Somerset ICS	Change to Draft Submission
Negative Impact to position not included in plan	£'000	£'000
Prescribing - NCSO	(5,000)	
GP Direct Access	(1,171)	(21)
Hearing Aids	(304)	(304)
Winter	(2,000)	
System Cost Improvement Programme	(6,327)	(4,327)
SHS	(300)	1,100
Continuing Health Care	(2,000)	
ERF	(5,000)	(2,000)
Flexibility in Ringfenced Budgets	(5,000)	
Safety Investments	(500)	1,700
Total	(27,602)	(3,852)
Positive Impact to position not included in plan	£'000	£'000
Contingency	5,556	56
N/R Support	3,000	(2,000)
Total	8,556	(1,944)

	Total Savings £'000	Recurrent £'000	Non Recurrent £'000
24/25 Savings Programme	(93,330)	(42,477)	(50,853)
		46%	54%
Somerset ICB	(35,813)	(15,871)	(19,942)
Somerset FT	(57,517)	(26,606)	(30,911)

System Savings as % of ICB Allocation	6.9%
SFT Savings as % of SFT Gross Op Ex	5.4%



Operational and Performance Plan Overview



Activity & Performance Position

Elective Care

- ERF – 117.2% against the 109% target (incl +1.3% coding improvement) – **compliant***
- 65 Week Waits of Zero by Sep-24 – **compliant**
- 52 Week Waits – reducing number of long waits – **no national target, (reduction)**
- 52 Week Waits (Children) – reducing number of long waits – **no national target, (reduction)**
- Faster Diagnosis standard – delivery of standard 6 months early – **compliant**
- 62 Day First Treatment – improving position and delivery from Jan-25 - **compliant**
- Lower GI Cancer with FIT reaches 70% – **non-compliant**
- Increase in patients going through non-specific pathway – **no national target, (increase)**
- Diagnostics <6 week waits of 95% by Mar-24 on an all modalities basis – **compliant**
- Prioritisation of first OPA and OPA with procedure to 49% of total activity - **compliant**
- PIFU increased to 54,518 in 24/25 – **no national target, (increase)**
- *ERF – the planning template (Ready Reckoner) is calculating Somerset plans as 109.9%, whereas the local assessment is 117.2% (and underpins finance plan). There is a recognised issue with the Ready Reckoner affecting Systems Regionally and Nationally and NHSE Regional Team are urgently working on this with the Team*

Urgent Care

- Ambulance mean handover of 26.6 minutes and lost hours as per 23/24 – **compliant**
- A&E reaches of 78.3% by Mar-25 (and improved in year performance) – **compliant**
- Adult G&A Beds – inclusion of additional **escalation** (20 across both sites to end of Jun-24) and access to these beds as required during winter (Dec-Mar) but bed numbers lower than the peak (in Jan-24) - **non-compliant**
- Improving bed occupancy aligned with NCTR reduction, although bed occupancy more challenged at YDH and does not reach 92%, 95% of the time at either site - **non-compliant**
- NCTR to 10% of occupied beds by 31 July 24 – **no national target (reduction)**
- >21 Day LOS linked to NCTR improvements – **no national target, (reduction)**
- Increase in discharges home on P0 to 90% - **compliant to P0 ambition**
- Movement of 0 LOS (SDEC) activity from admitted patient care to ECDS; migration at MPH to take place by July for Medical SDEC and October for Surgical SDEC. YDH SDEC to migrate ahead of July deadline – **compliant**
- Delivery of H@H by Nov-24 to maximum capacity (200) and 80% occupancy – **compliant**

Activity & Performance Position

Community Services and Primary Care

- 6 new community measures were introduced late in the planning cycle, and plans have been agreed with the Service Leads:
 - Dental Access (adult, children) & UDA (activity) – partially-compliant, increase on 23/24
 - Urgent Crisis Response (all referrals) - no national target, (increase)
 - 52 Week Waits (adult, children), breaches within Podiatry Service only. Improvement plans still be worked up by Service so subject to revision. Instances of 104 week waits so plan to include separate trajectory for very long waits. Improvement plan to be presented to System Assurance Forum in June – flat waiting list – partially compliant
- Primary Care consultations 2% higher than 23/24 – no national target, (increase)
- 85% of GP consultations are within 14 days of booking – compliant
- Community bed numbers – 302 in April (actual), reducing to 286 in May with further reduction in October of 258. Discussions continue via System Flow workstream (Priority 3) on required number of community beds for 24/25, so plan subject to revision.
 - Community Hospital: Apr 204, May-Sep 188, Oct onwards 160
 - Care Home: 98 Apr-Mar

Mental Health and Learning Disabilities

- Talking Therapies (reliable improvement) 68.1% against 67% ambition – compliant
- Talking Therapies (reliable recovery) 50.0% against 48% ambition – compliant
- Inappropriate out of area placements of 1 – compliant
- Perinatal Mental Health – compliant
- Community Mental Health Services – compliant
- CYP Access – compliant
- Physical Health Checks for People with SMI – improvement on 23/24 – compliant
- Dementia Diagnosis Rate has been revised to meet 60.0% by Mar-25. This is a 5% improvement on Jan-24 and improvement plans urgently being developed to achieve this improved level of performance. Assessed as non-compliant as does not meet 67% national standard – non-compliant

Workforce Plan Overview



SFT WTE Workforce Projection

	Actual M11 (baseline) Total WTE	Mar-25 Total WTE	Change (base to Mar 25) Total WTE	% (base to Mar 25) Total WTE
Total Workforce (WTE)	12,797	12,505	-292	-2.3%
Total Substantive (contracted in post)	11,943	11,765	-178	-1.5%
Total Bank	634	559	-75	-11.8%
Total Agency	220	181	-39	-17.7%

The updated workforce position maintains the NHSE planning requirement to cap the total SFT workforce to within the 23/24 M7 actual, by March 2025

Summary of drivers for WTE movement:

Start position March 2024	12,797
24/25 and FYE 23/24 Investments	82
Service changes	105
Reduction in Bank/Agency	-113
CIP/Productive Care	-257
Hosted Roles adjustment	-109
Planned position March 2025	12,505

Investments/service changes are detailed on the next slide.

The plan assumes ambitious WTE reduction, phased quarterly to reflect the likely delivery of CIP/productive care outcomes.



Primary Care WTE Workforce Projection

	Year End (Mar 24) Total WTE	Year End (Mar 25) Total WTE	Change (Apr 24 to Mar 25) Total WTE	% (Apr 24 to Mar 25) Total WTE
Total Workforce (WTE)	2,100	2,174	74	3.5%
GP Workforce	376	390	14	3.7%
Nursing Workforce	235	246	11	4.7%
Direct Patient Care (ARRS funded)	340	390	50	14.7%
Direct Patient Care (not ARRS funded)	230	230	0	0.0%
Other Admin/Non-Clinical Staff	919	919	0	0.0%

- Plan assumes WTE growth of 74 WTE (3.5%) based on:
 - A modest increase in GP numbers through the ongoing development of local incentives and expansion of international doctor recruitment, mitigating current vacancies
 - Expansion of nursing workforce in line with previous years
 - Significant ongoing recruitment of ARRS roles to increase uptake of the Somerset ARRS allocation, with particular emphasis on newer roles which provide local progression and are proving attractive (eg GP Assistant)
- Delivery of this workforce plan relies on effective retention, supported by the system wide retention strategy.

