ESTABLISHMENT BOARD MEETING OF THE BUCKINGHAMSHIRE, OXFORDSHIRE, AND BERKSHIRE WEST INTEGRATED CARE BOARD

Date of Meeting: 01 July 2022	**Agenda item:** 07

Title of Paper: 2022/23 Operational and Financial Plans

Paper is for: (Please ✓)	**Discussion**		**Decision**		**Information**	✓

Executive Summary

The BOB Integrated Care System (ICS) NHS partners have been required to develop an 2022/23 operational plan in response to NHS England/Improvement (NHSEI) national guidance. The plans cover finance, workforce, activity, and performance metrics.

The final submission of templates to NHSEI was on the 20 June. Our system plans demonstrate an ambition to live within our financial allocation, increase our activity to above pre-pandemic levels, develop a range of new services and increase our workforce in specific areas where hypothecated funding allows.

The key risks to delivery of our operational plans are the recruitment and retention of our workforce, the ongoing impact of the pandemic and any future surges and the delivery of cost improvement plans.

The submitted financial plan for the BOB Integrated Care Board for 2022/23 (incorporating the first three months of the previous Clinical Commissioning Groups) is to achieve a surplus of £22.2m. This includes an expectation of £21.9m system wide cost reductions which will need to be identified across NHS partners during the financial year.

Action Required

The Board Members are asked to note the operational and financial plans for 2022/23.

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Date of Paper: 23 June 2022

Conflicts of Interest

No conflicts to identify as paper is for noting

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g., pecuniary benefit	
Conflicted party is excluded from discussion	

2022/23 Operational and Financial Plans

Context and Overview

1. The operating plan for the Integrated Care System (ICS) has been developed in response to the NHSE/I guidance published on the 24 of December 2021. Final templates were submitted on the 20 June. Whilst several elements have a wider system focus this is primarily an NHS operating plan.

2. Local priorities for 2022/23 have been identified as Elective Care, Urgent and Emergency Care (UEC), Children's and Adolescents Mental Health services and our workforce agency proposals.

3. The table below summaries key elements of the submission.

Organisation (Note 1)	Finance Planned (-Deficit/ Surplus)	Workforce			Activity (against 2019/20 baseline)			
		Staff in post	Planned staff in post	Workforce Variance %	Elective + Day case spells	Outpatient First appointment	Outpatients Follow up appointment	Tariff Weighted activity
	(£000s)	31/03/2022	31/03/2023					
BHFT	-860	4,635	4,878	5.20%				
BHT	-17,640	6,169	6,177	0.10%	105%	105%	99%	
OHFT	-6,100	6,246	6,561	5.00%				
OUFT	1,280	13,634	13,842	1.50%	101%	104%	100%	
RBFT	1,100	6,243	6,444	3.20%	98%	118%	106%	
CCGs / ICB	22,220							
PMS		4,016	4,303	7.10%				
Total	0	40,943	42,205	3.10%	104%	107%	93%	101%

Finance

4. The ICS has submitted a balanced financial plan against an initial allocation of £2.9 billion in 2022/23. The financial plan includes a significant amount of risk, including unidentified cost improvement programmes, and has some organisations planning a surplus with others in deficit.

Activity and Service Plans

5. The System is fully committed to delivering additional activity beyond pre-pandemic levels, increasing our elective capacity to reach 101% of value weighted elective activity vs 2019/20 levels. In addition, the operating plan aims to reduce the Elective waiting list size by 15% through 2022/23.

6. The plan outlines actions that will be taken to improve service delivery across UEC, Mental Health and other key areas identified in the national guidance. The ICB Primary care plans include additional c.20k appointments per month in 2022/23 when compared to 2021/22. UEC through 111 service plans to refer double the

number of contacts into same day emergency care (SDEC) to avoid unnecessary trips to our Emergency Departments and reduce present discharge delays by 50%.

7. From a workforce perspective the plan addresses staff recruitment and retention, and any additional support measures to ensure a reduction in staff turnover and increase in staff wellbeing. The ICS is committed to reducing our Bank and agency spend. Our present workforce plans increase our workforce by 3.1%.

Risks

8. The key risk to delivery of the plan included workforce availability and retention, ongoing impact of the pandemic and any future surges and delivery of cost improvement plans.

Asks of the Board

9. The board are asked to note the operational plan (summaries included as annexes 1 and 2) of the BOB ICS which includes the BOB ICB position.

Note 1:
BHFT   - Berkshire Healthcare Foundation Trust
BHT   - Buckinghamshire Healthcare NHS Trust
OHFT   – Oxford Health Foundation Trust
OUFT   - Oxford University Hospitals NHS Foundation Trust
RBFT   – Royal Berkshire NHS Foundation Trust
CCGs   – Clinical Commissioning Groups (Oxfordshire, Buckinghamshire, Berkshire West)
ICB   - Integrated Care Board
PMS   - Primary Medical Services

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Annex 1

Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS)

Operational Plan Summary 2022/23

1. Introduction and Context

The Buckinghamshire, Oxfordshire, & Berkshire West Operating plan for 2022/23 is based on the national planning guidance issued on the 24 of December 2021, covering 11 key areas:

- Establishment of ICBs and collaborative system working
- Response to COVID-19 (Vaccination Programme and needs of patients)
- Elective recovery
- Improvement in Urgent and Emergency Care Responsiveness
- Improvement in timely access to Primary Care
- Improvement in Mental Health, Learning Disabilities and Autism services
- Development of a Population Health Management approach & addressing Health Inequalities
- Achieve a core level of digitisation in every service across systems
- Investing in our workforce
- Resource utilisation

Oversight of plans is through the ICB and ICS partner organisations with broader system working through systems group, project, and programme structures.

2. Establishment of ICBs and collaborative system working

The ICS established a clear programme to deliver the transition and establishment of the Integrated Care Board (ICB). To plan for the broader development of the ICB and ICS is outlined in the BOB Service Development plan (SDP). The SDP outlines key milestones around number of work programmes including governance, Place-based Partnerships, Provider Collaboratives supported by enablers including clinical and professional leadership, digital and assurance and improvement models.

3. Service Improvement plans

Response to COVID-19: Our continued response to COVID centres on embedding our COVID Medicines Delivery Unit (CDMU), providing a comprehensive vaccinations programme and improvement in the long COVID pathway.

CMDU: We await further national guidance on clinical model, framework and financial guide to support which will inform future plans however trusts have continued to plan for service delivery through 2022/23 with potential for future surge. We need to ensure sustainability of this service provision and best value for money in our ICS service model.

To support programme delivery of the **vaccination programme**, the central ICS vaccination infrastructure including System Vaccine Operational Centre will be maintained. The SVOC (System Vaccine Operational Centre) also supports the SOC (System Operations Centre). Key deliverables in 2022/23 include:

- Autumn booster (minimum requirement cohorts 1-6, maximum requirement cohorts 1-9, tbc)
- Access – Ensure sufficient access to vaccination, 30-minute travel time and open 08:00-20:00.
- Inequalities - Maintain a focus on hard-to-reach population groups so that the rate of vaccination does not vary more than 10% from the rest of the population
- Formalise BOB wide operational infrastructure to support delivery throughout 2022/23 – April 2022
- Alignment of the flu and covid programmes – Autumn 2022

Long COVID: Three adult Post-COVID Assessment Services have been established across BOB ICS NHS providers since January 2021 with BOB services (BHT, OHFT, and RBFT) being some of the earliest to commence in the country. The long covid programme of work will cover increased numbers of assessments, added rehabilitation clinics, promoting personalised care, and supported self-management. The long covid programme will also focus on reducing long waits (waiting longer than 15 weeks) to the appropriate programme / pathway through additional recruitment and commencing some of the rehabilitation work for patients prior to them attending their assessment appointment.

Elective recovery: The Trust plans outline an ambition target to increase **elective** day case and inpatient procedures and completed treatments against pre pandemic levels (104%) and (109%). The weighted activity level of 101% against a national target of 104% does present a risk that the system may lose elements of the allocation against the elective recovery fund.

The plans are compliant with national ambitions to eliminate 104 week waiting patients by July 2022. The BOB ICS is committed to reducing the volume of very long waits and has worked with system partners to set a more ambitious target of eliminating 78+ waits ahead by December 2022 ahead of the national April 2023 deadline.

Outpatients Transformation in the BOB ICS during 2022/23 will include the expansion of patient initiated follow ups (presently covering 13 specialities), embed elements of

virtual consultations that worked well during the pandemic, additional advice and guidance including wider roll out of the NEC REGO referral management system. Plans will be supported by capital investment to create a virtual outpatient's hub in Amersham hospital and increased outpatient capacity at Townlands (Henley) and Bracknell.

Cancer: The System will achieve the target set out of returning the number of people waiting 62 days or more for cancer treatment to the February 2020 level (plans reduce waiting list to 360 against a target of 366). The Thames Valley Cancer Alliance (TVCA) will continue to undertake monthly Faster Diagnostic Standard (FDS) review to assess pathways not currently meeting compliance and undertake key improvement work required to support compliance to FDS.

Key workstreams to support delivery of improvement across all cancer standards include:
- Extending coverage of **non-specific symptom pathways**
- **Timely presentation** and effective **primary care pathways**
- Best practice **timed pathways**
- Priority pathway improvement – **FIT testing** and **skin pathway redesign**
- **Targeted case finding and surveillance** – Targeted lung health checks, Lynch Syndrome, Liver Surveillance
- **Population Screening**

Alongside supporting nationally driven public awareness campaign messaging using TVCA social media platforms, there will be specific focus on developing targeted awareness campaigns to known areas of inequality through the Cancer Allies Programme to improve referrals. This programme directly delivers against the Core 20Plus5 national programme with cancer being one of the five priority programmes. TVCA have allocated national ringfenced funding to support improvement.

Diagnostics - BOB ICS is currently developing a System Diagnostics Strategy to bring together all network (imaging, pathology and endoscopy) strategies and Provider Diagnostic strategies into one aligned strategy. As a system 120% of pre-pandemic levels as per the national ambition (ICS plan delivers 110%), is unlikely to be met for the diagnostic waits. However, additional capacity is associated with the continuation of Community Diagnostic Centres (supported by national funding allocations) and the application of Trust growth assumptions. The ICS is also prioritising capital bids to address key capacity issues with a specific focus on Endoscopy.

Maternity the BOB Local Maternity and Neonatal System (LMNS)has developed a high-level delivery plan which includes a series of deliverables with the following overarching headings: pandemic recovery, maternity and neonatal transformation, quality surveillance

and BOB LMNS local priorities. Specific funding has been allocated to develop maternal medicines networks and maternal mental health services.

UEC & Community Care: In BOB, an enhanced system programme focusing on UEC is being established this will focus on operational oversight and key improvement work covering key priorities to support system flow and admission avoidance.

The ICS will continue to work closely with SCAS to reduce handover delays and response times including maximising referrals into our expanding urgent community referral services.

The system will be reviewing priorities to reduce bed occupancy using the national demand and capacity funding being allocated at a national level during 2022/23.

In terms of broader community services, the plan demonstrates an ambition to reduce community waiting times and establish a set of clearly defined anticipatory care services and build on best practice to strengthen our support model for enhanced care in care homes. The ICB has also received specific funding of £5.6m to expand our virtual ward capacity alongside £0.569m to support regional scaling of remote monitoring.

Primary Care: Improved access to primary care is an integral part of the solution to the challenges faced by the system. The wider roll out of the Community Pharmacist Consultation Service and projects for same day urgent access (111, urgent care centres, PCN urgent access hubs) will alleviate some of the pressures faced by the Emergency Departments in the ICS.

Operational Priorities for Primary Care are:
- Improved primary care access – more appointments, timely access to appointments, face to face and digitally lead appointments.
- Continued focus on workforce support, stability, and expansion – core primary care and **Primary Care Network (PCN) ARRS** (Additional Role Reimbursement Scheme) roles
- Onboard, manage and deliver the responsibilities for POD (Point of Delivery) services, delegated commissioning of dental, community pharmacy and optometrist services in line with the regional programme.
- Delivery of core GMS services and the new PCN DES requirements
- Advancements in integrated working – and the delivery of integrated care at the most appropriate geography / population level, PCN, sub-place, place, system
- Addressing inequality in health outcome and working in targeted ways to identify and address inequalities, through of population health management work and as a part of the overall approach to Core20Plus5

- Advances in digital technology and the digital first programme to improve patient access and experience and promote greater efficiency in the delivery of services
- Further development and support for the maturity of PCNs
- Balancing future vaccination commitments with core service delivery

The Long-Term Conditions BOB Clinical Networks will work together with partners to improve outcomes in population health and healthcare, target areas of inequalities, prevent long term conditions, supporting people with LTCs to stay well & independent. Operation plans will deliver the following in 2022/23.

- Increasing the detection of people with Hypertension and Atrial Fibrillation (AF)
- Increasing Health Checks
- Improving the diagnosis of people with Chronic Obstructive Pulmonary Disease (COPD) symptoms
- Better management of people with:
  - Hypertension (to target Blood Pressure)
  - Diabetes (to treatment targets)
  - AF (optimisation of treatment)
  - COPD (decrease length of stay and readmission to hospital)
  - Stroke rehabilitation

Mental Health: Establishment of the ICB offers the opportunity to bring together the various mental health workstreams into a coherent BOB Mental Health Programme with several enabling workstreams – digital, workforce, data quality and health inequalities.

The ICB is committed to developing a strategic outcomes framework for mental health which will form the backbone of our programme and will use the Population Health Management tools to help identify where we need to target our efforts and investment.

Key deliverables for Mental Health services across BOB include:

- **Autism waits**: Agree action plan from Rapid Improvement Events (RIEs) in Q1 2022/23 with a focus on streamlining assessment processes, reducing waits and the development of a BOB wide, collaborative, pre and post assessment support offer.
- **Child and Adolescent Mental Health Services:**
  - Implement the Clinical Care Pathways programme to inform demand/capacity & support workforce development & future investment plans.
  - Further development of digital offer including commissioning of a digital provider to reduce current waiting lists for anxiety & mood disorders.
  - Expand the Mental Health Liaison Service (MHLS)

- o Children and Young People Crisis Service: Implement Crisis Resolution and Home Treatment Team model in Q3 (Berkshire West)
  - **Eating Disorders:**
    - o Sustain average 7-day response to urgent referrals during 2022/23
    - o Reduce average response time to routine referrals (currently circa.8 weeks) by Q4 2022/23 to 4 weeks.
    - o Delivering First Episode Rapid Early Intervention for EDs (FREED) for earlier and proactive engagement to improve outcomes and reduce illness duration for young adults.
    - o Expanding the digital support offer.
  - **EIP:** Increase access and family interventions.
  - **Improving Access Psychological Therapies (IAPT):** Develop an IAPT recovery plan to improve access.
  - **Dementia Diagnosis Rate:** Set up a task and finish group to improve performance.
  - **MH Practitioner roles (ARRS):** Recruit ARRS roles for all PCNs across BOB.
  - Work with the Provider Collaborative in work to develop alternative **models of care and to manage patient flow**

Learning Disabilities and Autism: Accessible access to health care is weaved throughout the LD&A programme noting that both physical health care is critical for people with a learning disability and/or autism with the premature mortality rates, their right to access health care as an inpatient and in the community, and due to the nature of learning disability may find it harder to access mainstream services physical and from a communication standpoint.

Key deliverables for LD & Autism include

- Ensuring **Green Light Toolkits** are established in mental health inpatient settings.
- Extending the **reasonable adjustments service (RAS)** team model across the ICB.
- Developing and promoting **anticipatory adjustments**.
- Use learning from S&WB panels for barriers to physical health care, and gaps in provision for people with LD&A in MH inpatient settings.
- Incorporate **mental health care** into **discharge planning** to ensure safe discharge and be assured of ongoing physical health monitoring in the community.

Health Inequalities: Addressing health inequalities is central to our operational planning delivery and is a cross cutting theme across all our priorities in 2022/23. We will build on our understanding of our population and work through our places as an Integrated Health & Care System to deliver our broad ambition to:

- Reduce premature deaths across the system (for under 75s).

- Halve the life expectancy gap between the most and least deprived communities.
- Increase healthy life expectancy by 10%

Plans to make progress on key ambitions in the next 12 months include:
- Expansion of tobacco prevention and roll out of tobacco dependency treatment services across inpatient and maternity pathway in line with the agreed BOB Tobacco plan.
- Restore and expand diagnosis, monitoring, and treatment of key areas of Long-Term Conditions prioritising CVD.
- Increase Annual Health Checks for people with severe mental illness or Learning Disabilities.
- Increase the number of women from BME and most deprived communities receiving Continuity of Care.
- Increase update of screening and immunisations in targeted communities.

3. Enabling our plans Workforce & Digital

Workforce: Themes that will be the focus of 2022/23 planning 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.

Central to our 2022/23 is the project on managing agency spend. This will be central to managing workforce cost whilst supporting the recruitment and retention of substantive staff.

Digital: BOB ICS is building upon strong digital foundations built in the 3 CCGs / places from which it is formed; however, each of these places has a unique set of capabilities that do not naturally support and enable productive working across the ICS.

A specialist team has been procured to work across the ICS and with colleagues from other ICSs (Integrated Care Systems) in the SE region to develop a coherent set of plans, recognising the cross-ICS digitisation of services such as diagnostics and cancer. Key deliverables from this work in 2022/23 include:
- Data strategy
- Digital strategy
- Costed roadmap

System digital priorities for 2022/23 include:

- Increase capability within the digital sphere to improve patient outcomes. Population health analytics to inform fact-based discussion on need / resource allocation across using high quality data. A coherent system-wide approach to data will be designed to address the complexity of patient data being managed by the SCWCSU, in Connected Care (BW), Cerner (Ox), and myCareRecord (Bucks).
- Patient level analytics used by every GP to enable anticipatory care / prevention
- Virtual wards and remote monitoring by patients that enable better LTC self-management, enable virtual step up / step down wards and support patients to be safely cared for at home.
- A BOB-wide Shared Care Record that eradicates the current barriers to information sharing and provides safer, better coordinated care. Strengthen the links of social care data with health data.
- Personalised outpatients Empowering our population to take more control of and meet their health needs digitally. BOB has one of the most digitally enabled and literate populations in the country and comparably high penetration of the NHS App. The ICB will build upon the success of the NHS App to provide a consistent digital patient-held record and digitally transact patients' health and care needs while protecting them from digital exclusion.

4. Our financial plans

Guidance from NHSEI states that "the ICB (Integrated Care Board) has a collective responsibility for system financial balance, so the ICB Board is required along with the boards of the NHS providers to agree a balanced financial plan for their ICS (Integrated Care System), including an agreement on the financial position of each of those providers and the ICB itself. So, in signing off the 2022/23 plans the ICB will need to look in detail at both the ICB position and also at whether the providers have plans to (collectively) deliver balance.

The ICB can only sign off budgets for the 9 month period it exists during 2022/23, but the allocation that it has available to it will be adjusted to reflect the amounts spent by the CCGs in the first quarter, so it will need to take account of the spending in the early part of the year (the first 3 months will be adjusted to ensure that there is a balanced financial position for the CCGs as they terminate). This will be something that will be especially important to understand when taking on delegated NHSE functions or where system budgets are affected by boundary issues where others, outside of the system, will have been involved in decision making."

The ICB allocation for 2022/23 is over £2.9 billion including £51m of specific funding for elective recovery and £64m ringfenced system development funding to cover specific national initiatives. During the year there will be additions and subtractions from this allocation. A specific addition will be the Pharmacy, Optometry and Dentistry Services (POD) allocations that will be delegated to the

ICB. In 2023 it is likely that Specialist Commissioning services will be delegated to the ICB.

The ICS has submitted a balanced financial plan for 2022/23 with deficits within some Trusts including Buckinghamshire Healthcare NHS Trust (£17.6m) and Oxford Health NHS Foundation Trust (£6.1m) offset by surpluses elsewhere. The ICB itself submitted a surplus plan of £22.2m which includes £21.9m of cost improvement targets held for the system that will need to be allocated through the year. This is set out below.

	£m Surplus/(Deficit)
Royal Berkshire FT (RBFT)	£1.1
Buckinghamshire HC Trust	(£17.6)
Oxford University Hospital FT	£1.3
Oxford Health FT	(£6.1)
Berkshire HC FT	(£0.9)
ICB	£22.2
TOTAL	**£0.0**

The ICB surplus of £22.2m can be split into two components.

	£m	
ICB surplus	0.3	
ICS CIP	21.9	System Wide Cost Reduction
Total	**22.2**	

It should be noted that the £22.2m relates to the full twelve-month period for which the ICB will only be in existence for nine months. System wide savings will focus on agency and workforce controls, medicines optimisation, corporate collaborative, and a review of key investment areas with a specific focus on mental health services given the Oxford Health NHS Foundation Trust deficit plan.

The ICB surplus contains £28.8m of savings that can be split as follows. This is 1.0% of the total ICB allocation and 5.7% of the controllable allocation and is line with other ICSs throughout England.

	£m
Recurring Schemes	17.3
Non-recurring Schemes	11.5
Total	**28.8**

5. Conclusion and Summary

The BOB ICS operating plans outline a set of ambitious plans to improve services and support recovery following the impact of the pandemic whilst maintaining a focus on financial sustainability for the system. A focus on inequalities and ensuring high quality of services is embedded across the plans.

Annex 2 Operational Plan Metrics

RAG: Green complaint with national ambition / Red non-complaint with national ambition

Planned Care			
Metric		**Target**	**Data**	**RAG**
EM7	Total Referrals	No specific target; reduce with specialist A&G	111%	
	GP referrals only	No specific target; reduce with specialist A&G	101%	
EM8	1OP	104% value-weighted activity	109%	🟩
	1op with proc	104% value-weighted activity	112%	🟩
EM9	FUOP	-25% of baseline (March 20 vs March 23)	95%	🟥
EM9	Total OPFU	85% value-weighted activity	93.2%	🟥
EM9b	FUOP with proc	104% value-weighted activity	106%	🟩
EM32e	1st OP non F2F	25% of total	19%	🟥
EM32f	FUOP non F2F	25% of total	18%	🟥
EM33	Specialist A&G	16 per 100 OPFA	PASS	🟩
EM34	PIFU	5% total OP to PIFU by Mar-23	5%	🟩
EM10	Elective Spells	104% value-weighted activity	104%	🟩
EM18	RTT admitted	104% value-weighted activity	99%	🟥
EM19	RTT non-adm	104% value-weighted activity	110%	🟩
EM20	New pathways	No specific target; reduce with specialist A&G	95%	
EB3a	Waiting List	Sept 21 level by Mar-23	116,426	🟩
EB18	52+ ww	0 by Mar-25	PASS	🟩
EB21	78+ ww	0 by Apr-23	PASS	🟩
EB19	104+ ww	0 by Jul-22	PASS	🟩

Cancer			
Metric		**Target**	**Score**	**RAG**
EB27	28FDS	75%	78%	🟩
EB31	31d Treat	96%	PASS	🟩
EB32	63+ wait	< Feb-20 baseline (data issue with baseline)		🟩
EB33	NSS Referrals	75% population coverage by Mar-23	PASS	🟩

Diagnostics			
Metric		**Target**	**Score**	**RAG**
EB26 Total Diagnostic activity		**120% baseline (2019/20) across 2022/23**	110%	🟥
EB26a	MRI		110%	🟥
EB26b	CT		109%	🟥
EB26c	NOU		113%	🟥
EB26d	Colon		97%	🟥
EB26e	Flexi Sig		98%	🟥
EB26f	Gastro		100%	🟥
EB26g	ECG		111%	🟥

LDA			
Metric		**Target**	**Score**	**RAG**
EK1	Reliance on inpatient care	Strong commitment to reducing reliance on inpatient care	15% reduction Q1 to Q4	🟩
EK3	Annual Health Checks	Increase towards 75% expected by 23/24	70% by end Q4	🟩

Annex 2 Operational Plan Metrics

RAG: Green complaint with national ambition / Red non-complaint with national ambition

Specialist / Direct Commissioning			
Metric	**Target**	**Score**	**RAG**
1OP	104% value-weighted activity	110.6%	🟩
FUOP	75% value-weighted activity	100.7%	🟥
Elective Ordinary	104% value-weighted activity	104.2%	
Completed RTT pathways	110% baseline	111.8%	🟩

Urgent Emergency Care				
	Metric	**Target**	**Score**	**RAG**
EM11	NEL spells		103%	
EM25	LOS 21+		86%	🟩
EM12	T1-4 A&E Attendance		112%	
EB22	Ambulance incidents		N/A	
EM28	111 referrals to SDEC	No specific targets within planning guidance	48% April 22 73% March 23	🟩
EM26a	G&A Overnight		103%	
EM26c	G&A Day		104%	
EM26b	ACC bed occupancy		94 (89%) March 23 plan vs 102 (68%) March 20	

Community			
	Metric	**Target**	**RAG**
ET1	2hr Urgent Response	70% of 2 hour crisis response demand within 2 hours from the end of Q3	🟩
ET2	Waiting List	Develop a trajectory for reducing their community service waiting lists	🟩
ET3	Discharge path	Release the maximum number of beds, as a minimum this should be equivalent to half of current delayed discharges	🟩
ET5	Virtual Ward	40–50 virtual beds per 100,000 population	404 by year March 23 🟩

Primary Care				
	Metric	**Target**	**Score**	**RAG**
ED17	Extended Appt Utilisation	No specific target	64,428	🟩
ED19	GP Appts		101%	🟩

Annex 2 Operational Plan Metrics

RAG: **Green complaint with national ambition / Red non-complaint with national ambition**

Mental Health			
Metric	**Target**	**Score**	**RAG**
EA3a IAPT	Increase access to IAPT services for 1.8m adults and older adults by the end of 2022/23 (share calculated at ICS level)	125% (NHSE LTP is 142%)	🟥
EAS1 Dementia	Recover the dementia diagnosis rate of two thirds(66.7%)of prevalence and improve the provision and quality of post-diagnostic care.	67%	🟩
EH4 Psychosis 2ww	60% patients requiring Early Intervention for Psychosis (EIP) receiving NICE concordant care within two weeks	75%	🟩
EH9 CYP MHS	By the end of 2022/23, at least 768,310 CYP aged 0-25 should access support from NHS funded community mental services and school or college based Mental Health Support Teams (calculated at ICS level)	23,332	🟩
EH10 Eating Disorder Urgent	Meet the waiting time standards for 95% of children and young people with a suspected eating disorder to start NICE concordant treatment within 1 week .	95% March 23	🟩
EH11 Eating Disorder Routine	Meet the waiting time standards for 95% of children and young people with a suspected eating disorder to start NICE concordant treatment within 4 weeks if non-urgent.	70% March 23	🟥
EH13 SMI annual	Deliver annual physical health checks to at least 346,000 people with SMI nationally in line with set trajectories. (calculated at ICS level)	27,084 (229% of 19/20)	🟩
EH17 Access Support	Ensure 44,000 people have access to Individual Placement and Support (IPS)services through delivery against ICS trajectories, in line with the fidelity model. This target includes counting all job retention cases in addition to recruitment ones. (calculated at ICS level)	840 (NHSE LTP 1191)	🟥
EH27 Access to MHS	Increased access to community mental health services (in both transformed and non-transformed footprints), increasing access to services by 5% per year. Ensure that in 2022/23, at least 257,000 adults and older adults with Serious Mental Illness (SMI) can access new and integrated models of primary and community mental health (calculated at ICS level)	14,679 (5%)	🟩
EH12 Out of Area Placement	Deliver and maintain the ambition to eliminate all inappropriate adult acute OAPs.	38% of 19/20 Trajectory is is zero in March 2023	🟥
EH30 FU within 72hr	80% of adult mental health inpatients receiving a follow up within 72hrs of discharge from CCG-commissioned MH inpatient services	82%	🟩
EH15 Perinatal MHS	Ensure increased access to specialist community perinatal mental health (PMH) services (in secondary care settings) for at least 66,000women (calculated at ICS level)	146% of 19/20	🟩
EH22 DQ Maturity Index	80% score for Mental Health Services Dataset DQMI	BHFT & OHFT >95%	🟩