Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

BSW Integrated Care Board – Board Meeting in Public

Thursday 21 November 2024, 10:00hrs

Chandos Room, Somerdale Pavilion - Keynsham (Near Bath), BS31 2FW

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
10:00	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 19 September 2024	Chair	Approve	ICBB/24-25/061
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/24-25/062
10:05	5	Questions from the public	Chair	Note	Verbal
10:15	6	BSW ICB Chair's Report	Chair	Note	Verbal
10:20	7	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/24-25/063
Business Items					
10:40	8	Integrated Community Based Care Contract	Caroline Holmes, Val Scrase	Note	ICBB/24-25/064
11:05	9	BSW Hospitals Group Model Update	Cara Charles-Barks	Note	ICBB/24-25/065
11:20	10	2025/26 – Planning Approach and Engagement	Rachael Backler, Olivia Lacey	Note	ICBB/24-25/066
11:40 – Short break – 10 mins					
11:50	11	Delegation of Specialised Commissioning from 1 April 2025	Rachael Backler	Approve	ICBB/24-25/067

Timing	No	Item title	Lead	Action	Paper ref.
Committee Reports					
12:00	12	BSW ICB Audit Committee	Claire Feehily, Gary Heneage	Note	Verbal
12:05	13	BSW ICB Finance and Investment Committee a. BSW ICB and NHS ICS Revenue Position	Julian Kirby, Gary Heneage	Note	ICBB/24-25/068 ICBB/24-25/069
12:25	14	BSW ICB Quality and Outcomes Committee a. BSW Performance and Quality Report b. ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Challenges - Outcome Report c. BSW Integrated Care System Winter Plan d. Primary Care Access Recovery Plan – Update	Alison Moon, Gill May Rachael Backler, Gill May Gordon Muvuti Gill May, Heather Cooper Gordon Muvuti	Note	ICBB/24-25/070 ICBB/24-25/071 ICBB/24-25/072 ICBB/24-25/073 ICBB/24-25/074
13:05	15	BSW ICB Remuneration and People Committee	Suzannah Power, Sarah Green	Note	Verbal
Closing Business					
13:10	16	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 23 January 2025

Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
ALOS	Average Length of Stay	An average of the length of time a patient stays in a hospital when admitted. May be averaged for all patients or those with specific medical or social conditions. ALOS has national and local planning implications.
	Ambulatory Care	Rapid access, immediate and urgent care where the patient can walk into a centre and be seen or be directly referred by a doctor, nurse or therapist to avoid the need to admit a patient.
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south west. http://www.awp.nhs.uk/
BSW	Bath and North East Somerset (BaNES), Swindon and Wiltshire	The area covered by the BSW Integrated Care System (ICS) and Integrated Care Board (ICB).
CAMHS	Child and Adolescent Mental Health Services	CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
CHC	Continuing Healthcare	NHS Continuing Healthcare is free care outside of hospital that is arranged and funded by the NHS. It is only available for people who need ongoing healthcare. NHS Continuing Healthcare is sometimes called fully funded NHS care.

Acronym /abbreviation	Term	Definition
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
CIP	Cost Improvement Programme	NHS organisations use CIPs to deliver and plan the savings they intend to make. Encompassing efficiency and transformation programmes.
D2A	Discharge to Assess	Funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place.
DES	Directed Enhanced Service	Additional services that GPs can choose to provide to their patients that are financially incentivised by NHS England.
DTOC	Delayed Transfer of Care	Experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. Timely transfer and discharge arrangements are important in ensuring the NHS effectively manages emergency pressures. The arrangements for transfer to a more appropriate care setting (either within the NHS or in discharge from NHS care) will vary according to the needs of each patient but can be complex and sometimes lead to delays.
ED	Emergency Department	An accident and emergency department (also known as emergency department or casualty) deals with life-threatening emergencies, such as loss of consciousness, acute confused state, fits that are not stopping, persistent and severe chest pain, breathing difficulties, severe bleeding that can't be stopped, severe allergic reactions, severe burns or scalds. https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx
	Elective Care	Elective care is pre-arranged, non-emergency care which includes scheduled operations. It is provided by medical specialists in a hospital or another care setting.
EFR	Exceptional Funding Request	An Exceptional Funding Request (EFR) is the route by which A health professional can apply on a patient's behalf for treatments, drugs and devices (collectively referred to as interventions) that are not routinely funded by a CCG.
FOT	Forecast Outturn	The total projected balance remaining at the end of the financial year.

Acronym /abbreviation	Term	Definition
HWB	Health and Wellbeing Board	The Health and Social Care Act 2012 established Health and Wellbeing Boards as forums where leaders from the NHS and local government can work together to improve the health and wellbeing of their local population and reduce health inequalities.
H2/HIP2	Health Infrastructure Plan	A rolling five-year programme announced in October 2019 of investment in health infrastructure, encompassing: capital to build new hospitals, modernise primary care estates and invest in new diagnostics and technology.
ICA	Integrated Care Alliance	Integrated Care Alliances (ICAs) involve commissioners, providers and other organisations working together to improve health and care for residents' in one locality, often co-terminous with local authority boundaries, working across organisational boundaries by choosing to focus on areas which are challenging for all partners and agreeing a picture of future population needs. In BSW, there will be three ICAs – Bath and North East Somerset, Swindon and Wiltshire.
ICB	Integrated Care Board	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. When ICBs were legally established, clinical commissioning groups (CCGs) were abolished.
ICP	Integrated Care Partnership	The Integrated Care Partnership (ICP) is a statutory committee formed by the Bath and North East Somerset Integrated Care Board (BSW ICB), and local authorities in the BSW area. The BSW ICP brings together the NHS, local government, the voluntary, community and social enterprise (VCSE) sector and other partners to focus on prevention, wider social and economic factors affecting people's health and reducing health inequalities.
ICS	Integrated Care System	An Integrated Care System (ICS) is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve. ICSs integrate primary and specialist care, physical and mental health services and health and social care
IG	Information Governance	Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. Key areas are information policy for health and social care, IG standards for systems and development of guidance for NHS and partner organisations.

Acronym /abbreviation	Term	Definition
	Integrated Care	A concept that brings together the delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion, in order to improve services in terms of access, quality, user satisfaction and efficiency.
JSNA	Joint Strategic Needs Assessment	A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
KPIs	Key Performance Indicators	These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.
LA	Local Authority	Local authorities are democratically elected bodies with responsibility for a range of functions as set out in government legislation. They have a duty to promote the economic, social and environmental wellbeing of their geographical area. This is done individually and in partnership with other agencies, by commissioning and providing a wide range of local services.
LES	Local Enhanced Service	Local scheme of additional services provided by GPs in response to local needs and priorities, sometimes adopting national NHS service specifications.
LMC	Local Medical Committee	LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. They interact and work with – and through – the General Practitioners Committee as well as other branches of practice committees and local specialist medical committees in various ways, including conferences.
LOS	Length of Stay	The time a patient will spend in hospital.
LPC	Local Pharmaceutical Committee	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors. In Swindon and Wiltshire, this is known as Community Pharmacy Swindon and Wiltshire. https://psnc.org.uk/swindon-and-wiltshire-lpc/
MASH	Multi Agency Safeguarding Hubs	Bringing key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively.

Acronym /abbreviation	Term	Definition
MDT	Multi-Disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. psychiatrists, social workers, etc.), each providing specific services to the patient.
	Never Event	Never Events are incidents that require full investigation under the NHS Serious Incident Framework, with a key aim of promoting and maintaining a learning culture within healthcare to prevent future harm. The list of Never Events is set out within this framework and are defined as patient safety incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.
	Non-elective care	Non-elective care is admitted patient care activity which takes place in a hospital setting where the admission was as an emergency.
OD	Organisational Development	Organisational development is a planned, systematic approach to improving organisational effectiveness and one that aligns strategy, people and processes. To achieve the desired goals of high performance and competitive advantage, organisations are often in the midst of significant change.
OPEL	Operational Pressures Escalation Levels	Framework system implemented by NHSE to provide a consistent approach in times of pressure.
	Primary Care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
PCN	Primary Care Network	Primary care networks were introduced in January 2019 to encourage local GP practices to link up with other neighbouring practices to deliver care to groups of between 30,000 – 50,000 patients.
QIPP	Quality, Innovation, Productivity and Prevention	Quality, Innovation, Productivity and Prevention is a large scale programme introduced across the NHS to improve the quality of care the NHS delivers, whilst making efficiency savings to reinvest into frontline care.

Acronym /abbreviation	Term	Definition
QOF	Quality and Outcomes Frameworks	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.
RTT	Referral to treatment	NHS England collects and publishes monthly referral to treatment (RTT) data, which are used to monitor NHS waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups
	Scheme of Financial Delegation	This Scheme of Financial Delegation contains both an overview of the Delegated Financial Limits (DFLs) and detail to support day-to-day operational decision making. It should be read in conjunction with the Standing Financial Instructions (SFIs) and the Scheme of Reservations and Delegations (SoRD) which sets out what decision-making authorities are reserved for the ICB Board or delegated to committees and individuals.
SoRD	Scheme of Reservations and Delegations	The SoRD sets out those decisions that are reserved to the ICB Board, and those decisions that the Board has delegated to committees, sub-committees, individuals, relevant bodies, incl. functions and decisions in accordance with section 65Z5 of the 2006 Act, or a local authority under section 75 of the 2006 Act committees.
	Secondary Care	Secondary care is the services provided by medical specialists, quite often at a community health centre or a main hospital. These services are provided by specialists following a referral from a GP, for example, cardiologists, urologists and dermatologists.
SFI	Standing Financial Instructions	The SFIs are part of the ICB's control environment for managing the organisation's financial affairs, as they are designed to ensure regularity and propriety of financial transactions. SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB.
YTD	Year to Date	A term covering the period between the beginning of the year and the present. It can apply to either calendar or financial years.

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

DRAFT Minutes of the BSW Integrated Care Board - Board Meeting in Public

Thursday 19 September 2024, 10:00hrs

DoubleTree Hilton Hotel, Lydiard Fields, Great Western Way, Swindon SN5 8UZ

Members present:
Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB) *(until 11:50hrs)*
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
Deputy - ICB Chief Finance Officer, Matthew Hawkins (MH)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Quality, Alison Moon (AM)
Local Authority Partner Member – Swindon, Sam Mowbray (SM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Deputy - Local Authority Partner Member – BaNES, Rebecca Reynolds (RR)
Deputy - NHS Trusts & Foundation Trusts Partner Member –mental health sector, Alison Smith (AS) *(from 11:00hrs)*
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:
ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Chief Delivery Officer, Rachael Backler (RB)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
ICB Chief of Staff, Richard Collinge (RCo)
ICB Interim Chief People Officer, Sarah Green (SG)
ICB Interim Director of Place – Wiltshire, Caroline Holmes
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
Chief Executive, Wiltshire Council, Lucy Townsend (LT)
HealthWatch
ICB Associate Director of Governance, Compliance & Risk
ICB Corporate Secretary

Invited Attendees:
ICB Director of Urgent Care and Flow – for item 8

Apologies:
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
NHS Trusts & Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Finance, Paul Miller (PM)

1. Welcome and Apologies

1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public, and in particular Alison Smith, attending as the Deputy NHS Trusts and NHS Foundation Trusts Partner Member mental health sector; Matthew Hawkins, attending as the Deputy ICB Chief Finance Officer, and Becky Reynolds, attending as the Deputy - Local Authority Partner Member – BaNES.

1.2 The above apologies were noted. The meeting was declared quorate.

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

3. Minutes from the ICB Board Meeting held in Public on 18 July 2024

3.1 The minutes of the meeting held on 18 July 2024 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

4.1 The one action recorded upon the tracker was marked as closed, with an update for Board members to note. There were no matters arising not covered by the agenda.

5. Questions from the Public

5.1 Two questions had been received in advance of the meeting:

- One regarding online services and the use of the NHS App -
  The Chair advised that new and innovative features continued to be added to the national NHS App to help patients access convenient and high-quality care when and where they need it, including developing the way primary care data is sent to the NHS App to enable a richer, more user-centric experience.
  The number of people registering to use the NHS App in BSW was growing at the fastest rate in the whole of England. This translated to a doubling of repeat prescribing requests over the levels seen six months ago. That equated to 40,000 fewer manual patient requests into primary care each month.
  The Primary Care Partner Member advised that primary care colleagues actively encouraged patients to use the NHS App, noting that it was continually developing to improve its function and user benefits. Use of such digital and self-service tools led to telephone access being more available for those not digitally enabled.
- A second concerning local diagnostic imaging services –
  The Chair noted that Lord Darzi's Independent Investigation of the NHS in England had been published last week. As an ICB, the contents of the report was being considered, and specifically those references around diagnostics and imaging services, acknowledging there was much still to do. Over the last 12 months, three new community diagnostic centres (CDCs) had opened in Bath, Swindon, and Salisbury, following an investment of more than £14million.
  The NHS Trusts and Foundation Trusts Partner Member for the acute sector provided further assurance from an acute perspective, with diagnostic recovery being a key focus.

Each organisation, particularly Great Western Hospital (GWH), was recording the best performance against target since July 2021, with a good uptake and utilisation. The Royal United Hospital (RUH) was seeing continued challenges and pressures, specifically for MRI and CT scans, though additional mobile capacity was being embedded. Salisbury Foundation Trust (SFT) was also recording pressures and challenges. The utilisation of the collective resource needed to improve to level up services for the population served. The opening of three CDCs was a positive story for BSW. The Darzi report highlighted opportunities for the ICB and system partners to take forward through planning. The lack of investment in digital was recognised, impacting on the efficient utilisation of available human resources. Digital opportunities via artificial intelligence were being looked into to enable that freeing up of clinician time.

5.2 The questions and the full responses would be published on the BSW ICB website: https://bsw.icb.nhs.uk/documents-and-reports/

5a. Increasing Public Interaction with the BSW ICB Board

5.3 The paper included within the pack updated the Board on those proposals mentioned at the July Board meeting, to increase public interaction and engagement with Board meetings, and directly with the ICB Chair and Chief Executive.

5.4 The ICB Chief of Staff advised that these proposals build on the ambition of the ICB of further public involvement. The recommendations referenced a shift to a permanent location or fewer locations for Board meetings, introducing the use of live streaming, changing the way the ICB and ICB Chair receive and respond to questions, and the hosting of surgeries with the Chair and CEO. Equality, Quality and Inclusion Assessments (EQIA) were to be undertaken to assess the proposals, giving assurance to the Board that digital inclusion was a high consideration in these plans.

5.5 These proposals will help build the capability of public involvement and engagement. Consideration would be given to seeking views and feedback from the public on these proposals and their facilitation to enable attendance/observing of meetings in public. Maximising the live streaming ability would support accessibility and flexibility. These plans would evolve over time and would be reviewed, to enable that two way dialogue and access for engagement. Use of other engagement platforms, such as the social media channels, could also be improved as another tool for information sharing and real time engagement. Consideration would also be given to use of tools to translate meetings and engagement platforms for those who did not speak English, drawing on best practice from other systems.

5.6 The ICB Board noted the public interaction proposals.

6. BSW ICB Chair's Report

6.1 The Chair provided a verbal report on the following items:

- ICB Chair Re-appointment - The Department of Health and Social Care and Secretary of State have approved the re-appointment of Stephanie Elsy as the BSW ICB Chair for a further two year term.
- Nominations and Appointments Process for ICB Board Partner Member role - A joint nominations process for the Partner Member Local Authority (Wiltshire) role upon the ICB Board is underway, per the stipulations of the BSW ICB Constitution. Eligible nominators were invited to make nominations for this role. The nominations process is

expected to conclude in early October. For today's meeting, Lucy Townsend attends as a participant.
- Interviews for the Non-Executive Director (NED) Quality role are to be held on 25 September 2024.

7. BSW ICB Chief Executive's Report

7.1 The Board received and noted the Chief Executive's report as included in the meeting pack.

7.2 The Chief Executive highlighted the following to members:
- The report following the rapid independent investigation into the NHS led by Professor Lord Darzi had now been published. The report would start to open engagement and dialogue with stakeholders, service users and patients, the population, and partners, to create an NHS that was fit for the future. Access to hospital and NHS services was a key factor in the decline of population confidence in the NHS; working to embed the BSW Integrated Care Strategy would be fundamental to create stronger and robust services in the community, working with partners to effect change.
  A national rapid review would be undertaken over the next six months to develop the NHS 10-year plan (expected to be published in the Spring 2025), to respond to those challenges, demands and pressures. Care closer to home and improved utilisation of digital tools would be key considerations. BSW ICB would play an explicit role in helping to create the plan.
- GP Collective Action continued, though current impact for BSW remained minimal. Partners would remain mindful of this as we moved into Winter. It was also noted that the National Pharmacy Association were to hold their second 'Day of Action' today, to raise awareness of the community pharmacies' funding crisis.
- Further details regarding the delegation of specialised commissioning services from NHS England to ICBs from 1 April 2025 would be presented to the November Board, with a further briefing to be given to ICB Board members at the October development session.
- A rapid review of intensive and assertive mental health care and treatment was being undertaken in response to the national guidance released by NHS England. The submission would be made to NHS England by 30 September 2024, with the findings of the BSW review and action plan to be presented at the ICB meeting in public in November 2024.
- The ICB Chief Nurse and three local authority Directors of Children's Services were working together to undertake a review of children and young persons cases. It is recognised that working together improves services and ensures that collective financial resources were spent in the right places for the right outcomes. This was to be further discussed in the private Board session.

7.3 The delivery structure required to respond to the Darzi report was queried, with the NED Audit referencing suggestions being made about possible ICB mergers. The CEO gave assurance to the Board that supportive reference to the Health and Care Act 2022 had been made by the Secretary of State in recent conferences, noting it provided sensible and appropriate governance arrangements. It would be unhelpful to change these arrangements at this time, acknowledging that ICBs were still relatively new in existence, and were also subject to funding cuts and working to reduce their running costs. ICBs were to be given time to establish noting the substantial change undertaken, though an opportunity for review would be considered. Greater clarity on the ICBs role was needed, bringing that balance of strategy and performance management. The revised System Oversight Framework was

awaited, now to take into account the Darzi review. Further to this, the Chief Medical Officer advised that no sense of structural reform had been given at the national meeting held on 17 September 2024. Existing structures were to work to drive forward improvements collectively. There was good practice across the NHS, to share, learn and embed.

7.4 It was acknowledged that the CEO report was to capture a balanced reflection of the wider system, the risk profile, and key areas to focus on – ensuring partners had an opportunity to feed into the report as appropriate.

8. BSW ICS Winter Plan Initial Overview

8.1 The ICB Chief Nurse, and the ICB Director of Urgent Care and Flow presented an initial update and overview on the BSW Integrated Care System (ICS) Urgent and Emergency Care (UEC) approach to the Winter Plan for 2024-25, proving oversight and assurance to the Board, ahead of the definitive version of the Plan coming to the Board meeting in November. The Plan focus areas were set as virtual wards, system care co-ordination, process improvements, and locality plans. The ICB Director of Urgent Care and Flow talked through the slides on demand management, locality funded schemes for 2024/25, demand and capacity modelling, the several areas that have specific plans associated with them, priorities, governance and oversight, and recorded risks and mitigations.

8.2 The Board discussion noted:

- Prevention would be critical in reducing mental health admissions to the Emergency Department, with the BSW Thrive Board to be involved in leading that work, with its own specific winter plan in place. The number of mental health beds available was also a challenge, with further support established via the task and finish group to review and help discharge those patients who were able to leave hospital.
  NHS 112 was now into phase two, ready to be scaled up to support that prevention and admission piece, to provide the right care at the right place. The Place Director for Swindon was working with the three local authority Directors of Adult Social Care to address the issue of discharging mental health patients with bespoke packages of care into the right placements within the community.
- To maintain flow and mitigate risks, leaders and every part of the system were to play their part, working collectively to provide the best care over the winter period. Partners were encouraged to empower teams to act and take decisions as required, to help minimise delays and pressures. Partners were to work together to tackle and resolve any intractable issues that arise, and to manage risk.
- Communications via various platforms would be utilised to encourage self-care. The priority was keeping patients well and out of hospital, rather than seeking to create additional acute beds.
- The mitigations for insufficient resources were queried, noting that this was a specific risk recorded.
  Work was underway to review how funding had been spent to date, to improve the utilisation of the allocation going into winter, to consider what could be done differently, and to share the risk across the system. The teams were to understand the true risk, and not over prescribe.
- Local authorities also held their own winter plans, welcoming that closer partnership working on those interdependency areas, such as housing and support for vulnerable people.

- The new Operational Pressures Escalation Levels (OPEL) framework was awaited, supporting that system focus on delivery, working to clear and robust escalation processes, with daily calls held as required. Organisations would be enabled to move forward on their actions, bringing partners together as needed.
- Though recent press and government reports stated a lack of confidence in a 'broken' NHS, Board members and leaders were to acknowledge also the delivery of excellence also seen across the NHS. The NHS needed to care for its own workforce during these times of change and pressure.

8.3 The Board noted the report and the actions being taken, ahead of the final version of the BSW Winter Plan being shared.

9. BSW Performance and Quality Report

9.1 The ICB Chief Delivery Officer (CDO) highlighted a number of areas from the BSW Performance and Quality Report, including the continued pressures seen on UEC services - though the rapid improvement offer from the national team at GWH was soon to commence; non criteria to reside (NCTR) figures were significantly above plan – impacting patients and the financial position, work was underway to bring improvements; challenges were being seen to meet the target to clear 65 week waiters by September 2024; some improvement had been noted in mental health performance; though dental plans continue to be off trajectory.

9.2 It was acknowledged that the dial on the NCTR figures was not shifting and the system remained behind on its anticipated position, despite actions and agreed supporting schemes being put into place. There was significantly more to do to improve the position, and to ensure all areas aligned to enable that timely discharge. System leaders were to support and enable their teams to do as needed to see that course correct. The data would inform the rapid improvements required to ensure the dial tuned whilst we head into Winter, revising the trajectory to bring it back on track. The Board would hold all partners to account to ensure NCTR figures moved to an acceptable position.

9.3 The Board noted the report.

Post meeting note:
The requirement for third sector to report onto Mental Health Services Data Set (MHSDS) came late in 2023. The third sector alliance worked tirelessly with NHS England in order to ensure due diligence and comply with the requirements. NHSE systems are not currently compatible with third sector, and digital systems remain unaligned with NHS emails or RiO. However, the third sector now have finally been given access by NHSE to access MHSDS and will upload during Q2.

9a. Salisbury Hospital Maternity Services Support Programme Exit Sustainability Plan

9.4 The ICB Chief Nurse advised the Board on SFT's progress with the maternity safety support programme (MSSP) and requested formal approval of the sustainability plan.

9.5 The plan had been approved by the SFT Trust Board and, as per the national MSSP requirements, required the approval of the ICB Board before being submitted for NHS South West Regional Board approval, and final approval by the national Joint Maternity Board. The ICB Board was to take assurance from the report and SFTs exit position. Oversight of

maternity services would be maintained through the BSW Local Maternity and Neonatal System (LMNS).

9.6 As per the RAG rated Clinical Negligence Scheme for Trusts (CNST) compliance table, SFT was still to work further on the Saving Babies Lives Care Bundle area, as this was showing as non-compliance. This related to reducing the number of babies that were still born, a requirement to reducing smoking, close monitoring of foetal movement etc. This compliance position was to change as SFT had now submitted their revised CNST to the regional team, linking to safe staffing.

9.7 Though BSW had stood down its under 1 year old group, work continued to understand and learn from activity in this space – including reducing substance misuse amongst parents, and sleeping with babies in the same bed. Through the safeguarding area, good work had enabled the change of the policy on the non-mobile baby. Learning would be further shared with the conference in November, and would continue to be monitored via the LMNS.

9.8 The ICB Board formally approved the plan from Salisbury NHS Foundation Trust for exit from the national maternity services support programme, and the sustainability proposal for continued oversight and sustainability plan for Salisbury Hospital maternity and neonatal services.

9.9 The CNO referenced the CQC focussed inspections of maternity units, with GWH and SFT units requiring improvement, and the RUH rated as outstanding within the BSW footprint. The acutes were to share the learning and best practice, and pay attention to safe staffing levels, recognising those inequalities for parent and families. Advocacy was being put into place across the system to ensure oversight of services. The variance in service was noted, with the LMNS providing that support and framework to improve the position. The acutes were developing an integrated performance report to ensure collective sight and an understanding of warranted / unwarranted variance, risk, and service gaps. The move to the acute group model would aid that performance development and improvement.

10. BSW ICB and NHS ICS Revenue Position

10.1 The Deputy CFO updated the Board on the financial position of the NHS organisations within the ICS at month four, though the run rate had improved since month three, the variance was driving the year to date off-plan position. Work was being undertaken to formally reprofile the forecast for the remainder of the year. Significant risk remained in the position. Focus continued on organisational and system level recovery actions, with monthly monitoring in place. It was anticipated that funding to cover the industrial action costs would be allocated, reducing the off-plan position to £6m; and the £30m deficit funding for 2023-24 was expected to be received in month six.

10.2 Cash difficulties may be seen across the system this year due to the forecasted deficit plan, though the receipt of the deficit funding in month six would be cash backed and help the system cash position. Work continued with providers to improve the position, and to make representations to NHS England.

10.3 The Board noted the report and the financial position of the NHS organisations within the ICS.

11. Risk Management

11.1 The NED for Audit / Audit and Risk Committee Chair commended those involved in building and implementing the risk management framework, noting this remained as work in progress, with support from the auditors, bringing comprehensive risk management reports to Board to ensure members remained sighted. The Audit Committee would continue to work through the components and detail, mapping the methodology to the new organisational structure post Project Evolve, with a focus also on system level risk.

11.2 The CDO advised of the three areas of focus; improving the ICBs approach to corporate risk management and risk led discussions; considering the role of the ICB in system level risk management (without duplicating practice and methodology); and reviewing the ICB's Board Assurance Framework (BAF) to ensure this was accessible and aided the work and focus of the Board. Learning and developments from other systems were being examined.

11.3 A process was being considered to enable partner risks to be shared and considered at place level via each Integrated Care Alliance (ICA) in a streamlined and coherent way.

11.4 The Board noted the most recent BSW ICB corporate risk register.

12. BSW ICB Annual Report and Accounts

12.1 The ICB had prepared its Annual Report and Accounts for 2023-24 in line with the Department of Health and Social Care Group Accounting Manual, and guidance and templates as issued by NHS England. The ICB Board signed off the Annual Report and Accounts at its meeting in private on 25 June 2024, and supported submission to NHS England. In accordance with the NHS England reporting guidance, BSW ICB presented the Report to this Board meeting held in public. Consideration would be given to presenting these in future via an Annual General Meeting and wider engagement event.

12.2 The ICB Board noted that the ICB Annual Report and Accounts had received sign off by NHS England, and have subsequently been published upon the ICB's website.

13. Review of the ICB's Governance and Decision-making Arrangements
13a. Constitution
13b. Scheme of Reservation and Delegation
13c. Committee Terms of Reference
13d. Function and Decision Map

13.1 Presented to the Board for approval were the ICB's revised governance documents, which underpin the refreshed governance and decision-making arrangements for the ICB following its governance review:

a. Constitution – amended in line with the revised Model Constitution and guidance published by NHS England in July 2024 - changes were editorial in the main, with no major Board composition changes or the like.
b. Scheme of Reservation and Delegation – updated in line with the amended Constitution and to reflect committee remit and delegation changes.
c. Committee Terms of Reference – the Non-Executive Directors (NEDs) had been involved in the revision of the committee remits and structure as Chairs of those committees.

The committee proposals would see the establishment of the Commissioning Committee, moving the commissioning and investment element from the Finance Committee.
Conversations were still ongoing as to the respective memberships of each committee, the outcome of which would be brought to the Board in November.

d. Function and Decision Map – amended to reflect committee changes.

13.2 The Chair welcomed comments and feedback with regards the revised governance documents:

- The ICB's BAF would need to be revised to reflect the remits of the committees, and used also to identify and distil the strategic and operational planning complexities.
ACTION: Work completed by the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) on their own organisational BAF would be shared with ICB colleagues to aid ICB BAF development.
- The committees were to become more load bearing, the format of the Board agenda would be amended to accommodate this.
- It was felt the inclusion of Partner Member NEDs upon committees would bring real benefit (for the ICB, the individual and partner organisation), and help to further form those partner collaborations and relationships. The Chair had commenced discussions with the Chair of each provider regarding these proposed arrangements.
- Place accountability and delegations were currently minimal whilst arrangements were considered and developed. Each Local Commissioning Group (LCG) had delegated responsibility for oversight of locality governance and the section 75 agreements and core funds, though there were nuances in the setup of each. LCGs included representatives from health, local authorities and other partners. The LCGs had oversight of the Better Care Fund and pooled funds, whilst also being a focus for each Health and Wellbeing Board, each ICA, and the Health and Overview Scrutiny Panels where appropriate.
Consistency and alignment per place would be reviewed with partners, to streamline and remove that replication of effort and oversight, acknowledging that the Health and Wellbeing Boards were a statutory requirement.
Place governance in the round had not been reviewed since the ICB's establishment, this was the next natural step in the ICBs review of governance and decision-making. The arrangements within other systems would be looked at to aid BSW's development, with the aim to make place more load bearing with increased decision-making abilities.
ACTION: Place governance and delegations to be a topic for a future Board development session.
ICA's also brought together those wider stakeholders of place, providing that view of all key stakeholders when developing and commissioning services. The VCSE Partner Member advised that one element of the Quality Development Tool for voluntary sector integration being worked through with NHS England concerned evidence of the voluntary sector being involved in helping to design services, though noting the conflicts of interest would need to be managed.

13.3 On conclusion of the discussion, the Board:

a. Took assurance that the development of the proposed refreshed governance and decision-making arrangements had fully taken account of all relevant statutory and mandatory requirements and guidance;
b. Agreed the amendments to the BSW ICB Constitution, and approved its submission to NHS England for formal approval;

c. Approved the updated BSW ICB Scheme of Reservations and Delegations
d. Approved the Terms of Reference for the Board's committees, namely the
    i. ICB Audit Committee
    ii. ICB Remuneration and People Committee
    iii. ICB Finance Committee
    iv. ICB Commissioning Committee
    v. ICB Quality and Outcomes Committee
    vi. ICS People and Workforce Committee
e. Noted that discussions regarding committee membership were ongoing and the Chair would finalise these over the coming weeks, reporting back to the November meeting.
f. Approved the Functions and Decisions Map.

14. Report from ICB Board Committees

14.1 The Board noted the summary report from the ICB Board Committees.

14.2 The NED for Quality wished to note that the inclusion of the recently appointed NHS Trusts & Foundation Trusts Partner Member for the acute sector up on the Quality and Outcomes Committee (QOC) had brought real added value and input. Furthermore, the Board was advised that though the National Patient Safety Framework had largely focussed on acute providers, BSW had stepped forward to look at this for general practice, and offering that support with implementation. The QOC had also received a briefing from the BSW Population Health Board on hypertension, with a deep dive on elective with a health inequalities lens.

15. Any other business and closing comments

15.1 There being no other business, the Chair closed the meeting at 12:01hrs

Next ICB Board meeting in public: Thursday 21 November 2024

Item 4

BSW Integrated Care Board - Board Meeting in Public Action Log - 2024-25

Updated following meeting held on 19/09/2024

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
19/09/2024	13. Review of the ICB's Governance and Decision-making Arrangements	Work completed by the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) on their own organisational Board Assurance Framework (BAF) would be shared with ICB colleagues to aid ICB BAF development.	Alison Smith	**Update 15/10/2024:** Meeting between Alison Smith, Rachael Backler and Anett Loescher being scheduled. **Update 14/11/2024:** Meeting held on 23 October 2024, and AWP BAF shared.	CLOSED	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	21 November 2024		

Title of Report:	CEO Report to BSW ICB Board in Public
Report Author:	Sue Harriman, Chief Executive Officer
Board / Director Sponsor:	
Appendices:	

Report classification	Public elements of Board
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

1	Purpose of this paper
The CEO reports to the Board on sector developments that are expected to impact. the ICB, and key issues relating to ICB plans, operations, and performance.	

2	Summary of recommendations and any additional actions required
The ICB Board is invited to **note** the content of this report.	

1. National and Regional Context:

1.1 **NHS 'Reform.'** At the time of writing this report the Secretary of State for DHSC has just announced that he will be initiating 'tough new reforms' of the NHS (https://www.gov.uk/government/news/zero-tolerance-for-failure-under-package-of-tough-nhs-reforms), while the day before Amanda Pritchard addressed the NHS Providers Conference (NHS England » Amanda Pritchard speech to NHS Providers Conference 2024) and announced a new NHS Management and Leadership Framework and plans to clarify roles and accountabilities, and support the most challenged organisations in forthcoming guidance. We are awaiting publication of the delayed NHS oversight framework for 24/25 which will hopefully set this out in more detail. We will continue to keep the Board abreast of developments as they become known.

1.2 **Change NHS**. A joint DHSC and NHS England team has been established to deliver a 10-Year Health Plan. This plan will be published in the Spring 2025. The plan will set out how the Government will deliver an NHS fit for the future, creating a truly modern health service designed to meet the changing needs of our changing population. The plan will be co-developed with the public, staff and patients through a

thorough and detailed engagement exercise which started on 21 October 2024. The narrative from the launch stated: "NHS staff are working harder than ever to get services back on track, to get waiting lists down and consistently deliver the best care. We know change is needed. But we also know that many of the solutions we need are already here, working somewhere in the NHS today. Whether you have a little to say or a lot, your views, experiences, and ideas will shape immediate steps and long-term changes: a new 10-Year Health Plan for the NHS. **This is a once in a generation opportunity to make the NHS fit for the future. Together we can fix it. We need your voice. Go to change.nhs.uk to find out how you can take part."** The ICB has already shared this messaging with colleagues and members of the public. We await further details about an NHS England prescribed engagement exercise with colleagues and the population. It is understood that some members of the public will be invited to a regional engagement event on 24 November 2024 and senior NHS leaders will be draw together for a session on 5 December 2024. Further details will be shared as they become available, in the meantime we encourage everyone to share their thoughts at the link above.

1.3 **NHS England Insightful ICB Board Guide**. The national team has recently published NHS England » The insightful ICB board. This guide helps ICBs to assess the effectiveness of the information they collect and use. Using information insightfully – supported by robust corporate governance arrangements – enables the ICB board to:

- Be assured the organisation is meeting its statutory duties.
- Spot early warning signs of quality, performance, or financial issues across the system
- Ensure that care provided across the system is continuously improving and services meet the population's current and future needs.
- Stand back and consider whether the ICB's leadership, culture, systems, and processes are getting the right results.

1.4 We will be considering this advice and seeking to incorporate it into future routine BSW ICB practice.

2. **BSW ICB updates:**

2.1. **Integrated Community Based Care Programme (ICBC) Contract Award**. People in BSW will receive more health and social care in or near their homes, in a more joined-up and streamlined way following the announcement of the ICBC contract award on 15 October 2024. HCRG Care Group has been appointed to lead an innovative new community-based care partnership with the NHS, local authorities and charities that will transform the care and support that people get to help them with their health and wellbeing at every stage of their lives.

2.2. Traditional community services such as nursing, therapy and personal care will be enhanced as they become part of new integrated neighbourhood teams, working across homes, care homes, clinics, schools, and community centres to bring more personalised support to local people.

2.3. The aim is to build on the services that are valued by patients and their loved ones, as well as giving people more support in living healthier lives. The novel approach will spot early signs and symptoms of ill health and help those with existing health and care needs live independently for longer.

2.4. Since the announcement of the contact award, the ICB has been working with HCRG as the mobilisation process begins. As the lead provider for community services going forward, HCRG is collaborating with all local partners on the new model of care. This includes identifying where teams will TUPE into HCRG and where contracts will be agreed with other key partners. The ICB has put in place a clear assurance process to monitor all aspects of the transition and regular meetings are now underway to provide this assurance. Briefings are being provided to a range of stakeholders, and a further update will be provided during the Board meeting.

2.5. **Appointment of new Joint Chief Executive Officer at Great Western Hospitals, Royal United Hospitals Bath, and Salisbury NHS Foundation Trust.** Cara Charles-Barks' appointment as the new Joint Chief Executive Officer at Great Western Hospitals, Royal United Hospitals Bath and Salisbury NHS Foundation Trust was made on 21 October 2024. Cara became the accountable officer at each of the three Trusts on 1 November 2024. This appointment follows a decision by the three Trust Boards earlier this year to establish a group model which will deliver better outcomes for the BSW population. Work is underway to establish the group model with the following key priorities for greater collaboration across all three acute trusts:

- Implementing a new shared Electronic Patient Record
- Continuing to work to integrate care with a range of health, social care, and voluntary organisations
- Improving access to services and the quality of care they provide
- Working together to become financially sustainable

2.6. Cara will be supported at each Trust by a Managing Director, who will be responsible for the day-to-day leadership at each site, working alongside the executive team.

2.7. **Defence Employer Recognition Scheme (ESR) Silver Award.** The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same. The scheme encompasses Bronze, Silver and Gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant (https://www.armedforcescovenant.gov.uk/). BSW ICB was proud to be awarded the ESR Silver Award from the Lord Lieutenant of Wiltshire, at an awards ceremony on 17 October 2024. This is a particularly important step, noting that around 7% of the BSW population is either regular or reservist serving personal, an adult cadet leader, a dependant, or a veteran. In Wiltshire, this number rises to around 12% of the population.

2.8. **Trowbridge Integrated Care Centre (TICC).** Following approval of the business case by the ICB Board for the Trowbridge Integrated Care Centre development, work on progressing the build has commenced in earnest with several key milestones already completed. These include:

- Approval of the revised planning application by Wiltshire Council
- Signing of the agreement to lease between NHS Property Services (NHSPS) and the ICB
- Signing of the contractual agreement between NHSPS and the building contractor
- Signing of the CIL agreement between Wiltshire Council and the ICB
- Progress towards completion of all the outstanding conditions as set out by NHSE including submission of a revised activity and benefits plan to NHSE.

- Receipt of confirmation of release of NHSE capital funding to both the ICB and NHSPS
- Establishment of the Programme structure and meetings and a draft programme plan
- Building contractor has started to prepare the site and put in the required compound and infrastructure to support the construction.

2.9. Work on the site is due to commence in the coming weeks, with an estimated completion of the build phase of the project by December 2025, which will be accompanied by coordinated NHSPS and ICB communications.

2.10. The first formal TICC Programme Board will meet on 19 November 2024, with key subgroup meetings to be scheduled over the coming weeks. Progress highlight reports to be provided to the monthly ICB Executive Management meeting.

2.11. **Operational Demand.** The system continues to remain challenged on Urgent and Emergency Care (UEC) performance. The ambulance trajectories continue to be unmet. Whilst we see improvements on sporadic days, it is not consistent or sustained. We continue to work across the system with all partners to identify ways to improve, including changes in practice to support delivery. The response time for Category 2 demand in the ambulance service has seen some improvement though this is not consistent and remains challenging. There is a current increased focus on ensuring patient safety in the community.

2.12. The number of patients waiting to leave acute and community beds continues to be an area that we are not seeing significant improvement which is challenging going into the winter where we expect to see an increase in demand. This remains an area of focus for the system, with ongoing attention on improving processes to reduce delays and improve flow. There are programmes of work aligned to support these improvements within acute trusts and across the system.

2.13. Demand for urgent and emergency care across the system remains high across all parts of the urgent care system. The delivery groups that support these specialist areas of Children and Young People, Mental Health and Primary care and Community are focusing attention to support urgent care.

2.14. The system has a finalised Winter Plan that uses data and information on predicted demand, to inform all providers across the system to put measures in place to mitigate on the high demand days across the winter period. The plan includes learning from 2023/24 and focuses on capacity and mitigating actions to ensure effective flow is supported across the system. We are in receipt of the winter letter from NHSE and continue to focus on the application of best practice. The NHSE winter letter, directed what systems were to do in preparation for winter, covered:

- Providing safe care over winter (notably 4-hour ED attendances and Cat 2 ambulance responses)
- Supporting people to stay well through vaccination programmes
- Maintaining patient safety and experience through the winter period when services are under pressure and many patients will face longer waits in areas of the pathway.

2.15. The current assessment against the 10 high impact UEC interventions shows that BSW has been assessed as mature in all but one area (acute respiratory illness) and this is assessed as presently maturing.

2.16. We are continuing to monitor any impact resulting from the BMA Collective Actions. Practices are responding to us and setting out their specific actions. We have established a BSW Quality and Safety Risk Review, based on the initial ICB readiness check list submission, to capture and flag quality and safety issues, data

and metrics, equality risks and quality mitigations. This is being shared at the weekly ICB Collective Action Working Group. We are responding to the latest NHSE intelligence and readiness template., but to date the impact in BSW has been very minimal.

2.17. **Financial Position.** At M6 the system is reporting a £11.6m adverse position YTD. This is a £3.6m deterioration compared to Month 5, although this is an improvement on the run-rate. The system received £30m non-recurrent support funding which clarifies the full-year financial position for all organisations, and now means the plan is at break even.

- The positive movements are: BSW Productivity (6.8% regional view at M4) is better than the Southwest average of 4.3%.
- We continue to exceed our stretch target on elective performance (ERF)

2.18. The YTD system position has been primarily impacted by three main areas:

- Increased activity in A&E and Non-Elective which is driving an increased bed base/staffing.
- Slippage against efficiency plans
- Other non-pay pressures

2.19. Deep dives have been undertaken with all organisations and we are in the process of reforecasting. The risk to delivery is between £10m to £20m which is consistent with the risks highlighted since the beginning of the year. There is a risk that the system will enter System Oversight Framework 4 if we move our forecast by more than £10m. A series of actions were agreed at the Recovery Board on the 8 November to see how this can be mitigated. These include:

- Enhanced workforce controls in addition to existing vacancy control panel procedures amongst all system partners
- Workforce freeze in the three acute providers
- A further review of the investment panel and the proposals within scope, and the return on investments required.
- Additional analysis work to support detailed assessment of the real operational drivers behind the financial deficit.
- Additional weekly monitoring of critical metrics to support faster interventions to respond to deviations.

2.20. **Performance, Oversight, and Delivery**.

2.21. **EPRR Core Assurance for 23/24**. The annual Emergency Preparedness Resilience and Response (EPRR) Core Assurance findings were conducted by NHS England on Wednesday 23 October 2024. BSW ICB has been confirmed as fully compliant for this year along with the majority of BSW providers. There are three providers that are substantially compliant (HCRG, EMed and GWH). All three have plans in place to progress to full compliance next year. The ICB have confirmed these self-assessments by working closely with providers through the year, and through a final check and challenge meeting.

2.22. **Data Security and Protection Toolkit (DSPT) 2024/25.** The ICB is required to annually self-assess against the latest version of the DSPT to provide assurance that the ICB meets the requirements of Data Protection legislation and NHS practice. For the 24/25 self-assessment the DSPT has adopted the National Cyber Security Centre's Cyber Assessment Framework (CAF), which has resulted in a complete

change to the DSPT. The ICB's Information Governance Steering Group is leading and overseeing the ICB's approach to, and completion of, this significantly changed DSPT.

2.23. **Operational Planning for 24/25**. The ICB has begun the process of developing our operational plan for 25/26. We are taking a system-led approach to operational planning this year, with an agreement across NHS organisations to work together on planning assumptions and use our Medium-Term Financial Plan as a framework.

2.24. **BSW Implementation Plan (Joint Forward Plan).** The development of a Joint Forward Plan (JFP) is an annual requirement on the ICB (collaborating with our partners) under the Health and Care Act 2022 and must be published by 31st March each year. Considering the national conversations taking place around the 10-year plan, we are aiming for a light touch approach to refreshing the plan for 2025/26. To achieve this, we will implement learning and feedback from our previous versions about what has worked well and what has not worked. This is covered on the agenda for the Board as part of the planning item. An Implementation Plan task and finish group (including representatives from key partners) will drive the development of the plan, with the aim to have a first draft ready before Christmas.

2.25. **NHS Oversight Framework**. NHS England are currently conducting the Quarter 2 performance oversight review using the 2023/24 oversight framework, with the results expected to be published in December 2024. We will update the Board on the outcome of this review and the segmentation ratings for each Trust and the ICB when known. The Q1 position as previously reported set out the ICB, RUH and SFT as being in segment 3. GWH continued in segment 2. The main drivers of the segment 3 ratings continue to be financial performance, cancer, and diagnostics.

2.26. **Urgent Care**. BSW has continued in NHSE Tier 2 (regionally led support) for UEC. This continues to be driven by A&E 4-hour performance which decreased in September, ambulance handover delays, and NCTR occupancy which has improved from 23/24 but is not meeting 24/25 plans. Further detail on UEC is provided in the Operational Demand section above.

2.27. **Elective Care**. The BSW Elective Care Board oversees performance and recovery actions for elective targets, and the detailed remedial action plans and trajectories, for the areas requiring most improvement. The national target to clear 65-week waiters by September was not met and the November and December unvalidated forecast position has deteriorated. The regional NHSE team will be supporting recovery action oversight for Q3.

2.28. **Diagnostic Performance**. 24/25 diagnostic performance continues to be challenged, despite some progress having been made in the earlier months of the year. This in part reflects increasing demand across many modalities. Remedial action plans have been in operation for all required modalities at the BSW Acutes for several months but there remain recurrent capacity gaps for non-obstetric ultrasound and endoscopy.

2.29. **Cancer Performance**. Reporting for August shows the 28 days faster diagnostic standard improved to 73.1% and above plan, GWH and SFT met their plans. The 62-day standard has improved to 71.8% and met plan of 71.5%. Executive focus and oversight for the recovery plans continues via the Elective Care Board. GWH and SFT met the criteria to exit Tiering (regionally led support) for Cancer in October.

2.30. **Children and Young Persons (CYP) Access**. Improvement work with partners pan-system to ensure accuracy of uploads to MHSDS is complete and we are awaiting feedback. Improvement work with the Swindon services to improve performance for access and waiting times due to complete by the end of Q3.

2.31. **Dementia Diagnosis**. Diagnosis rates are improving consistently, though are below the ICB plan trajectory to meet the national target. Work is progressing to review current pathways to assessment and set up new assessment pathways for 25/26.

2.32. **Learning Difficulties and Autism (LD&A) Inpatient Rates**. LDA inpatient numbers rose in August but have decreased in both September and October though continues to be above plan. In October, there were 18 ICB commissioned adult inpatients and 10 South West Provider Collaborative inpatients. There were fewer than ten children and young people – all of whom are commissioned by the South West Provider Collaborative. Direct management of inpatients through the weekly practice forum continues to deliver increased oversight of BSW ICB commissioned patients and discharge plans, being further strengthened with a refresh of the NHSE 12-point discharge plan to track individuals' progress. BSW ICB are now meeting monthly with the South West Provider Collaborative senior leadership team to review processes and strengthen collaborative oversight.

2.33. **Quality and Safety.** The ICB has published two key Annual Reports in this month, the Health of Children Looked After and Care Experienced Young People and the Learning from Lives and Deaths (LeDeR).

2.34. BSW ICB is committed to improving the health outcomes of Children Looked After and Care Experienced young people, and the annual report evidences the focus on the voice of the child being central to improving services and the continued good performance across the health key performance indicators.

2.35. In February 2024, using NHSE monies, the ICB commissioned a Consultant Clinical Specialist for Children Looked After to work with Oxford Health, with the aim of improving our understanding of the emotional and mental health needs of children Looked After and Care Experienced young people, and how we can improve our Children's Acute Mental Health Service (CAMHS) offer to meet these needs, particularly in relation to early years trauma. The ICB will collaborate with partners, and importantly each locality Corporate Parenting Board, and report on progress and improvements.

2.36. The Designated Doctors and Nurses employed by BSW ICB continue to work across the system to improve the lives of some of the most vulnerable children and young people in our community.

2.37. Learning from Lives and Deaths of our residents (LeDeR) with learning disabilities and autism is a national program with clear goals to reduce health, prevent premature deaths and improve quality of care. LeDeR is a non-mandated service improvement and inequality programme, but NHS England requires that ICB's publish its annual LeDeR report, to share the local action learning taken and priority areas for improvement for the next 12 months. LeDeR is dependent on receiving notifications of the deaths of people with a learning disability and autistic people to undertake a review, so the report only contains the data from BSW notifications received. The annual LeDeR report has also been written in Easy Read wherever practicable to ensure it is accessible to learning disability service users. Similar learning themes from BSW LeDeR reviews are noted in 2023-24 (and previous years) including that most deaths occur in hospital and with causes of death noted thematically as:

- Cardiac (obesity noted thematically- a BSW Easy Read 'Stay Healthy, Happy and Well' was developed and shared in year)

- Covid (the need to increase all vaccinations has been shared as preventative action required)
- Aspiration pneumonia and respiratory illnesses (Southwest Dysphagia Tool has been developed and shared, along with oral hygiene needs to reduce oral bacterial load and increasing relevant vaccinations)
- Dementia (early onset risks shared for learning action, noting NICE guidance)
- Cancer (BSW LDAN Cancer Screening role recruitment due imminently to increase cancer screening attendance)

2.38. There remains a lack of minority ethnic notifications in BSW, mirroring a national picture.

2.39. The Quality Outcome Committee will have the assurance oversight of the programme, but the Learning and Autism Delivery Group will be responsible for delivery of the action plan and required improvements.

2.40. **Health Inequalities.** Working with the Prevention Strategy Group, the HI team are delivering on aspects of the hypertension prevention programme, this entails working in partnership with the VCSE Alliance to ensure a good reach into seldom heard communities. The HI grants programme continues to be monitored quarterly with regular reports presented to the Inequalities Strategy Group and the Population Health Board (PHB). The process for HI grant funding for 25/26 is underway with a series of stakeholder meetings taking place in November and December. Findings from these workshops will assist to shape which priorities within the Core20 framework are tackled and how. One of the current PHB co-chairs (DPH Swindon) is due to leave at the beginning of December creating an opportunity to explore avenues in bringing a new stakeholder closer into this work with in appointing a new replacement co-chair.

2.41. **VCSE.** There has been positive working within the VCSE alliance group and with VCSE sector. Working together the ICB and VCSE alliances have agreed a recurrent funding model to support the alliances, based upon shared priorities and agreed KPIs. This will assist in supporting our VCSE communities to work with the ICB, raise awareness and capture the critical work they do on behalf of health and social care to help meet out statutory duties, and deliver essential services.

2.42. This is a good first step and will be developed further. To support this work a development toolkit (which every ICS is using) was undertaken in each locality, to understand using a maturity matrix approach, the relationship with VCSE. This helps to understand where we are in terms of helping to develop and support a sustainable thriving Third (VCSE) sector, recognising their role as equal partners. The outcomes of the toolkit found most categories at developing, with localities broadly aligned. This presents a great opportunity to use as a spring board for future working, and further updates will be brought back through the Board.

2.43. At the last VCSE Alliance meeting a number of other helpful key actions were identified to help support joint working:

- Agreement to consider the commissioning arrangements across the localities, and the need to try and bring some consistency to these. Dates will be set up with each ICA/LCG to understand the current challenges, a factual update on the arrangements process for locality commissioning and opportunities.
- The VCSE Alliances have expressed that they wish to work closely with the new ICBC programme and HCRG. HCRG have confirmed they will work closely and

will join the next VCSE alliance meeting to discuss. The VCSE Alliance has been involved with the ICBC programme since the start over a year ago and part of the delivery group.

- A list of current commissions with the VCSE sector whether solely ICB/LA or jointly funded, to understand the current landscape.

2.44. There is recognition that the VCSE sector faces significant financial challenges with reduced grant funding opportunities overall in the sector, uncertain funding models/short term contracts compounding the ability to plan longer term/be sustainable and the recent budget announcements around NI contributions. The ICB remain committed to continued working through the VCSE alliances and broader VCSE community to identify opportunities for joint working to support our VCSE sector. The ICB recognise the importance VCSE sector hold in our system and there is an ongoing need to work together as system partners to address the challenges which are shared.

2.45. **Locally Commissioned Services (LCS) Review**. Over the last year we have reviewed Locally Commissioned Services from BSW general practice to provide a common understanding of the future commissioning of LCS provided by primary care and support an approach to commissioning LCS which promotes the financial sustainability of primary care. These are services provided by GP practices that are additional to the GMS core national GP Contract. They are not agreed nationally or mandatory, and therefore vary across the country in scope and funding based on local needs and priorities. We had agreed principles (Primary Care Exec Group July 23), set up a Task and Finish Group (GPs, PMs, LMC) and worked through the General Practice Clinical Prioritisation framework – including pre-qualification, assessing the problem, impact, and difficulty; and ensuring delivery of Primary & Community Care Delivery Plan priorities. We have currently paused this process to reconsider both the timescale and pace of change, while still upholding the core principles of the LCS Review.

3. **Focus on Place (reports by exception, matters unique to a locality):**

3.1. **B&NES.** Joint work continues reviewing the LDA pool focussed on the needs of the individuals and how these needs can best be met in the most efficient way. This work, which has already identified financial savings will be used to inform lessons learnt for other localities to draw on.

3.2. There is continued joint working around local inspection regimes. This month the Youth Justice Board underwent an inspection with colleagues from health in support alongside LA colleagues. Early informal feedback has noted the strength of the partnership working across health and social care.

3.3. **Swindon**. Dr Sarah Bruen has been elected Vice Chair of the Health and Wellbeing Board, a key role that will help strengthen connections between the Health and Wellbeing Board and the Swindon Integrated Care Alliance (ICA). The Board also received a progress update on the Sexual Health Strategy 2023-2026, noting a significant reduction in Swindon's under-eighteen conception rate compared to previous years.

3.4. An update from the Director of Public Health highlighted the recent NHS England South West Community and Primary Care Nursing Awards held on Monday, 16th September. A Swindon school nurse was nominated for a Children and Young

People's award following her exceptional response to an emergency at a local secondary school in April 2024. Although she did not win in her nominated category, she received the Judges' Choice Award in recognition of her outstanding service to children and young people.

3.5. The Right Care Right Person (RCRP) briefing was presented to the Overview and Scrutiny Committee in October. The initial phase of RCRP implementation across Wiltshire and Swindon has been notably smooth, thanks to strong partnerships and effective working relationships. Preparations for Phase Two indicate continued success based on these foundations.

3.6. Additionally, the ICB and Swindon Borough Council are collaborating to create a lessons-learned report following the recommissioning of the carers' service over the summer. A comprehensive update on broader improvements to joint commissioning frameworks will be presented at the next Board meeting.

3.7. **Wiltshire.** Wiltshire welcomed the CQC for an inspection into the county's SEND (Special Educational Needs and Disabilities) services. The outcome of the inspection will be released shortly and the ICB will work closely with Wiltshire Council and partners on recommendations. During October, a focused review into the non-criteria to reside position for Salisbury Foundation Trust also began. A number of further qualitative reviews into experience are underway but in the interim a dedicated partnership team is being established to tackle an identified number of priority areas with the aim of reducing Non-Criteria to Reside (NCTR) waits, particularly for patients waiting to go home on pathway one. An evaluation of the Neighbourhood Collaboratives Livestock Market project has also just recently been completed and findings will be taken to the Wiltshire Integrated Care Alliance and Population Health Board. The project is an excellent example of multi-agency working, designed with local communities.

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	21 November 2024		

Title of Report:	Presentation on Integrated Community Based Care (ICBC) Contract
Report Author:	Caroline Holmes Interim Executive Director of Place for Wiltshire
Board / Director Sponsor:	N/A
Appendices:	Appendix 1: BSW ICB ICBC Overview Presentation Appendix 2: HCRG ICBC Presentation

Report classification	Please indicate to which body/collection of organisations this report is relevant. *Only one of the below should be selected* (x)
ICB body corporate	x
ICS NHS organisations only	
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	x
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	x
2. Fairer health and wellbeing outcomes	x
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose

1	Purpose of this paper
The purpose of this presentation is to brief the Board on the ICBC Contract award to HCRG Care Group and to share specific details about the transformation priorities and outcomes expected within. The slides are attached as appendix 1 and appendix 2.	

2	Summary of recommendations and any additional actions required
The ICB Board is asked to receive the presentation on the ICBC contract and service model.	

3	Legal/regulatory implications
The ICBC contract was awarded under The Public Contract Regulations (2015) Light Touch Regime procurement legislation.	

4	Risks
The ICBC Programme has maintained a risk register throughout the life of the programme. HCRG also hold a risk register for the mobilisation of the contract and a number of shared risks have been identified that are managed between HCRG and the ICB.	

5	Quality and resources impact	
As part of the mobilisation assurance process, a number of subject matter expert leads (covering workforce, quality, clinical governance, reporting, and finance for example) meet regularly with their HCRG counterparts to monitor and assure commissioners on the mobilisation and smooth transfer of this contract. There is a specific focus on ensuring the workforce are supported by their existing and new organisations during this transfer.		
Finance sign-off	Not required for this agenda item.	

6	Confirmation of completion of Equalities and Quality Impact Assessment
An EQIA for the ICBC Programme was created and has been updated at each stage of procurement and will pass to HCRG to manage as part of the mobilisation process.	

7	Communications and Engagement Considerations
These presentations are available on the ICB website. These slides are being presented at a range of public meetings to help raise awareness of the ICBC Programme, the contract award and the transformation we will see during the life of the contract.	

8	Statement on confidentiality of report
These slides are available on the ICB website.	

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Transforming community-based care in Bath and North East Somerset, Swindon and Wiltshire

October 2024

Agenda

1: Introduction

2: Our case for change

3: Our vision, ambition and improvement priorities

4: What would things look like in the future - example patient stories

5: Next steps

1: Introduction

About us

- BSW Integrated Care Board (ICB) brings together NHS organisations, local authorities and other partners
- Working to improve population health and establish shared strategic priorities.
- Oversee spending and ensure effective and high quality health services
- Hospitals, primary care, local councils, hospices, VCSE organisations and Healthwatch partners work together in three localities: Bath and North East Somerset, Swindon and Wiltshire.
- Part of the BSW Together Integrated Care System (ICS)

We serve a combined population of **940,000** and cover **1,511 square miles**, including the densely populated and growing town of Swindon to the north, the historic city of Bath, Salisbury plains to the south and the rolling Mendip Hills to the west.

Our purpose, vision and aims

Our purpose: Planning and arranging provision of integrated health and care services to meet needs of the population and better address inequalities in health and care. This involves managing the NHS budget for the area and co-ordinating delivery of our strategy, to allow us to be held to account by our local population.

Our vision is to listen and work effectively together to improve health and wellbeing and reduce inequalities.

We will deliver this vision by prioritising **three clear aims:**

Focus on prevention and early intervention

Fairer health and wellbeing outcomes

Excellent health and care services

About community-based care

- Community-based care helps people to live independently.
- Broad term that covers lots of different types of care, support and services.
- Includes supporting people to manage their own health and wellbeing.
- Many different types of organisation provide community-based care: NHS, local authorities and the VCSE.

Community-based care in BSW

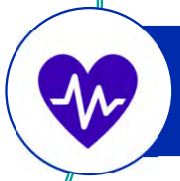
- HCRG Care Group has been appointed to lead an innovative new community-based care partnership with the NHS, local authorities and charities
- Will transform care and support for people at every stage of their lives
- More health and social care in or near home, in a more joined-up and streamlined way
- This presentation gives more detail about what this will mean in practice and plans to improve community-based care across BSW

2: Our case for change

Our changing population will impact on our services and the need for community-based care

The BSW population is projected to grow by 6 per cent over the next 15 years - an extra 60,000 people by 2038

The number of people aged under 60 will remain stable. All growth will be in people over 60 - a 35 per cent increase



Older people tend to live with more health conditions and have more care needs – expecting an additional 32,000 people with two or more long-term conditions by 2038

Proportion of people over 65 compared to those of working age will increase - fewer younger people to support people as they age. Also have an ageing NHS workforce

Continued

Cost of acute care is currently £340 million per year - in 15 years this will rise to £410 million – £5 million each year – before inflation or the costs of new treatments and innovations

In five years we will need additional 115 hospital beds and 40 ambulance journeys per day – will also see 50+ additional visits to A&E a day

Children and young people's services are under extreme pressure post-Covid with long waiting times. Need to improve health of children and young people now to impact on future need

Additional demand on mental health services since the pandemic with increased waiting times

Requests for social care support have risen but number able to access support has fallen. Changes in our population will mean an increase in the need for social care.

- We are shifting our focus towards community-based care with a specific priority to ensure that people will receive more personalised care
- New focus on prevention and early intervention to help people manage their health proactively and stay healthier for longer

3: Our vision, ambition and transformation priorities

Community-based care transformation is linked to wider BSW vision and priorities

The BSW Vision

We listen and work together to improve health and wellbeing and reduce inequalities.

Our strategic objectives

1) Focus on prevention and early intervention
2) Fairer health and wellbeing outcomes
3) Excellent health and care

Overarching outcome measures

If we are successful, we will see the following long-term improvements:

1) An overall increase in life expectancy across our population
2) A reduction in the gap between life expectancy and healthy life expectancy across our population
3) Reduced variation in healthy life

Transforming community-based care is a key element of our Integrated Care Plan and Primary and Community Care Delivery Plan.

Works alongside the other strategic programmes including primary care, elective recovery, urgent and emergency care, mental health and learning disabilities, autism and neurodivergence.

Our aim is to support people to stay well and offer joined-up care

Working in partnership with HCRG Care Group we are focused on delivering better outcomes against the three strategic objectives agreed by the NHS, local government and the voluntary and community sector:

- **Focus on prevention and early intervention** - more services and support to identify illnesses and health conditions early
- **Fairer health and wellbeing outcomes** – addressing health inequalities and ensuring services meet the needs of local people, wherever they live
- **Excellent health and care services –** developing thriving community-based services, reducing pressure on GPs and hospitals, helping reduce waiting times and making sure people get the right care, in the right place, at the right time

We have identified transformation priorities and outcome measures

- Transformation priorities support new ways of working
- Linked to outcome measures used to assess progress in delivering improvements
- HCRG Care Group will lead on delivering transformation priorities - work will take place in phases.
- Opportunities for local people and communities to continue to help shape health and wellbeing services including those with lived experience.

Our transformation priorities in more detail

Neighbourhood teams

- Work in local areas to understand health and care needs of communities
- Prevent ill health
- Plan and coordinate personalised care
- Meet mental and physical health and wellbeing needs of most vulnerable in our communities
- Reduce health inequalities, improve access to care and improve outcomes.

VCSE organisations will be key partners in neighbourhood teams.

All-age single point of access

- Single 'front door' to direct public and health and care professionals to the most appropriate service for their needs
- Those with an urgent or emergency clinical need will receive the right help from the most appropriate clinician in the most appropriate place, at the right time.

Family child health hubs

- Improve access to specialist child health and care professionals
- join up care by bringing professionals together
- improve quality of care
- reduce pressure on services and increase productivity.

Continued

Care pathways and admission avoidance

- Do more to help people to stay as well as possible and avoid hospital admission
- Proactively identify those attending or being admitted to hospital that could be managed elsewhere
- Redesign planned care pathways so - where safe - people receive support closer to home.

Specialist advice and support in communities and primary care

- Specialist health and care professionals providing expert advice in community and primary care - more care closer to home
- Establish a children's single point of access offering one stop shop for all requests for support.

Specialist advice and support for people with LDAN

- Deliver improvements in identifying, understanding, meeting, maintaining and escalating needs
- Focus on early intervention and getting support as soon as possible
- Single point of access for LDAN.

Continued

A sustainable and innovative workforce

- Implement initiatives to improve recruitment and retention, encourage innovative ways of working, offer career development and positive working environment
- Organisations providing care will work in partnership with teams focused on prevention and proactive care.

Harnessing digital innovation

Make the most of modern technology, including:

- Secure digital patient records, accessible by different organisations
- Greater use of digital or remote health diagnostic and monitoring tools
- Making full use of the NHS App
- Considering how to best use artificial intelligence (AI) in patient care.

Shifting funding and capacity into community-based care

Working productively and effectively (e.g., by making best use of our estate) to create capacity to reinvest in our transformation priorities and shifting investment into community-based care, including VCSE organisations and preventative approaches.

Timeline for transforming community-based care in BSW

Year 1 (by March 2026)

- Implement integrated neighbourhood teams
- Phase 1 of single point of access
- Phase 1 of Family Child Health Hubs
- Design and implement BSW neurodevelopmental pathway
- Improve digital access to services, join up IT systems and make more use of remote monitoring
- Begin review of estates
- Develop workforce to be flexible, sustainable, with well-supported, highly-trained staff

Year 2 (by March 2027)

- Build on integrated neighbourhood teams
- Phase 2 of single point of access
- Phase 2 of Family Child Health Hubs
- Implement 'virtual ward' for children and young people
- Implement specialist LDAN team
- Expand use of digital technology
- More consistent services and care pathways in place across BSW

Years 3-5 (by March 2031)

- Neighbourhood teams fully implemented, with 7-day working
- Complete roll out of Family Child Health Hubs
- Phase 3 of single point of access
- Finalise review of estates to deliver fit for purpose community-based spaces
- Sustainable workforce thanks to joined up working across the system

Transforming community-based care will lead to a number of positive changes

- Improve the health and wellbeing of local people
- Increase overall life expectancy
- Reduce the impact of long-term conditions
- Improve access to care and improve experience of care
- Improve the sustainability of our workforce so we can recruit and retain the right staff
- Make the best use of the things that help us deliver care, such as digital technology

4: Example patient stories

- Example patient stories help bring to life how community-based care might work in the future
- These stories are not based on real patients but are common scenarios.

Clara, 85 - retired bookkeeper

Clara lives alone. She is relatively independent, however she has had a number of falls at home in the last five years and has had a number of urine infections. She wishes to remain independent, but her family would like her to have more support.

Admitted to hospital following a fall, but **discharge to assess** meant she was able to get home quickly.

GP and **care coordinator** use **risk stratification tool to** identify Clara as high risk and recommend **remote monitoring**.

Care coordinator and **social care team** work with Clara and her family to assess her home and to develop a comprehensive care package involving both health and social care.

With some small modifications and the installation of **monitoring devices**, everyone is satisfied Clara can continue to live at home safely.

Digital monitoring devices and software assure Clara and her family that she is safe and well.

In the event of an emergency or fall, staff at the **Community Hub** can act immediately and gain full access to her **shared care record** at any time of day.

If Clara does fall, a **Rapid Response Team** is alerted via the monitoring devices in her home. They are able to access Clara's **shared care records** and provide updates to the other teams supporting Clara.

Clara can be referred to a **community-based clinic** with an enhanced **Community Frailty Multi-Disciplinary Team** who understand her history, have access to community diagnostics and can provide specialist support to the community team.

If required, Clara can be admitted to a **virtual ward** for monitoring and treatment.

As part of her **wellbeing plan,** a **voluntary sector group help** Clara attend her **local community centre** so she can meet her friends.

She is also able to attend the **community frailty clinic** at the **Community Hub** and has been offered **virtual appointments** so she can see health professionals from home and does not have to rely on others to get to hospital or clinics.

Jasek, 48 - builder

Jasek has suffered with increasing aches and pains for the past few years after a knee injury 10 years ago, which has been complicated by early arthritis, but is unsure if he wants to undergo an operation and take time off work. He also is concerned about the impact his health condition and lack of mobility is having on his wife.

Jasek is referred to the **Community Musculoskeletal (MSK) Service** by his **GP**. Jasek has been identified as a high risk of deterioration through the hospital **risk stratification tool** because of his arthritis and previous attendance at hospital.

The **MSK Service** work with Jasek to develop a **care plan** which he is able to access from his phone. Using the **virtual chat service**, he is able to have a lot of his questions answered.

As part of his **care plan**, Jasek has access to his local gym where he attends classes and even **virtual sessions** around his working pattern.

Jasek has ongoing support from a **Community Physiotherapy Team** and is able to attend the **Community Diagnostic Hub** for regular check-ups and **CT/MRI scans** if required.

Some time later, Jasek's knee feels much worse and he is referred for assessment for surgery. He books an appointment at his **Community Diagnostic Hub** for a **CT scan**. The **CT radiographer** refers him to an **orthopaedic surgeon**.

Jasek discusses his options with the surgeon via a **virtual consultation** and through a **shared decision making** process Jasek decides to proceed with surgery.

Jasek is able to book his surgery on his phone at the **Local Treatment Centre** for a date after he gets back from holiday.

Jasek attends the **Local Treatment Centre** for his knee surgery and he is discharged with a **rehab plan** to adhere to at home.

Jasek uses the **virtual chat service** to answer a number of post op questions and is able to **initiate a follow-up appointment** if required at the local community hospital at a time and day that suits him.

Marvin, 60 – warehouse manager

Marvin is a night shift worker in a warehouse, who values the time outside of work with his family. He has type 2 diabetes which he finds hard to manage, and has recently been diagnosed with chronic obstructive pulmonary disease (COPD). He has a poor diet and is distrusting of health professionals, so avoids visiting his GP.

Marvin speaks to his employer about his **care plan** and how they can work together to ensure his health is prioritised and maintained. Marvin is able to access the **Community Hub** out of hours to suit his shifts. Marvin is able to access **diabetics group support sessions** and **1:1 virtual support** from his GP to help make changes in his life sustainable.

The population health management tool flags Marvin for a review by identifying he is at risk of worsening health. The **Care Coordination Team** contact Marvin and encourage him to see his GP. The **GP** and **Care Coordination Team** work with Marvin to co-develop a **care plan** that suits his work and family life so that he can self-monitor his diabetes and control its impact.

Marvin uses **remote monitoring** and the data he records is reviewed by a **diabetes nurse** in primary care. Both Marvin and the **Diabetes Team** can initiate virtual appointments if either have concerns. The local team can access specialist input if required.

In the event of an acute COPD episode, Marvin can be seen by a **respiratory nurse specialist** in his **local community assessment and treatment unit** without having to go to hospital. If required, he can be admitted to a **virtual ward**.

Marvin is able to better control his diabetes through **self monitoring** and diet. This has enabled him to stay well and out of the hospital. In BSW he lives in a **health promoting environment** where he is able to access a **local gym** out of hours and lead an active lifestyle.

5: Next steps

What happens next?

- HCRG Care Group will take responsibility for community services from 1 April 2025
- Contract will run for at least seven years
- No immediate changes to services
- Mobilisation of new partnership will be carefully planned to ensure that there is no break in services.
- Transformation will take place in phases.
- Opportunities for local people and communities to continue to help shape health and wellbeing services.

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Adult and Children's Community Services BSW

BSW ICB Board

21st November 2024

Part of hcrg Care Group

Good CareQuality Commission

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NHS England

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Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

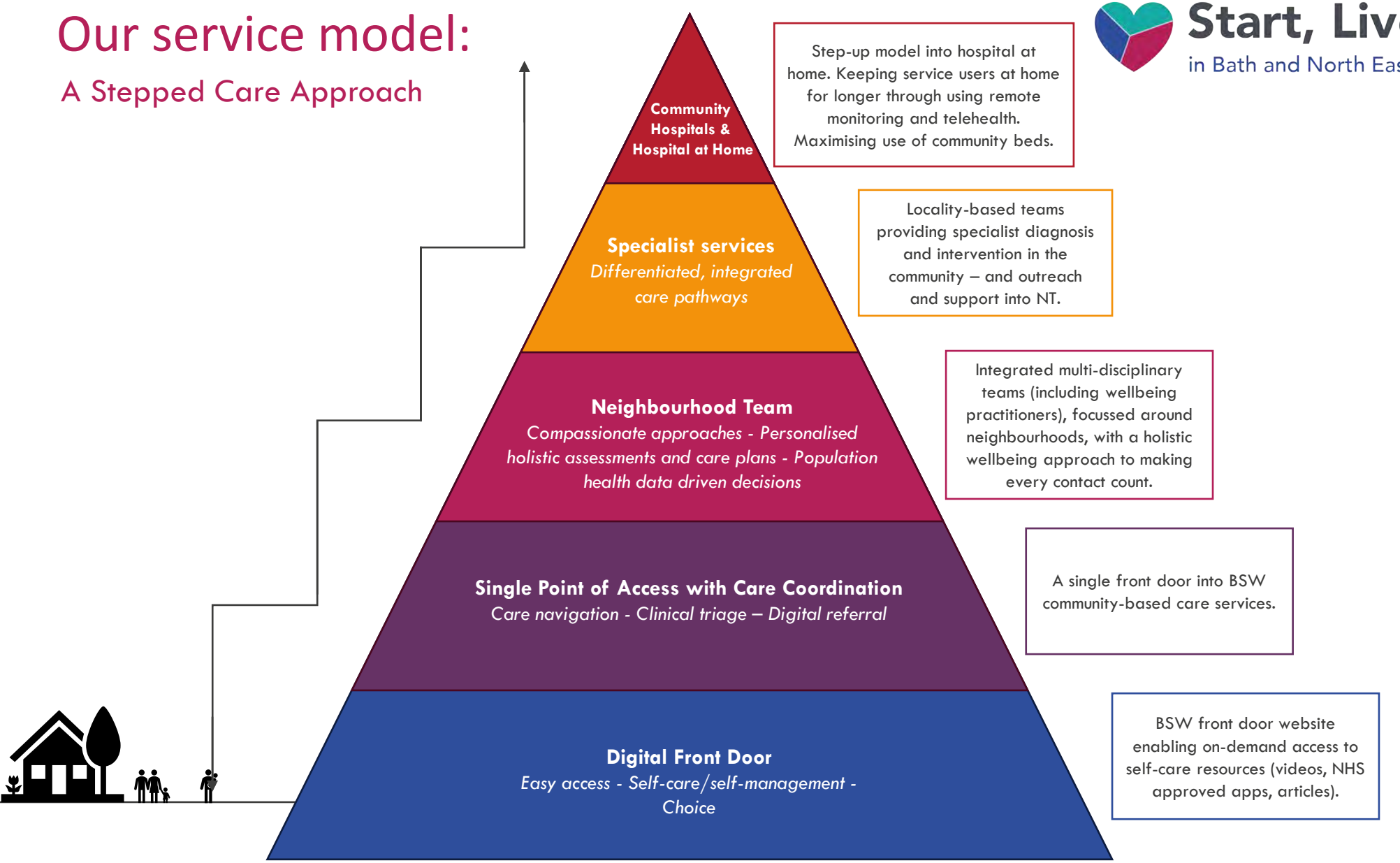
Our BSW Integrated Community Based Care Model

Our service model:

A Stepped Care Approach

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire



"I feel that my care is personalised to me, my goals are heard and reviewed."

"I feel confident that I receive the right care, in the right place , at the right time, through truly integrated community health care services"

"My assessment is thorough and addresses my needs, it is not driven by my diagnosis, but by what matters to me"

"I can self-refer, reducing the need to contact my GP and arrange for a referral to be made"

"I can access community health and wellbeing support digitally 24/7, at a time convenient to me."

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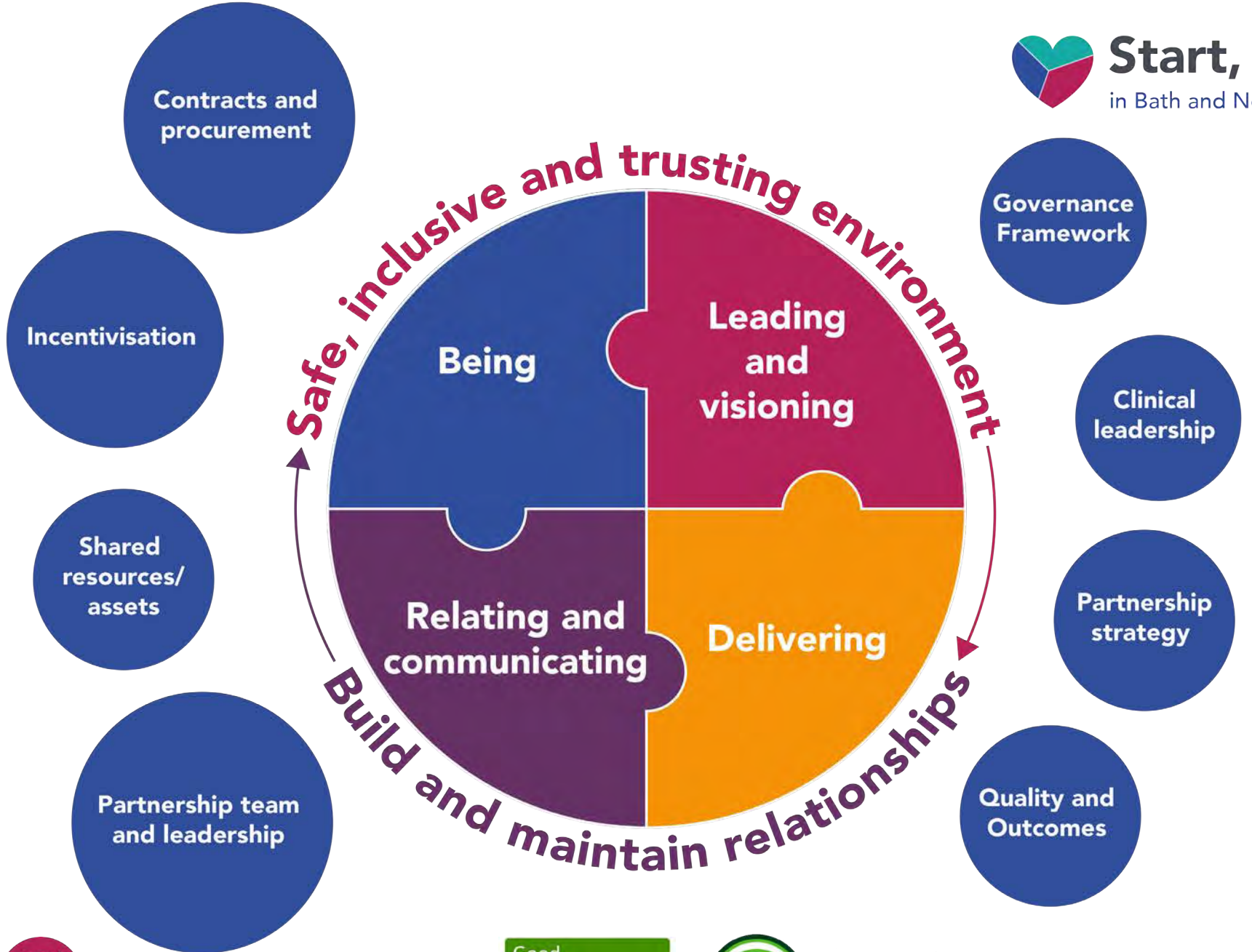

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Key enabler spotlight:
Digital Front Door

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Overview:

Our Digital Front Door offers easy access to on-demand trusted health and wellbeing resources, self-referral and healthcare journey tracking.

Key features:

Resource Hub: Apps, videos and links to trusted health and wellbeing resources.

Digital Referral Form: Accessible, step-by-step referral form with in-built logic and signposting.

Service User and Referrer Portal: Secure portal to track referral progress, upload documents

Website Chat Bot: Guiding website users around content, helping with self-management such as appointment management

Benefits:

- Building resilience through a focus on prevention, self-management and promoting sustained healthy behaviour changes.
- Improving accessibility and choice through 24/7 access to evidence-based health and wellbeing resources.
- Improving communication between professionals and service users
- More appropriate needs-led referrals, enabling service users to get the right care at the right time

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Key enabler spotlight:
Single Point of Access with Care Coordination

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Overview:

Our all age BSW-wide Single Point of Access with Care Coordination will be the front door for all community services, including urgent care, helping navigate service users to access the right care to meet their needs.

Key features:

1. **Single Front Door:** One single point of contact, streamlining access to services

Care Coordination: Multi-disciplinary team clinical triage and single holistic assessment to ensure the most appropriate pathway

Fast-track urgent care pathways: Ensuring those with an urgent clinical need are seen by the right person at the right time.

Locality-focused Care Navigators: Helping local people understand the wide range of community assets available to them.

Benefits:

- Improving ease of access to community health services.
- Improved service user and professional understanding of wider resources available within the community.
- Reduction in acute admissions, through better coordination, ensuring care is delivered in the right place at the right time by the right person.
- Improving population health outcomes through proactive prevention and health coaching at the front door.

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Key enabler spotlight:
Integrated Neighbourhood Teams

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Overview:

Providing personalised, harmonised and holistic care that meets the needs of the local community, delivered close to people's home. Ensuring seamless integrated care pathways and shared caseloads.

Key features:

Skill-mix: Bringing together nurses, therapists, wellbeing practitioners and support staff to offer holistic care.

Compassionate approaches: Core competency training in Making Every Contact Count (MECC), Strengths based, Trauma informed approaches, wellbeing and prevention focused

Population Health Management: Team trained in making data driven decision making, informing targeted approach to reach those most in need.

Single holistic assessments and personalised care plans: Focusing on the wiser determinants of health and wellbeing, ensuring service users are involved in planning their own care

Benefits:

- Providing care closer to home, improving access and removing barriers, especially for those experiencing inequalities.
- Improved health outcomes through taking a holistic approach, tackling the root cause issues with prevention and early intervention.
- Reducing frustration and duplication for service users and clinicians providing information multiple times.
- Improved understanding of population health and risks to poorer health outcomes.

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Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Ensuring a healthy, happy workforce

Colleague Wellbeing

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Delivering exceptional services for BSW Communities through:

- Rotational roles across providers
- Career paths, with quickly enabled transfers between providers
- Apprentice Levy gifted to Voluntary, Social Enterprise and Third Sector partners

Enabling colleagues in BSW to bring their best selves to work through partner wide:

- Colleague engagement events, reporting and action planning
- Wellbeing leadership training for managers and colleagues
- PDP and Training Needs Analysis
- Recognition and community events

Providing safe, productive and modern working environments for all

- Safe and supportive working environments – with free tea, coffee and milk
- Flexible working with BSW wide rosters available at least six weeks in advance
- Focus on recruitment, retention and safer staffing across all providers
- Access to our award winning My Reward Hub for sub-contractors
- Co-design of BSW wide HR policies to encourage adoption

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Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Mobilisation and Transformation

Mobilisation – three key priorities

1.
Building a strong BSW ICBC system leadership and governance framework

"I know my role and responsibilities as a partner in the BSW ICBC system, and I feel involved in decision making about community services."

Mobilisation – three key priorities

1.
Building a strong BSW ICBC system leadership and governance framework

2.
Ensuring a seamless, safe transition

"I had all the tools I need on day one to continue seeing service users."

"I was impressed by how seamless the change was. My clinic appointment went ahead as usual, and the service had all my details. I felt safe knowing that everything was handled properly."

Mobilisation – three key priorities

1.
Building a strong BSW ICBC system leadership and governance framework

2.
Ensuring a seamless, safe transition

3.
Establishing a route to transformation

"I understand the case for change and both myself and my team feel excited and optimistic about the future vision of our BSW community health service"

Transformation – first 6 months

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Leading the system through the change journey

Transition to healthcare first model

Harmonisation

Upfront investment to implement key enablers

Start, Live and Age Well service brand activation campaign

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Transformation – by end Year 1

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Integrated Neighbourhood Teams

Single Point of Access (SPA) with Care Coordination

Digital Front Door

Data driven decision making

"I only need to tell my story once."

"I feel seen as a whole person, and both my strengths and needs are understood."

"It's convenient for me to manage my own health when I feel I can, but I also know where to go if I need extra help."

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Transformation – by the end of Year 2

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Implementation of the BSW Estates strategy

Digital innovation

VCFSEs as integral partner in delivery of community-based care (£7m invested)

Single holistic assessments and all age personalised care plans embedded

"I feel heard and understood and have been involved in planning my care."

"There's a great selection of health and care support in my community and close to my home."

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	21 November 2024		

Title of Report:	BSW Hospitals Group Model Update
Report Author:	Cara Charles Barks, CEO BSW Hospitals Group
Board / Director Sponsor:	Cara Charles Barks, CEO BSW Hospitals Group
Appendices:	

Report classification	Please indicate to which body/collection of organisations this report is relevant. *Only one of the below should be selected* (x)
ICB body corporate	
ICS NHS organisations only	
Wider system	X

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	X

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	X
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
Content shared by all Trust Boards	July 2024	Decision
Verbal briefing to Planning and Delivery Executive Group	Sept 2024	Noting

1	Purpose of this paper
The aim of this paper is to update the ICB Board on the case for change for development of a hospital group model.	

2	Summary of recommendations and any additional actions required
The ICB Board is asked to note the update.	

3	Legal/regulatory implications
2021 guidance from NHSE sets out expectations for how providers should work together in collaboratives. This paper sets out how improvements to collaborative working arrangements will support accelerated transformation of hospital providers to enable our legal performance requirements to be realised.	

4	Risks
The development of Group will support mitigation of a number of BAF risks relating to the reduction of inequalities, meeting healthcare demand, addressing deficit and working effectively in partnership	

5	Quality and resources impact
Anticipated long term improvements in access to services, patient experience, patient safety, health inequalities and outcomes, financial and workforce resilience. Transitional support requirements and the supporting business case will be developed shortly.	
Finance sign-off	

6	Confirmation of completion of Equalities and Quality Impact Assessment
An EQIA was undertaken for provider collaborative and will now be updated for the group alongside the business case development.	

7	Communications and Engagement Considerations
Close working with the ICB communications team has been maintained throughout the programme of work.	

8	Statement on confidentiality of report
Public	

NHS
Great Western Hospitals
NHS Foundation Trust

NHS
Royal United Hospitals Bath
NHS Foundation Trust

NHS
Salisbury
NHS Foundation Trust

Hospitals Group Update

From Acute Hospitals Alliance to BSW Hospitals Group

Challenge

- Lord Darzi's review outlines the critical condition of the NHS including:
  - Rising demand
  - Workforce challenges
  - Public confidence
  - Increasingly constrained funding environment

- NHS provider landscape a product of evolution:
  - Organisations working independently often in competition for capital, people and patients.
  - Different approaches to similar challenges resulting in wide-scale variation, 'ways of working', culture and patient outcomes exacerbating inequalities in population health
  - Entrenched organisational silos - focus on institutional benefit and cost over and above the benefit to patients and to the wider system. A mindset of 'winners and losers', which acts to prohibit clinical transformation.

To be successful in meeting the challenges of a modern-day NHS, we need bold and transformational change and to work together to create system-wide solutions.

Provider collaboratives

To reduce unwarranted variation, improve resilience and provide better outcomes.

Expectations for NHS providers

- Provider collaboratives may be at system, multi-system, regional, national scale
- All trusts providing acute and mental health services are expected to be part of a provider collaborative (at scale)
- ICS leaders, trusts and system partners are expected to identify shared goals, appropriate membership and governance, and ensure alignment with ICS priorities

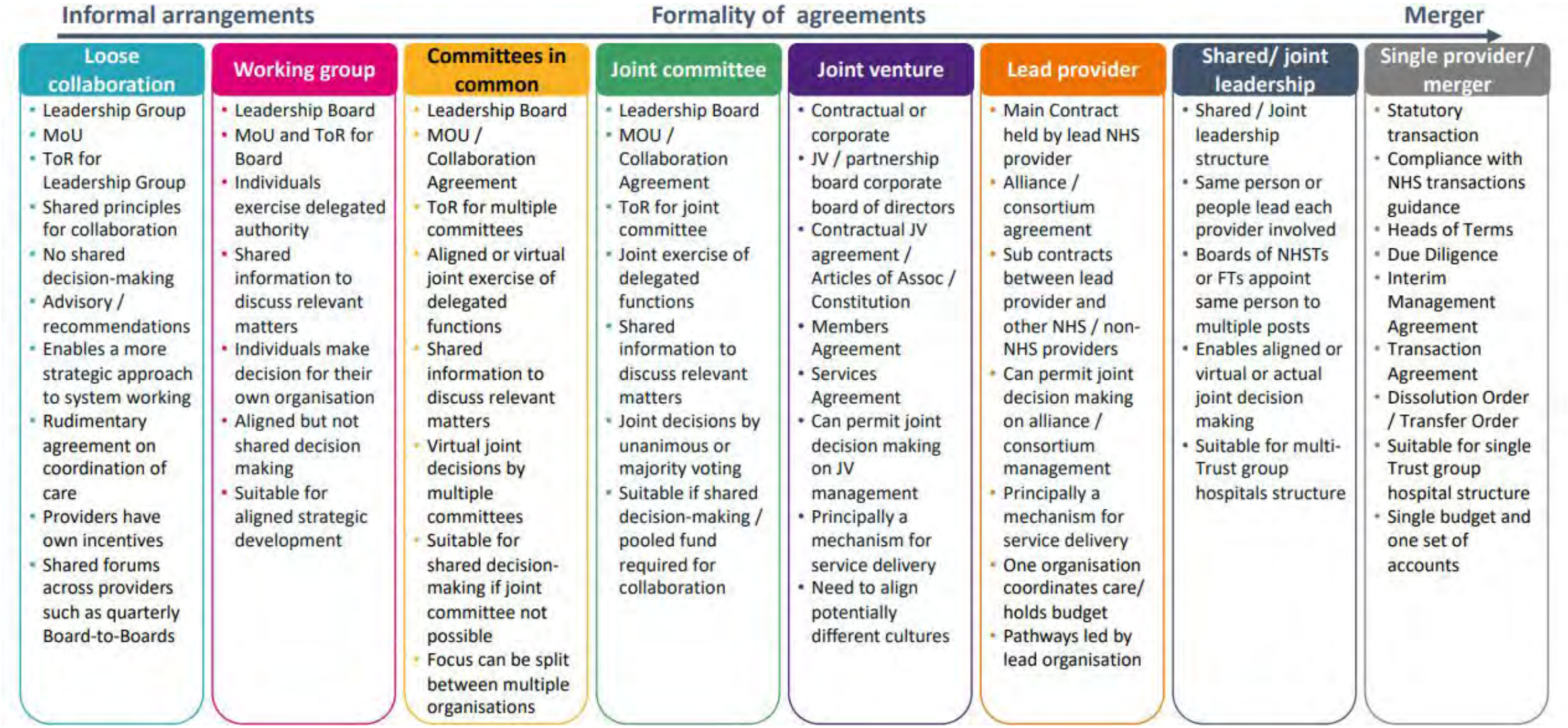
Benefits of provider collaboratives

- Provider collaboratives offer the benefits of scale in reducing unwarranted variation and health inequalities, and provide better population health outcomes for their local residents
- They increase system resilience in key areas such as clinical services, clinical support services and corporate services
- Utilising economies of scale can offer enhanced productivity and value for money across the providers

Governance and accountabilities

- Providers are expected to take action to improve delivery on shared priorities through working together at scale
- Provider collaboratives should have a shared vision and commitment to collaborate, building on existing governance arrangements for clear decision making
- Mutual accountability between members is a key feature to ensure mechanisms are in place to hold each other to account

Collaborative options



Group model benefits

Figure 1: Key benefits of a Group model

(NHS Group Models, Credo Consulting 2017)

Group Models

What is a group model?
No legal or NHSE definition, can take various forms, but a recognised way of governing a provider collaborative.

Tend to share common characteristics, which include:

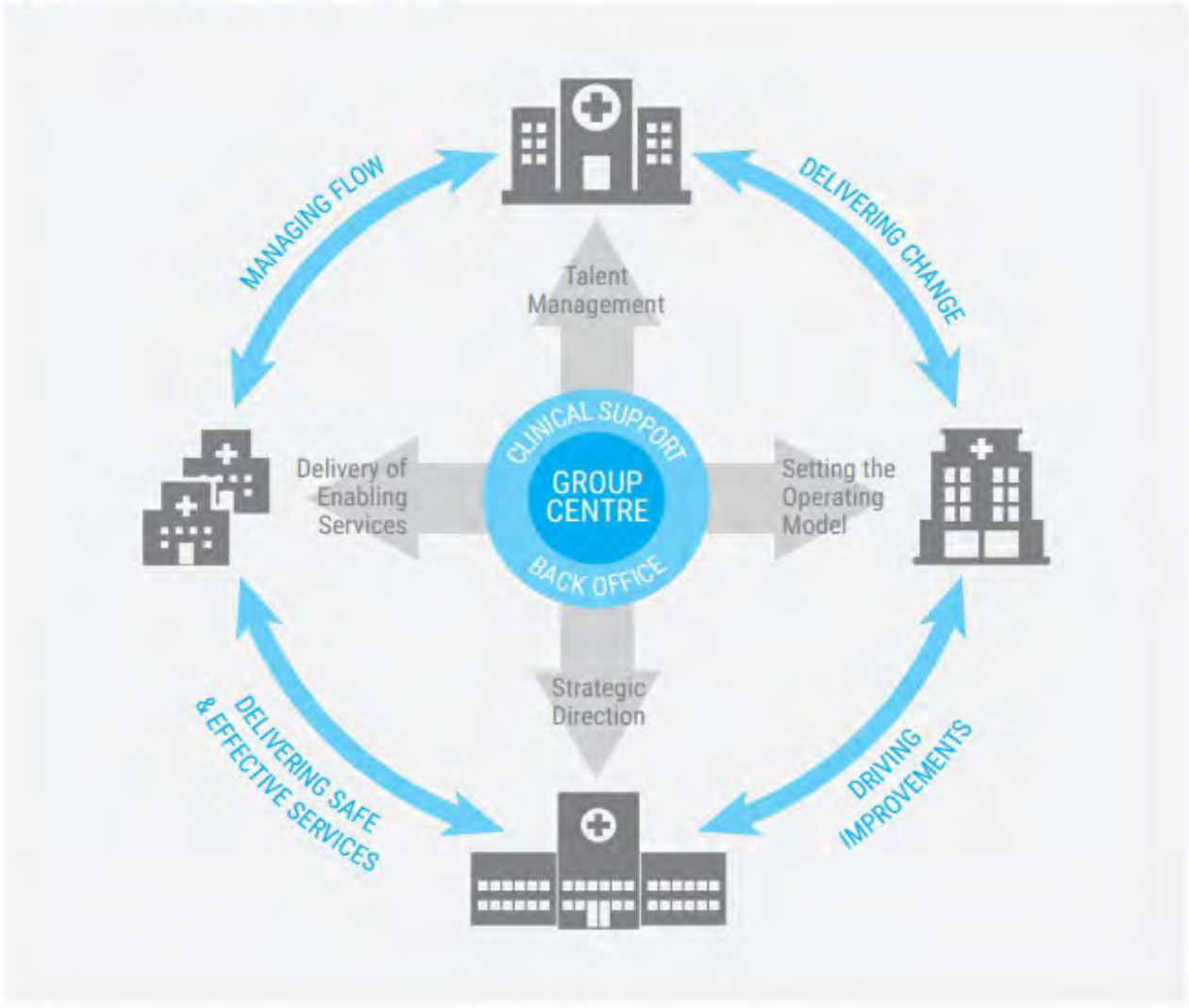
- Central leadership body responsible for strategic direction, and governance
- Discrete, locally managed 'units' responsible for operational leadership and management
- Element of standardisation of systems, policies and procedures across the units.

What are the options for group models?
- A single provider that creates internal divisional or management units, e.g. to manage several sites or services
- Two or more providers which are jointly governed but operationally led at individual trust level
- Each group arrangement has its own merits and the 'best' model in one locality or organisation will not necessarily be right for another.

The group model allows organisations to:
- **Learn** from one another by accessing a broader pool of knowledge and experiences
- **Share** assets, resources and talent at scale, thereby reducing duplication and waste
- **Align** strategically – all organisations working together toward a common goal.

Common structures

Figure 4: The role of Group vs. the operating unit



Our closer working opportunity

- Recognising the scale of the collective challenge we face
- We believe that working more closely together with associated development of our leadership and governance arrangements is the best way to enable us to deliver the best care for our patients and experience for our staff.

Our conditions for success

Create broader accountability through a target operating model

An operating model will establish structures and capabilities and that will enable the prioritisation of actions. This will provide a framework for collaboration to create a strong site-based leadership.

Develop integrated strategies aligned around the vision

Aligning on the clinical, digital, and workforce strategies of the three Trusts will be crucial in realising the full benefits for patients, staff, and the BSW system. Dedicated resource and efforts across all three Trusts will ensure alignment on the joint vision.

Establish a joint culture and commitment to one another

Establishing a joint culture and dedicating to collectively work to address the population needs of BSW will engage staff in collaborative efforts and empower them to share their perspectives with confidence.

Enhance capability and capacity for transformational change

The Improving Together model can be further developed to identify best practice across organisations and provide a mechanism for taking a consistent approach to quality improvement.

BSW Hospitals Group Model: Agreed changes

The three Trust Boards have agreed to the following recommendations:

1	2	3	4
Identifying a Joint Chief Executive and Joint Chair for our Trusts. Each Trust will retain its own sovereign board, committed to an agreed roadmap for the Group; this change would not represent a merger of the Trusts. Each Trust will also have a Managing Director to support the Joint CEO.	Chairs will develop a Memorandum of Understanding for how they support the Joint CEO during the transition to a Joint Chair.	Joint Committee will be set up to help oversee our work together.	Limited areas of focus will be identified for 2024-25, including our EPR implementation, BSW Communities Together, and stabilisation of the services we deliver and our financial position.

5	6	7	8
Development of a Group Operating Model that allows us to focus on delivery of outstanding quality services, in a financially sustainable way, freeing-up teams to focus on what matters most to them.	Improving Together approach will be used to create our Strategic Planning Framework and work to transform clinical and corporate services.	Alongside partners, deliver the BSW Integrated Care Partnership Strategy, identifying those areas where we work together most effectively locally and those where partnership working across BSW delivers added benefits to our populations.	Investment in Organisational Development support for coming years.

BSW Hospitals Group Model: Meaning of change

Achieved

- Group CEO and interim site MDs appointed and safely transitioned into roles on 1 November 2024
- Interim Strategic Deployment Framework drafted as guiding framework which is currently with Trust Boards and links our three organisations to a common group purpose:

Working Together, Learning Together, Improving Together

To provide excellent care for our population

Immediate short term

- Whilst staff and patients should not notice significant change in day-to-day operation and management of services, teams are already beginning to come together to develop and deliver collaborative plans including supporting the launch of joint ICB operational planning for 25/26 and development of the Medium Term Financial Plan.
- No change in legal structure, three Trusts with their own Boards are maintained including continuation of their local identities, relationships and population focus. Decision-making will continue to be as close to the point of care delivery as possible.
- We will maintain sharp focus on delivery of in year financial and performance recovery plus our 2025 commitments to successful implementation of a shared Electronic Patient Record and safe transition to a new BSW-wide community services model under HCRG.

BSW Hospitals Group Model: Meaning of change

Forthcoming 12-18 months

- Working to create the shared architecture, such as a Committee in Common, and the change programme needed to make the Group model effective in addressing unwarranted variation and inequality.
- Using our shared Improving Together framework as a foundation, the Trusts will accelerate sharing of best practice, reduce duplication and improve resilience of services while creating career structures and opportunities for many of our services that cannot currently benefit from working at scale.
- We will welcome your support as our leaders navigate the necessary challenges of wide-scale organisational change alongside the imperative to deliver short term priorities.

Accelerated long term transformation

- Clinical, operational and financial performance improvement will follow from ‘at scale’ focus on adopting best practice, driving quality improvement and providing staff development opportunities
- The anticipated impact over three plus years will be related to the ten clinical and corporate services areas identified and will support the system to deliver sustainable high quality services in a more equitable way across a new ten year NHS plan.

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	10
Date of Meeting:	21 November 2024		

Title of Report:	2025/26 – Planning Approach and Engagement
Report Author:	Olivia Lacey - Associate Director of Communications and Engagement Leanne Field, Head of Delivery Rachael Backler, Chief Delivery Officer
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Planning Approach and Engagement

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	
Wider system	Yes

Purpose:	Description	Select
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

Previous consideration by:	Date	Please clarify the purpose
Component parts considered in various meetings		

1	Purpose of this paper

The purpose of this paper is to provide members of the Board with an overview of the approach to planning and engagement being taken over the coming months to achieve three major deliverables as follows:

- Consultation and response on the 10-year plan
- Operational Planning for 2025/26
- Implementation Plan (Joint Forward Plan) for 2025/26

The paper outlines the current planning context for which the ICB and wider system partners are currently working to noting the review of the current NHS strategy and the national conversations taking place regarding the future of the NHS.

The paper highlights key activities, process and timelines of which we are working to. To note all three deliverables will be bought back through board in due course.

2	Summary of recommendations and any additional actions required
The Board is asked to note and consider the update, including proposed activities and timelines. The Board is also asked to advise on any further action they deem to be required.	

3	Legal/regulatory implications

The ICB and wider system have a statutory requirement to:

- Publish our Implementation plan for 2025/26 by 31st March
- Publish our Operational Plan for 2025/26 (deadline yet to be confirmed by NHSE, but likely to be late February/early March)

Effective delivery and assurance of plans will support the ICB and wider system partners in delivering the three national priorities for the NHS which are:

- Recovering our core services and improving productivity
- Make progress in delivering the key NHS Long-Term Plan ambitions
- Continue transforming the NHS for the future

4	Risks

Risks highlighted within the supporting pack include:

- Publishing both Implementation Plan and Operational plan prior to the publishing of the NHS 10-year plan
- Delivery of our medium-term financial plan

5	Quality and resources impact
This paper has several impacts on quality, performance and resources – this is detailed within the paper.	
Finance sign-off	Gary Heneage, Chief Finance Officer

6	Confirmation of completion of Equalities Impact Assessment
No EQIA has been completed as part of this report.	

7	Communications and Engagement Considerations
This report has been shared and approved by all relevant system partners, as such communication and engagement have taken place as appropriate.	

8	Statement on confidentiality of report
This paper is not confidential	

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

BSW ICB Approach to Planning for 25/26
(inc NHS 10-year plan)

November 2024

Planning context for 25/26

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- New government reviewing the current NHS strategy and starting a national conversation
- Challenging financial and operational performance context for the NHS nationally and in BSW
- 3 major deliverables for the ICB and NHS organisations re planning:
  - 10-year plan engagement and response (Engagement Nov onwards, plan publication date likely to be May 2025, response TBC post May)
  - Joint Forward Plan / BSW Implementation Plan Update (must publish by 31 March 2025)
  - Operating plan for 25/26 (submission TBC but likely March 2025)
- All deliverables are mandated nationally and have some elements of overlap, we are working through how we approach the three requirements so that the asks can be completed efficiently and allow partners to contribute in a meaningful way

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

NHS 10-Year Plan

Building a health service fit for the future

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- The government has launched a conversation about the future of the NHS in order to shape a new 10-Year Health Plan for England.
- The work is being led by the Department of Health and Social Care, alongside NHS England.
- The public, organisations and systems are being asked for their views: Change NHS
- There will also be a programme on national, regional and local engagement taking place over the next few months.
- Publication of 10-year plan likely to be around May 2025.
- ICBs and NHS organisations will likely then be asked to write their response i.e. how will this be implemented locally.

Strands of engagement

National level:

- Online workshops for public and stakeholders
- Online workshops for staff
- Online portal for all, through engagement period, with evolving questions

Regional level:

- Deliberative public event
- Deliberative staff event
- Leadership event

System level:

- Local workshops for staff
- Local workshops for public and stakeholders
- Local workshops for targeted groups (Core20plus5)

Approach to engagement - our role

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- This is a DHSC/NHSE and Government-led national campaign.

- Our role as an ICB is to **'promote to'** and **'facilitate feedback from'** the **public, staff and stakeholders** in Bath and North East Somerset about views on their:
  - Current experience of the NHS.

  - The three 'shifts' - big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:
    Shift 1: moving more care from hospitals to communities
    Shift 2: making better use of technology in health and care
    Shift 3: focussing on preventing sickness, not just treating it

  - Satisfaction with the NHS.

- The national team has provided a framework and will provide tools for ICBs to use to facilitate contributions to the conversation about the future of the NHS and this will help to shape a new 10-Year Health Plan for England.
- We will share these tools with our BSW Together partners as they have an important role in helping to **promote to** and **facilitate feedback from** the **public, their staff and stakeholders.**

10 Year Plan for Health
South West
Leadership engagement session

We are working closely with the other ICB's and the NHS England regional team to ensure our collective feedback is representative of people in the South West.

Approach to engagement – our system focus

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Engagement with public, staff and stakeholders will be between **October 2024 – January 2025**.
  - **October 2024 – February 2025**: we are already regularly promoting the change.nhs.uk portal across all of our ICB internal and external communications channels. We have asked our partner organisations to do the same.
  - **November 2024 – January 2025**: workshops will be run for staff, public and stakeholders and targeted Core20Plus 5 groups.
  - **2 December 2024**: organisations are required to submit their own responses.
- Partner organisations have a key role to play in supporting engagement.
- This will enable us to ensure that a spread of Core20Plus5 groups across BSW and the South West are engaged with to have their views heard and included.
- We will use BSW population health data to inform our system engagement, which will also support required feedback for the BSW Implementation Plan.
- National resources for facilitating workshops – these are expected to be received in mid/end November. *[details not available at time of paper submission]*
- Planning underway with system partners, SW ICBs and the regional team to coordinate and agree target groups and logistics for the required engagement. There is no additional budget or resource to support this work. *[an appendix to this paper will provide further information/agreed approach in time for the Board meeting]*

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

BSW Implementation Plan (NHS Joint Forward Plan)

Background and context

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What is the Implementation Plan (Joint Forward Plan)?

- The blueprint as to how we aim to achieve what's set out in the ICP Strategy
- The purpose of the plan is:
  - To set out how the ICB will meet its population's health needs;
  - To describe how the ICB and partners will arrange and provide services to meet physical and mental health needs including the ICS core purposes and ICB legal requirement

Why do we have one?

- It is a statutory requirement under the Health and Care Act 2022
- The plan is also used to support meeting the requirements of the ICB Annual Assessment
- It must be published each year by 31st March

Our approach for 2025/26

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Implement learning and feedback from our previous versions about what has worked well and what hasn't including:
  - Strengthen evidence on our NHS statutory duties
  - Ensure there is a clearer golden thread between our ICP strategy, implementation plan and our operating plan
  - Review of approach to the Place section of the Plan taking on board feedback from locality partners – which we are in the process of seeking feedback on
  - Be clearer on NHS contribution to prevention and outcomes sections

- Include an update on how we have done against priorities identified this year

- Aiming to have first draft ready before Christmas, however as a system we recognise the risk of publishing prior to full 10-year NHS plan guidance being issued; therefore, the plan will be relatively light touch given ongoing national conversation

Steering group

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

We are drawing together a steering group to support development of the plan. This group will be made up from colleagues across the ICB, Public Health and key strategic partners. The group will:

- Review our existing outcomes framework to make it fit for purpose
- Hold the pen on the development of the plan
- Continue to work in partnership ensuring that health actions are aligned to the requirements of social care and other key partners, so plans can be collaboratively developed and used for multiple asks
- Ensure the plan is communicated within their organisations (including supporting relevant governance processes)

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS Operating Plan 25/26

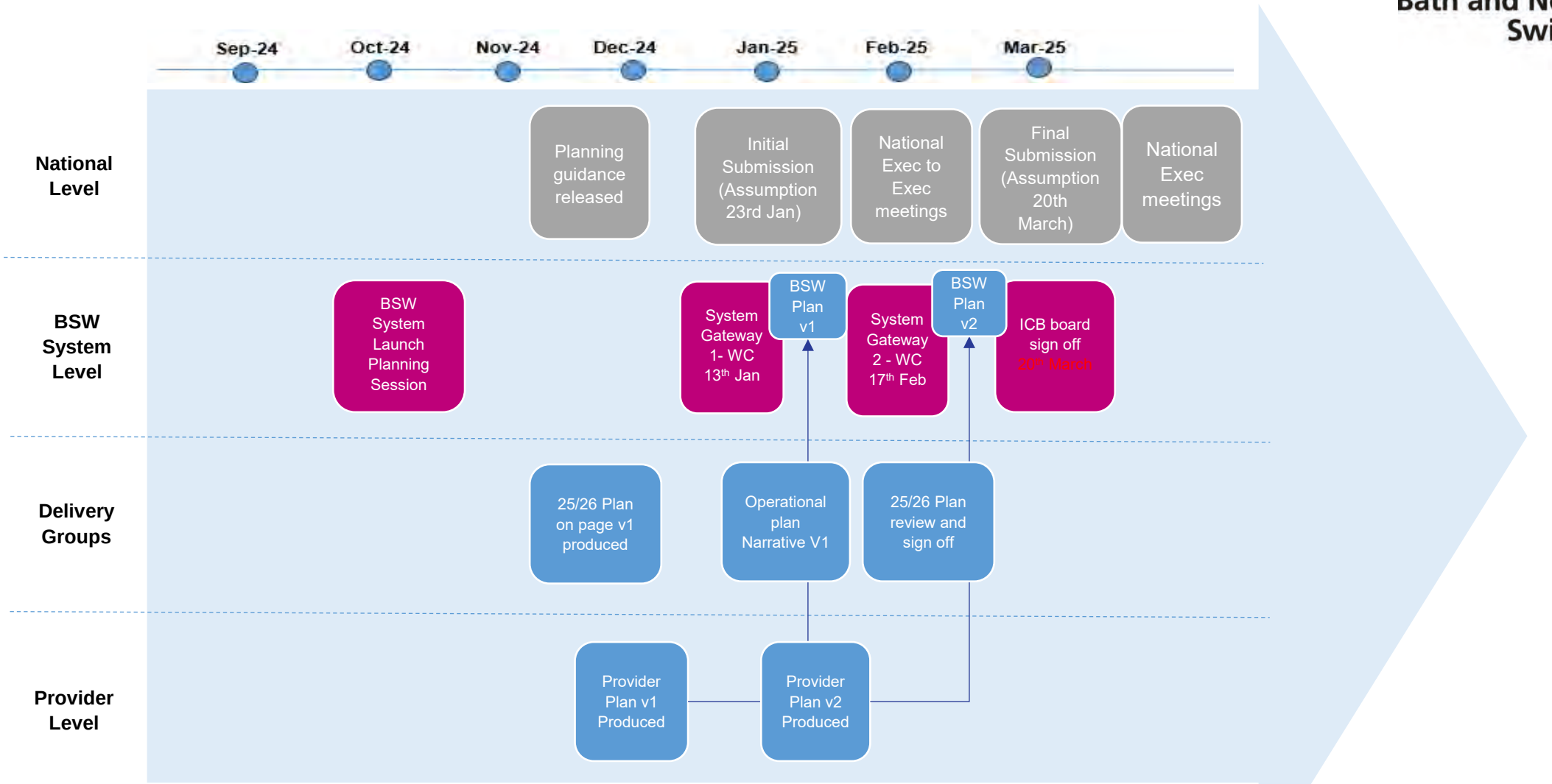
Operating plan 25/26

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- ICB and NHS organisations required to produce a one-year operating plan for the next financial covering finance, operational performance/activity and workforce
- Critical delivery year for BSW given our medium-term financial plan requires us to make significant savings, as well as the need to continue recovering operational performance
- Working to provisional planning timeline (planning guidance expected in December 2024) but we have started local planning as we are aiming to deliver a more joined up approach to planning this year
- Majority of work will take place between November and March, with first submission likely due in March 2025

Provisional planning timetable

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board



Our approach for 2025/26

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Implement learning and feedback from last year's plan on what has worked well and what hasn’t including:

  - Developing a single system plan
  - Building on system relationships, including our experienced planning team
  - Improved transparency
  - Cross organisation working and collaboration
  - Improving alignment and triangulation between activity, workforce and finance
  - Improving understanding of the planning technical elements e.g elective recovery fund
  - Improving engagement in the process

The value of a single system plan

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

As a system, we have agreed to work together to develop a single NHS operational plan, which has been supported through a BSW Planning Summit event to talk through this approach. This approach offers multiple benefits, including:

- National planning and resourcing now happens at system level
- Planning our future services through a patient / population lens spanning the whole health pathway
- By developing our system plan we can work together at scale to:
    - Address operational performance challenges
    - Share best practice and streamline processes
    - Remove duplication and reduce silos
    - Develop a triangulated plan, with workforce planning central to our overall approach to delivery

Building on our MTFP

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

To support operational planning, we developed a Medium-Term Financial Plan (MTFP) which:

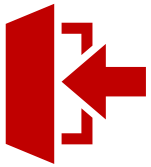
- was approved at BSW Recovery Board and taken through BSW Finance and Investment Committee for assurance in October (initial draft)
- is now being developed further by delivery groups to ensure plans are robust and system owned
- demonstrates a two-year plan for financial recovery working on some agreed key areas
- will be used as the basis of our operational plan for 25/26
- is being developed without planning guidance at this stage, with BSW working on with what we already know

To deliver the MTFP we have three key strands of work

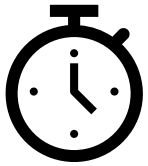
Focus performance areas for 25/26

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Whilst we are awaiting formal planning guidance, we expect the following areas to be in focus for 2025/26



A&E 4-hour performance



Community wating lists

Mental health

- *Access rates and talking therapies*

Elective recovery

Finance

Non-criteria to reside

Cancer

- *Faster Diagnosis Standard*

Workforce

Key groups for delivery of plan

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

We have identified the key contributing groups below – each are working work up detailed plans to make cost savings and help us meet our demand challenge to support operational planning.

Delivery Group	Description	SRO
Urgent Care	Coordination of UEC plans across the BSW system with the aim of minimising / mitigating operational pressures & the associated costs, key areas of focus comprising; National metric delivery, System wide admission avoidance / flow / discharge & Winter planning to ensure patients are in the right place at the right time, to receive the right care.	**Heather Cooper**
Planned Care	Transformation of planned care services including demand management, pathway review including primary and community care, waiting list management, elective productivity, development of additional capacity.	**Jane Rowland**
Acute services sustainability review	Review of acute services supported by clinical case for change work, with the aim of stabilising fragile services and reducing high cost spend.	**Gill May and Andrew Hollowood**
Community & Primary Care	Review, rationalisation and standardisation of existing community care provision, in addition to facilitating the transition from acute care to increased community & virtual healthcare, empowering ease of patient access, improved care quality and reduced care costs.	**Caroline Holmes**
Mental Health	Alignment of mental health provision and support to manage the impact of increasing numbers of MH & CAMHS patients presenting at Acute Trusts. Coordination of Thrive Community partners through AWP, developing the clinical strategy to deliver improved care experience for MH and CAMHS patients, whilst reducing the cost of care provision.	**Georgina Ruddle**
Workforce	System-wide pay cost review & optimum workforce efficiency, enhancing & supplementing existing workforce programmes across provider organisations. Activities comprise Absence management, Technology adoption, Process redesign & standardisation, Bank & agency usage, Skill-mix, & spans-of-control and Recruitment & retention. These are applied across Administration, Clerical, Nursing, Medical, and Support Services	**Sarah Green**
Meds Management	System-wide review and focus on Medicines Management & Pharmacy to reduce medicine expenditure and ensure optimum value for money. Key aspects comprise Product switches, Waste reduction & inventory management, Demand management, Prescribing protocols, and Medicines procurement.	**Uzo Ibechukwo**
Procurement	System-wide review & optimisation of Procurement & Inventory Management to reduce non-pay expenditure, building on individual organisation procurement activities to drive Economies of scale, Standardisation & Control. Key aspects comprise; Contract management, Demand management, Compliant processes, VFM purchasing, benchmarking.	**Rob Webb**
Consolidation of corporate services	System-wide review and scoping of opportunities to create greater efficiencies and savings through further consolidation of back office services.	**Simon Wade**
Estates and Facilities Rationalisation	Site and service reconfiguration and rationalisation to reduce the costs (estate and facilities) associated with the management of the BSW estate (owned, leased and PFI). Focus comprises Hard & Soft FM review, Estate rationalisation and strategic planning, Technology adoption, Improved procurement & contract management.	**Graham Wilson**

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	21 November 2024		

Title of Report:	Delegation of Specialised Commissioning from 1 April 2025
Report Author:	Mark Harris, Director of Business Support
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Appendix 1 – Specialised Commissioning Delegation Scope Appendix 2 – Principal Commissioner Model Appendix 3 – Safer Delegation Checklist Summary

Report classification	Please indicate to which body/collection of organisations this report is relevant. *Only one of the below should be selected* (x)
ICB body corporate	X
ICS NHS organisations only	
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	X
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
ICB Executive Management Committee	16/10/24	Discussion/Assurance
ICB Board Development Session	17/10/24	Discussion
ICB Finance & Investment Committee	6/11/24	Discussion / Assurance

1	Purpose of this paper

The purpose of this paper is to commence the governance sign off of NHSE requirements of ICBs related to the delegation of Specialised Commissioning (Green Services) from 1 April 2025. Final sign off following NHSE Board approval, will take place in February 2025.

2	Summary of recommendations and any additional actions required

The Board is asked to: -

a. **Agree** to the Principal Commissioner Model for ICB Board sign off
b. **Note** the delegation conditions and recommend that these are accepted.
c. **Note** the developmental and due diligence activities underway within the Safer Delegation Checklist
d. **Note** the additional areas of clarification that will be worked through before final delegation approval in February 2025.
e. **Agree** to delegate the signing of the delegation agreement documentation to the Executive Management Team (after Board final approval to delegation in February 2025).

3	Legal/regulatory implications

The NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 sets out NHS England's responsibility to arrange all reasonable requirements for the provision of specialised services. This was amended by the 2022 Health and Care Act, Section 2, which details NHSE requirement to commission specialised services.

The services were set out in the Manual for Prescribed Specialised Services 2018/19.

4	Risks

This report does not currently link to any existing risks on the Corporate Risk Register.

- At this stage, the financial allocation at ICB level is not finalised and the MH/LDA elements will be subject to change in 25/26 after delegation has occurred.
- There is a risk that should the ICB be designated as SOF 4, that the delegation conditions will remove the decision-making responsibilities of the ICB in relation to these services.

5	Quality and resources impact

Finance: ICB allocations for 25/26 related to delegated services has not been finalised at this stage.
Workforce: The current NHSE team will remain as a resource to support the activities.

Finance sign-off	Barry Young, Associate Director of Finance

6	Confirmation of completion of Equalities and Quality Impact Assessment
No EQIA has been completed as this paper relates to a change in commissioning responsibilities. Quality assurance is part of the Safer Delegation Checklist completed by NHSE.	

7	Communications and Engagement Considerations
No communications and engagement considerations have been identified in relation to the delegation process. However, ensuring that Public and Patient engagement legal obligations in relation to these services is part of the Safer Delegation Checklist completed by NHSE.	

8	Statement on confidentiality of report
This paper is not confidential.	

Delegation of Specialised Commissioning from 1 April 2025

1. Introduction

1.1 There are 175 specialised services. These are set out in the Prescribed Specialised Services Manual[1]. (Note that there are less than 175 service specifications in the manual as some cover multiple service lines). These cover a large range of services including specialised cancer and cardiac services, Neonatal services, and Adult Critical Care.

1.2 NHSE set out its intentions to delegate specialised services to Integrated Care Systems in the Roadmap for Integrating Specialised Services within Integrated Care Systems in May 2022.[2]

1.3 The initial intention was for all ICBs to take on delegation of fifty-nine services from 1/4/24 and work was undertaken to prepare for that transfer of responsibility.

1.4 Subsequently the seven ICBs in the South West collectively agreed to request that the transfer date was deferred to 1/4/25. This was agreed by the NHSE Board in December 23. Three regions did undertake the transfer on 14/24 with the remaining four regions agreed to be a second wave.

1.5 The South West Region has continued with the Joint Committee arrangement of ICBs working with the NHSE regional team in relation to specialised commissioning throughout 2024.

1.6 The full scope of services to be delegated is attached as Appendix 1.

2. Proposed commissioning model

2.1 The proposed commissioning model is a Principal Commissioner Model which has been recommended by the Joint Committee. A fundamental driver for this model being worked up was the DHSC accounting rules that only allow for financial risk sharing if the budget is hosted by a single organisation.

2.2 Appendix 2 sets out the detail of the Principal Commissioner Model and how governance will work.

2.3 The key features of this model are: -

2.3.1 There is a budget risk share arrangement across the region as a whole.

2.3.2 The risk sits with the Principal Commissioner (they cannot ask for top ups to the budget in year). Conversely there is no flow back of surpluses to ICBs and any surpluses can be directed by the Joint Committee as part of its mandate.

[1] https://www.england.nhs.uk/wp-content/uploads/2017/10/PRN00115-prescribed-specialised-services-manual-v6.pdf

[2] https://www.england.nhs.uk/wp-content/uploads/2022/05/PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf

2.3.3 All ICBs maintain the ability to participate in decision making at a strategic level by setting an annual mandate through the Joint Committee.

2.3.4 A Central Commissioning Hub (CCH) of current NHSE staff manage the portfolio on a day-to-day basis accountable to the Principal Commissioner, who is in turn directed by the mandate set by the Joint Committee. This allows flexibility of day-to-day commissioning matters to be managed by the CCH team.

2.3.5 The arrangement reduces the administrative burden on individual ICBs from delegation.

2.4 It should be noted that for acute services, contracts are held with individual providers, whereas for mental health and learning disability services there are lead provider arrangements.

2.5 At the time of this paper production the designation of which ICB will act as the Principal Commissioner is unknown will be known when the ICB Board are asked to formally agree to arrangements in February 2025.

2.6 It has recently been announced that the NHSE commissioning staff will not formally transfer to the hub on 1/4/25 and that this has been delayed nationally until 1/7/25.

3. Delegation conditions

3.1 NHSE has set out four developmental conditions attached to the arrangements that will remain in force until removed by NHSE. These are enforceable requirements, which if breached would entitle NHSE to intervene directly in relation to delegated responsibilities.

3.1.1 Delegated budgets will be ringfenced to be spent on only specialised services. Any proposed variation to this arrangement would need to be approved by the NHSE South West Managing Director and Director of Finance.

3.1.2 All delegated services must be managed within the Principal Commissioner Model.

3.1.3 ICBs will be required to hold a contingency within the specialised commissioning budget of at least 0.5%.

3.1.4 If the ICB at any point is or becomes designated as SOF 4, NHSE will hold veto powers over any decisions it makes in relation to specialised commissioning.

3.2 Any proposed variations to the first three conditions would need to be approved by the NHSE South West Managing Director and Director of Finance.

4. Safe Delegation Checklist

4.1 A national delegation checklist has been produced and a summary is shown in Appendix 3.

4.2 Most actions sit with NHSE in providing documentation and there are some dependencies on the agreement of the Principal Commissioner and details awaited from NHSE nationally.

5. Additional discussions to continue before formal agreement in February 2025

5.1 Internal discussions and the Executive Management Meeting identified the following areas to continue to discuss with the NHSE team before the formal agreement to delegation in February 2025:

- 5.1.1 Allocation of surpluses which cannot be passed back to ICBs, but can be passed back to providers within ICBs. This is under discussion between ICB finance leads within the parameters of the NHS accounting rules.
- 5.1.2 Further detail on the mechanisms for influencing issues through the Principal Commissioner in additional to the annual mandate.
- 5.1.3 Understanding of the impact on financial funding distance from target from this arrangement.
- 5.1.4 Clarification of impact on Mental Health Investment Standard.
- 5.1.5 Interfaces with LDAN strategy and management of known service issues clarified to mitigate impact on non-specialised commissioning arrangements.

6. Risks

6.1 At this stage, the financial allocation at ICB level is not finalised and the MH/LDA elements will be subject to change in 25/26 after delegation has occurred.

6.2 There is a risk that should the ICB be designated as SOF 4, that the delegation conditions will remove the decision-making responsibilities of the ICB in relation to these services.

7. Next steps

7.1 Completion of clarifications prior to February 2025.

7.2 Ongoing completion of Safer Delegation Checklist by NHSE colleagues reporting into the Joint Committee.

7.3 NHSE Board approval of delegation arrangements and due diligence completed and assured by the NHSW regional team in December 2024.

7.4 Final Board sign off to accept delegation in February 2025.

8. Recommendations

8.1 The Board is asked to: -

- 8.1.1 **Agree** to the Principal Commissioner Model for ICB Board sign off
- 8.1.2 **Note** the delegation conditions and recommend that these are accepted.
- 8.1.3 Note the developmental and due diligence activities underway within the Safer Delegation Checklist
- 8.1.4 **Note** the additional areas of clarification that will be worked through before final delegation approval in February 2025.

8.1.5 **Agree** to delegate the signing of the delegation agreement documentation to the Executive Management Team (after Board final approval to delegation in February 2025).

APPENDIX 1

Specialised Commissioning - Service Portfolio Analysis (SPA) Detail

Service Line Code	Service Line Description	Programme of Care (PoC) Category
NCBPS01C	CHEMOTHERAPY	B02 - CHEMOTHERAPY
NCBPS01J	ANAL CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01K	MALIGNANT MESOTHELIOMA (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01M	HEAD AND NECK CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01N	KIDNEY, BLADDER AND PROSTATE CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01Q	RARE BRAIN AND CNS CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01R	RADIOTHERAPY SERVICES (ADULTS)	B01 - RADIOTHERAPY
NCBPS01S	STEREOTACTIC RADIOSURGERY / RADIOTHERAPY	B03 - SPECIALISED CANCER SURGERY
NCBPS01T	TEENAGE AND YOUNG ADULT CANCER	B05 - CHILDREN AND YOUNG ADULT CANCER SERVICES
NCBPS01U	OESOPHAGEAL AND GASTRIC CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01V	BILIARY TRACT CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01W	LIVER CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01X	PENILE CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01Y	CANCER OUTPATIENTS (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01Z	TESTICULAR CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS02Z	HAEMATOPOIETIC STEM CELL TRANSPLANTATION SERVICES (ADULTS AND CHILDREN)	F01 - BLOOD AND MARROW TRANSPLANTATION
NCBPS03C	CASTLEMAN DISEASE	F02 - SPECIALISED BLOOD DISORDERS
NCBPS03X	SPECIALIST SERVICES FOR HAEMOPHILIA AND OTHER RELATED BLEEDING DISORDERS (ADULTS)	F02 - SPECIALISED BLOOD DISORDERS
NCBPS03Y	SPECIALIST SERVICES FOR HAEMOPHILIA AND OTHER RELATED BLEEDING DISORDERS (CHILDREN)	F02 - SPECIALISED BLOOD DISORDERS
NCBPS04A	SEVERE ENDOMETRIOSIS	E09 - SPECIALISED WOMENS SERVICES
NCBPS04C	FETAL MEDICINE SERVICES (ADULTS AND ADOLESCENTS)	E09 - SPECIALISED WOMENS SERVICES
NCBPS04D	COMPLEX URINARY INCONTINENCE AND GENITAL PROLAPSE	E09 - SPECIALISED WOMENS SERVICES
NCBPS04F	GYNAECOLOGICAL CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS04G	SPECIALIST MATERNITY CARE FOR WOMEN DIAGNOSED WITH ABNORMALLY INVASIVE PLACENTA	E09 - SPECIALISED WOMENS SERVICES
NCBPS04P	TERMINATION SERVICES FOR PATIENTS WITH MEDICAL COMPLEXITY AND OR SIGNIFICANT CO-MORBIDITIES REQUIRING TREATMENT IN A SPECIALIST HOSPITAL	E09 - SPECIALISED WOMENS SERVICES
NCBPS05C	SPECIALIST AUGMENTATIVE AND ALTERNATIVE COMMUNICATION AIDS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS05E	SPECIALIST ENVIRONMENTAL CONTROLS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS05P	PROSTHETICS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS06Z	COMPLEX SPINAL SURGERY SERVICES (ADULTS AND CHILDREN)	D03 - SPINAL SERVICES
NCBPS07Y	PAEDIATRIC NEUROREHABILITATION	E04 - PAEDIATRIC NEUROSCIENCES
NCBPS07Z	SPECIALIST REHABILITATION SERVICES FOR PATIENTS WITH HIGHLY COMPLEX NEEDS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS08J	SELECTIVE DORSAL RHIZOTOMY	E04 - PAEDIATRIC NEUROSCIENCES
NCBPS08O	NEUROLOGY (ADULTS)	D04 - NEUROSCIENCES
NCBPS08P	NEUROPHYSIOLOGY (ADULTS)	D04 - NEUROSCIENCES
NCBPS08R	NEURORADIOLOGY (ADULTS)	D04 - NEUROSCIENCES
NCBPS08S	NEUROSURGERY (ADULTS)	D04 - NEUROSCIENCES

NCBPS08T	MECHANICAL THROMBECTOMY	D04 - NEUROSCIENCES
NCBPS08Y	NEUROPSYCHIATRY SERVICES (ADULTS AND CHILDREN)	D04 - NEUROSCIENCES
NCBPS08Z	COMPLEX NEURO-SPINAL SURGERY SERVICES (ADULTS AND CHILDREN)	D03 - SPINAL SERVICES
NCBPS10Z	CYSTIC FIBROSIS SERVICES (ADULTS AND CHILDREN)	A01 - SPECIALISED RESPIRATORY
NCBPS11B	RENAL DIALYSIS	A06 - RENAL SERVICES
NCBPS11C	ACCESS FOR RENAL DIALYSIS	A06 - RENAL SERVICES
NCBPS11T	RENAL TRANSPLANTATION	A06 - RENAL SERVICES
NCBPS13A	COMPLEX DEVICE THERAPY	A05 - CARDIOTHORACIC SERVICES
NCBPS13B	CARDIAC ELECTROPHYSIOLOGY & ABLATION	A05 - CARDIOTHORACIC SERVICES
NCBPS13C	INHERITED CARDIAC CONDITIONS	A05 - CARDIOTHORACIC SERVICES
NCBPS13E	CARDIAC SURGERY (INPATIENT)	A05 - CARDIOTHORACIC SERVICES
NCBPS13F	PPCI FOR ST- ELEVATION MYOCARDIAL INFARCTION	A05 - CARDIOTHORACIC SERVICES
NCBPS13H	CARDIAC MAGNETIC RESONANCE IMAGING	A05 - CARDIOTHORACIC SERVICES
NCBPS13T	COMPLEX INTERVENTIONAL CARDIOLOGY (ADULTS)	A05 - CARDIOTHORACIC SERVICES
NCBPS13X	ADULT CONGENITAL HEART DISEASE SERVICES (NON-SURGICAL)	E05 - CONGENITAL HEART SERVICES
NCBPS13Y	ADULT CONGENITAL HEART DISEASE SERVICES (SURGICAL)	E05 - CONGENITAL HEART SERVICES
NCBPS13Z	CARDIAC SURGERY (OUTPATIENT)	A05 - CARDIOTHORACIC SERVICES
NCBPS14A	ADULT SPECIALISED SERVICES FOR PEOPLE LIVING WITH HIV	F03 - HIV
NCBPS15Z	CLEFT LIP AND PALATE SERVICES (ADULTS AND CHILDREN)	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS16X	SPECIALIST IMMUNOLOGY SERVICES FOR ADULTS WITH DEFICIENT IMMUNE SYSTEMS	F06 - SPECIALISED IMMUNOLOGY AND ALLERGY SERVICES
NCBPS16Y	SPECIALIST IMMUNOLOGY SERVICES FOR CHILDREN WITH DEFICIENT IMMUNE SYSTEMS	F06 - SPECIALISED IMMUNOLOGY AND ALLERGY SERVICES
NCBPS17Z	SPECIALIST ALLERGY SERVICES (ADULTS AND CHILDREN)	F06 - SPECIALISED IMMUNOLOGY AND ALLERGY SERVICES / E03 - PAEDIATRIC MEDICINE
NCBPS18A	SPECIALIST SERVICES FOR ADULTS WITH INFECTIOUS DISEASES	F04 - INFECTIOUS DISEASES
NCBPS18C	SPECIALIST SERVICES FOR CHILDREN WITH INFECTIOUS DISEASES	E03 - PAEDIATRIC MEDICINE
NCBPS18E	SPECIALIST BONE AND JOINT INFECTION (ADULTS)	F04 - INFECTIOUS DISEASES
NCBPS19B	SPECIALIST SERVICES FOR COMPLEX BILIARY DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS19C	BILIARY TRACT CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19L	SPECIALIST SERVICES FOR COMPLEX LIVER DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS19M	LIVER CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19P	SPECIALIST SERVICES FOR COMPLEX PANCREATIC DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS19Q	PANCREATIC CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19V	PANCREATIC CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19Z	SPECIALIST SERVICES FOR COMPLEX LIVER, BILIARY AND PANCREATIC DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS22E	ADULT SPECIALIST EATING DISORDER SERVICES	C01 - SPECIALISED MENTAL HEALTH
NCBPS22P	SPECIALIST PERINATAL MENTAL HEALTH SERVICES (ADULTS AND ADOLESCENTS)	C04 - PERINATAL MENTAL HEALTH
NCBPS22S(a)	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW) - EXCLUDING LD / ASD / WEMS / ABI / DEAF	C02 - ADULT SECURE SERVICES
NCBPS22S(c)	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW) - ASD	C02 - ADULT SECURE SERVICES
NCBPS22S(d)	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW) - LD	C02 - ADULT SECURE SERVICES
NCBPS23A	CHILDREN'S CANCER	B05 - CHILDREN AND YOUNG ADULT CANCER SERVICES

NCBPS23B	PAEDIATRIC CARDIAC SERVICES	E05 - CONGENITAL HEART SERVICES
NCBPS23D	SPECIALIST EAR, NOSE AND THROAT SERVICES FOR CHILDREN	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS23E	SPECIALIST ENDOCRINOLOGY AND DIABETES SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23F	SPECIALIST GASTROENTEROLOGY, HEPATOLOGY AND NUTRITIONAL SUPPORT SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23H	SPECIALIST HAEMATOLOGY SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23K	TIER 4 CAMHS (GENERAL ADOLESCENT INC EATING DISORDERS)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23L	TIER 4 CAMHS (LOW SECURE)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23M	SPECIALIST NEUROSCIENCE SERVICES FOR CHILDREN	E04 - PAEDIATRIC NEUROSCIENCES
NCBPS23N	SPECIALIST OPHTHALMOLOGY SERVICES FOR CHILDREN	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS23O	TIER 4 CAMHS (PICU)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23P	SPECIALIST DENTISTRY SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23Q	SPECIALIST ORTHOPAEDIC SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23R	SPECIALIST PLASTIC SURGERY SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23S	SPECIALIST RENAL SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23T	SPECIALIST RESPIRATORY SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23U	TIER 4 CAMHS (LD)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23V	TIER 4 CAMHS (ASD)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23W	SPECIALIST RHEUMATOLOGY SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23X	SPECIALIST PAEDIATRIC SURGERY SERVICES - GENERAL SURGERY	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23Y	SPECIALIST PAIN MANAGEMENT SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23Z	SPECIALIST PAEDIATRIC UROLOGY SERVICES	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS24C	FCAMHS	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS24Y	SKIN CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS24Z	SPECIALIST DERMATOLOGY SERVICES (ADULTS AND CHILDREN)	A08 - SPECIALISED DERMATOLOGY
NCBPS26Z	ADULT SPECIALIST RHEUMATOLOGY SERVICES	A09 - SPECIALISED RHEUMATOLOGY
NCBPS27E	ADRENAL CANCER (ADULTS)	A03 - SPECIALISED ENDOCRINOLOGY
NCBPS27Z	ADULT SPECIALIST ENDOCRINOLOGY SERVICES	A03 - SPECIALISED ENDOCRINOLOGY
NCBPS29B	COMPLEX THORACIC SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS29E	MANAGEMENT OF CENTRAL AIRWAY OBSTRUCTION (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS29L	LUNG VOLUME REDUCTION (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29M	INTERSTITIAL LUNG DISEASE (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29S	SEVERE ASTHMA (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29V	COMPLEX HOME VENTILATION (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29Z	ADULT THORACIC SURGERY SERVICES: OUTPATIENTS	B03 - SPECIALISED CANCER SURGERY
NCBPS30Z	ADULT SPECIALIST VASCULAR SERVICES	A04 - VASCULAR DISEASE
NCBPS31Z	ADULT SPECIALIST PAIN MANAGEMENT SERVICES	D07 - SPECIALISED PAIN
NCBPS32A	COCHLEAR IMPLANTATION SERVICES (ADULTS AND CHILDREN)	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS32B	BONE ANCHORED HEARING AIDS SERVICE	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS32D	MIDDLE EAR IMPLANTABLE HEARING AIDS SERVICE	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES

NCBPS33A	COMPLEX SURGERY FOR FAECAL INCONTINENCE (ADULTS)	A07 - SPECIALISED COLORECTAL SERVICES
NCBPS33B	COMPLEX INFLAMMATORY BOWEL DISEASE (ADULTS)	A07 - SPECIALISED COLORECTAL SERVICES
NCBPS33C	TRANSANAL ENDOSCOPIC MICROSURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS33D	DISTAL SACRECTOMY FOR ADVANCED AND RECURRENT RECTAL CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS34A	ORTHOPAEDIC SURGERY (ADULTS)	D10 - SPECIALISED ORTHOPAEDIC SERVICES
NCBPS34R	ORTHOPAEDIC REVISION (ADULTS)	D10 - SPECIALISED ORTHOPAEDIC SERVICES
NCBPS34T	MAJOR TRAUMA SERVICES (ADULTS AND CHILDREN)	D02 - MAJOR TRAUMA
NCBPS35Z	SPECIALIST MORBID OBESITY SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS36Z	SPECIALIST METABOLIC DISORDER SERVICES (ADULTS AND CHILDREN)	E06 - METABOLIC DISORDERS
NCBPS37C	ARTIFICIAL EYE SERVICE	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS37Z	ADULT SPECIALIST OPHTHALMOLOGY SERVICES	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS38S	SICKLE CELL ANAEMIA (ADULTS AND CHILDREN)	F05 - HAEMOGLOBINOPATHIES
NCBPS38T	THALASSEMIA (ADULTS AND CHILDREN)	F05 - HAEMOGLOBINOPATHIES
NCBPS41P	PENILE IMPLANTS	B03 - SPECIALISED CANCER SURGERY
NCBPS41S	SURGICAL SPERM REMOVAL	B03 - SPECIALISED CANCER SURGERY
NCBPS41U	URETHRAL RECONSTRUCTION	B03 - SPECIALISED CANCER SURGERY
NCBPS51A	INTERVENTIONAL ONCOLOGY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS51B	BRACHYTHERAPY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS51C	MOLECULAR ONCOLOGY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS51R	RADIOTHERAPY SERVICES (CHILDREN)	B01 - RADIOTHERAPY
NCBPS58A	NEUROSURGERY LVHC NATIONAL: SURGICAL REMOVAL OF CLIVAL CHORDOMA AND CHONDROSARCOMA	D04 - NEUROSCIENCES
NCBPS58B	NEUROSURGERY LVHC NATIONAL: EC-IC BYPASS(COMPLEX/HIGH FLOW)	D04 - NEUROSCIENCES
NCBPS58C	NEUROSURGERY LVHC NATIONAL: TRANSORAL EXCISION OF DENS	D04 - NEUROSCIENCES
NCBPS58D	NEUROSURGERY LVHC REGIONAL: ANTERIOR SKULL BASED TUMOURS	D04 - NEUROSCIENCES
NCBPS58E	NEUROSURGERY LVHC REGIONAL: LATERAL SKULL BASED TUMOURS	D04 - NEUROSCIENCES
NCBPS58F	NEUROSURGERY LVHC REGIONAL: SURGICAL REMOVAL OF BRAINSTEM LESIONS	D04 - NEUROSCIENCES
NCBPS58G	NEUROSURGERY LVHC REGIONAL: DEEP BRAIN STIMULATION	D04 - NEUROSCIENCES
NCBPS58H	NEUROSURGERY LVHC REGIONAL: PINEAL TUMOUR SURGERIES - RESECTION	D04 - NEUROSCIENCES
NCBPS58I	NEUROSURGERY LVHC REGIONAL: REMOVAL OF ARTERIOVENOUS MALFORMATIONS OF THE NERVOUS SYSTEM	D04 - NEUROSCIENCES
NCBPS58J	NEUROSURGERY LVHC REGIONAL: EPILEPSY	D04 - NEUROSCIENCES
NCBPS58K	NEUROSURGERY LVHC REGIONAL: INSULA GLIOMA'S/ COMPLEX LOW GRADE GLIOMA'S	D04 - NEUROSCIENCES
NCBPS58L	NEUROSURGERY LVHC LOCAL: ANTERIOR LUMBAR FUSION	D04 - NEUROSCIENCES
NCBPS58M	NEUROSURGERY LVHC LOCAL: REMOVAL OF INTRAMEDULLARY SPINAL TUMOURS	D04 - NEUROSCIENCES
NCBPS58N	NEUROSURGERY LVHC LOCAL: INTRAVENTRICULAR TUMOURS RESECTION	D04 - NEUROSCIENCES
NCBPS58O	NEUROSURGERY LVHC LOCAL: SURGICAL REPAIR OF ANEURYSMS (SURGICAL CLIPPING)	D04 - NEUROSCIENCES
NCBPS58P	NEUROSURGERY LVHC LOCAL: THORACIC DISCECTOMY	D04 - NEUROSCIENCES
NCBPS58Q	NEUROSURGERY LVHC LOCAL: MICROVASCULAR DECOMPRESSION FOR TRIGEMINAL NEURALGIA	D04 - NEUROSCIENCES
NCBPS58R	NEUROSURGERY LVHC LOCAL: AWAKE SURGERY FOR REMOVAL OF BRAIN TUMOURS	D04 - NEUROSCIENCES
NCBPS58S	NEUROSURGERY LVHC LOCAL: REMOVAL OF PITUITARY TUMOURS INCLUDING FOR CUSHING'S AND ACROMEGALY	D04 - NEUROSCIENCES

NCBPS61M	HEAD AND NECK CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS61Q	OPHTHALMIC CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS61U	OESOPHAGEAL AND GASTRIC CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS61Z	TESTICULAR CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS73X	SPECIALIST PAEDIATRIC SURGERY SERVICES - GYNAECOLOGY	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPSACC	ADULT CRITICAL CARE	D05 - ADULT CRITICAL CARE
NCBPSE23	SPECIALIST PALLIATIVE CARE SERVICES FOR CHILDREN AND YOUNG ADULTS	E03 - PAEDIATRIC MEDICINE
NCBPSECP	EXTRACORPOREAL PHOTOPHERESIS SERVICE (ADULTS AND CHILDREN)	B99 - CANCER NPOC / CRG TO BE DECIDED
NCBPSNIC	SPECIALIST NEONATAL CARE SERVICES	E08 - NEONATAL CRITICAL CARE
NCBPSPIC	SPECIALIST PAEDIATRIC INTENSIVE CARE SERVICES	E07 - PAEDIATRIC INTENSIVE CARE

APPENDIX 2

Commissioning Model

for Delegated Specialised Services

September 2024
NHSE South West & South West ICBs

Version Control

Version	Date	Status	Notes
0.1a-c	10/09/2024	Working Draft in development	Consolidated from June & July 2024 JDG and JSSC approved materials describing model development and options appraisal. Sub versions before 1c are incomplete drafts.
0.2	12/09/2024	Final Approval Draft	Version reviewed by NHSE SW RET 16/09/2024.
1.0	18/09/2024	Issued	Minor typographical amends, clarifications, standardisation of terminology & formatting.

Document owner / contact: Luke Culverwell, Deputy Director of Specialised Commissioning, NHSE SW

Introduction - Design Goals and Model Summary

This document sets out the Commissioning Model for Delegated Specialised Services in the South-West. It has been designed between NHSE And South-West ICBs to achieve the following **design goals**:

1. Create a stable platform for delegation in 2025/26, with a view that the arrangements can evolve and be further adapted.
2. Support the joint commissioning of delegated specialised services post-delegation.
3. Permit the management of all services in scope through a single budget hosted by a single organisation.
4. Support continued delivery of the commissioning function by the existing ICB-hosted Collaborative Commissioning Hub (CCH).
5. Establish a clear line of accountability and decision-making for CCH Specialised Commissioning Team members.
6. Minimise the additional transactional and governance burden associated with delegation.

In order to achieve these design goals, the model describes a **Principal Commissioner** arrangement under which:

- One ICB becomes the legal commissioner for all specialised services within scope of the arrangement (the Principal ICB)
- All ICBs participate in collective decision-making at a strategic level through a reconstituted Joint Committee
- The Joint Committee sets an annual Commissioning Mandate, which incorporates a budget, financial plan and operational plan
- The Principal ICB must abide by the parameters set in the Commissioning Mandate, but has free day-to-day operational flexibility
- The budget for all services within scope is transferred by individual ICBs to the Principal ICB and remains there while the arrangement is in place
- The Principal ICB relies on the expertise of the CCH Specialised Commissioning Team, who manage the portfolio on its behalf
- The CCH Host ICB is appointed to act as a legal agent on behalf of the Principal ICB, giving the CCH team licence to operate
- All in-year financial transactions are processed by the CCH team but acting in the Principal ICBs name and on its ledger
- The CCH Specialised Commissioning Team manage routine reporting to the Joint Committee on the Principal ICBs behalf
- All ICBs participate in the Joint Committee to take assurance of the Principal ICBs performance of its delegated responsibilities
- All ICB representatives on the Joint Committee are responsible for managing onward visibility reporting through their own organisational structures

Introduction – Mandatory Elements of the Model

The key feature of the Principal Commissioner model in minimising administrative burden is the ability for the Principal ICB to manage all spend through its own books as a consolidated budget. To enable this, the conditions below must be met. This is because DHSC accounting rules are clear that regardless of the legal form of an arrangement, it must be judged on how it functions in practice against these requirements and treated accordingly. Some aspects of the Model have been designed to accommodate this and to ensure that the arrangement is not subject to challenge:

1. The end-provider must owe its legal performance obligations to the Principal ICB as customer

This is easily accomplished through direct contracting between the Principal ICB and the prover Trusts. The Principal can give individual ICBs visibility on this relationship and the discussions, but it remains a bilateral legal relationship to which the individual ICBs are not party.

2. The Principal ICB must have control over the manner in which it performs its obligations to other partners

Individual ICBs are entitled to set the "specification" which the Principal is required to deliver, and the financial constraints it must operate within. The principal has full control over how it delivers on these obligations. We have conceived this as a split between (A) strategic decisions that set the Commissioning Mandate (specification) made by ICBs through Joint Committee, and (B) all operational decisions on delivery and management of risk and finances which are made by the Principal ICB or its agents.

3. Risk and reward must sit with the Principal ICB

Between financial years ICBs can agree to adjust the budget as part of setting the Commissioning Mandate for the following year. ICBs can also (subject to any conditions in their individual delegation agreements) remove services and the associated allocation from the scope of the Model. Both of these decisions must be made through the Joint Committee and supported by all ICBs.

However, during a financial year the Principal ICB must manage spend within the set allocation that has been transferred to it. It cannot ask individual ICBs to top-up its funding. In-year surpluses cannot flow back from the Principal ICB to individual ICBs. As such, the agreement of a financial strategy on contingency and risk, and how this is managed through systems will form a key part of the planning cycle.

Introduction – Assumptions and Dependencies

This document makes the following assumptions:

1. **That the Principal ICB and The CCH Host ICB are different entities.** This is because the CCH host is already in place, but at the point of writing a further process is required to identify the Principal Commissioner. We assume the more complicated scenario and address this through the legal Agency Agreement between the Principal ICB and the Host ICB. In the event that the Principal ICB and the CCH Host ICB are the same organisation, this can be dispensed with and CCH Team members will act as employees of the legal commissioner instead of as agents of the legal commissioner.

2. **That all delegated specialised acute and mental health services are within scope of the model**. The scope of the model can be increased or decreased. The initial scope will be set out in the ICB Collaboration Agreement that the 7 ICBs will sign. ICBs have expressed a desire to look at disaggregating services that are amenable to local commissioning over time. This can be achieved by agreeing a variation to the Collaboration Agreement to remove services from scope when required, subject to any conditions written into individual ICB delegation agreements with NHSE.

3. **That the case for model and its legality are already understood and agreed.** The legal basis of the model, including compliance with the DHSC Group Accounting Manual, has already been tested with NHSE National Strategic Finance. The decision to pursue this model instead of other options which would not achieve the same level of benefit was made by the Joint Specialised Services Committee in July 2024 on a recommendation made by the South West Joint Directors' Group. Supporting materials on both matters are not replicated here but are available if required.

The model described here interacts with the following products, both of which are for subsequent development and agreement through Joint Committee. These will support the smooth functioning of the model and it would be advantageous for them to be agreed ahead of delegation, but delegation can proceed with both still in development.

1. **Specialised Services Clinical Strategy**
2. **Specialised Services Financial Strategy**

The model is supported by the following detailed protocols which will be completed in advance of delegation

1. **Specialised Services Risk Framework** (complete in draft, pending ratification)
2. **Specialised Services Quality Framework** (complete in draft, pending ratification)
3. **Specialised Services Financial SOP** (Draft in progress, finalisation requires a Principal Commissioner to first be designated)
4. **Specialised Services Contract & Performance Management SOP** (Draft in progress)

Overview of Model, Legal Basis & Relationships between Organisations

Under the model ICBs act collectively through a Joint Committee to establish an annual Commissioning Mandate which includes the operational plan and financial plan. One single ICB is given responsibility for delivering this.

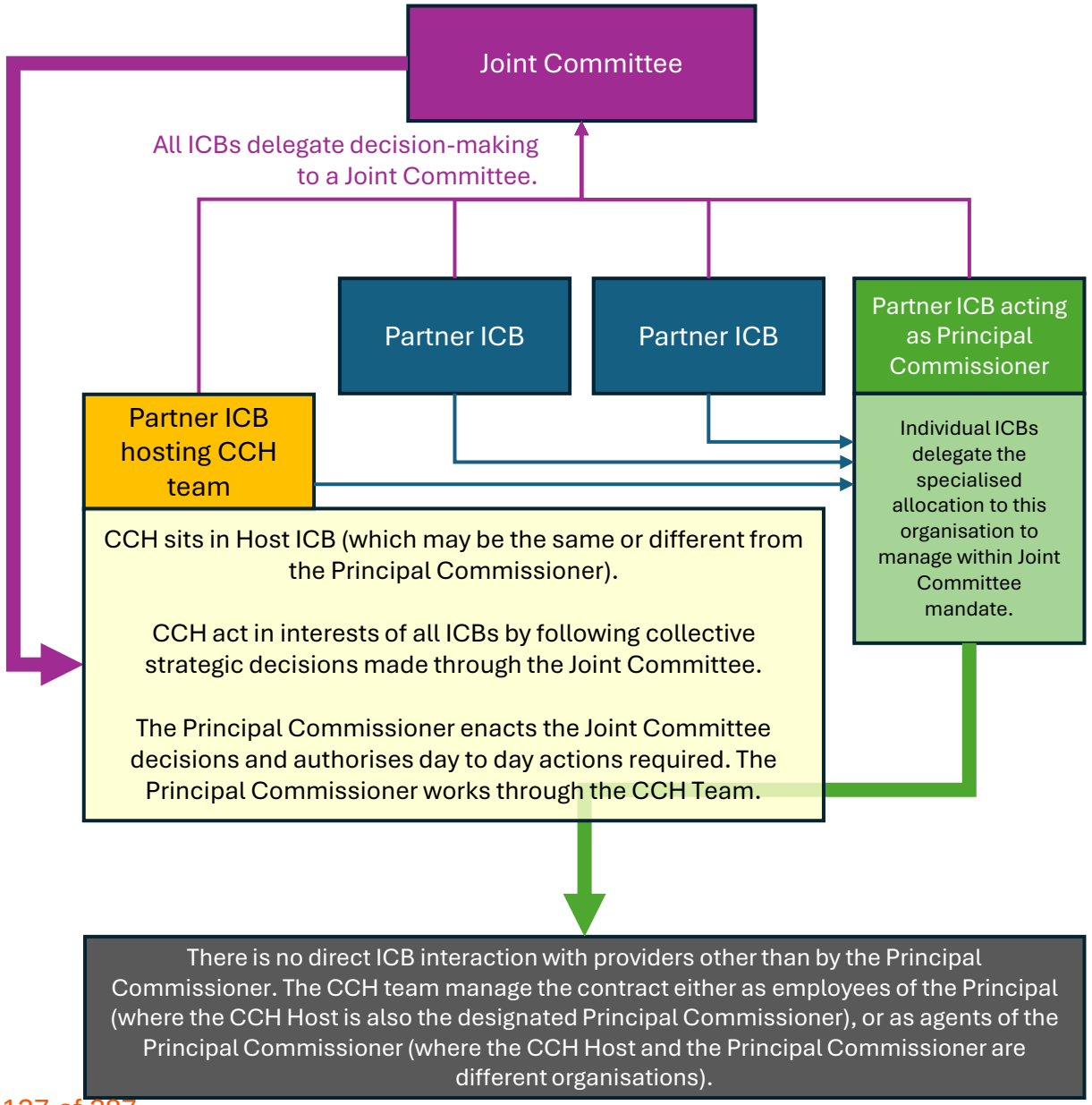
In order to establish the model, the 7 Partner ICBs would exercise the powers afforded to them under s.65Z5 of the National Health Service Act 2006 to:

- Delegate their Specialised Commissioning responsibilities to the Principal ICB to create a consolidated Specialised Commissioning function for the South-West population. The Principal ICB becomes the sole legal commissioner with full responsibility and liability for this service portfolio.

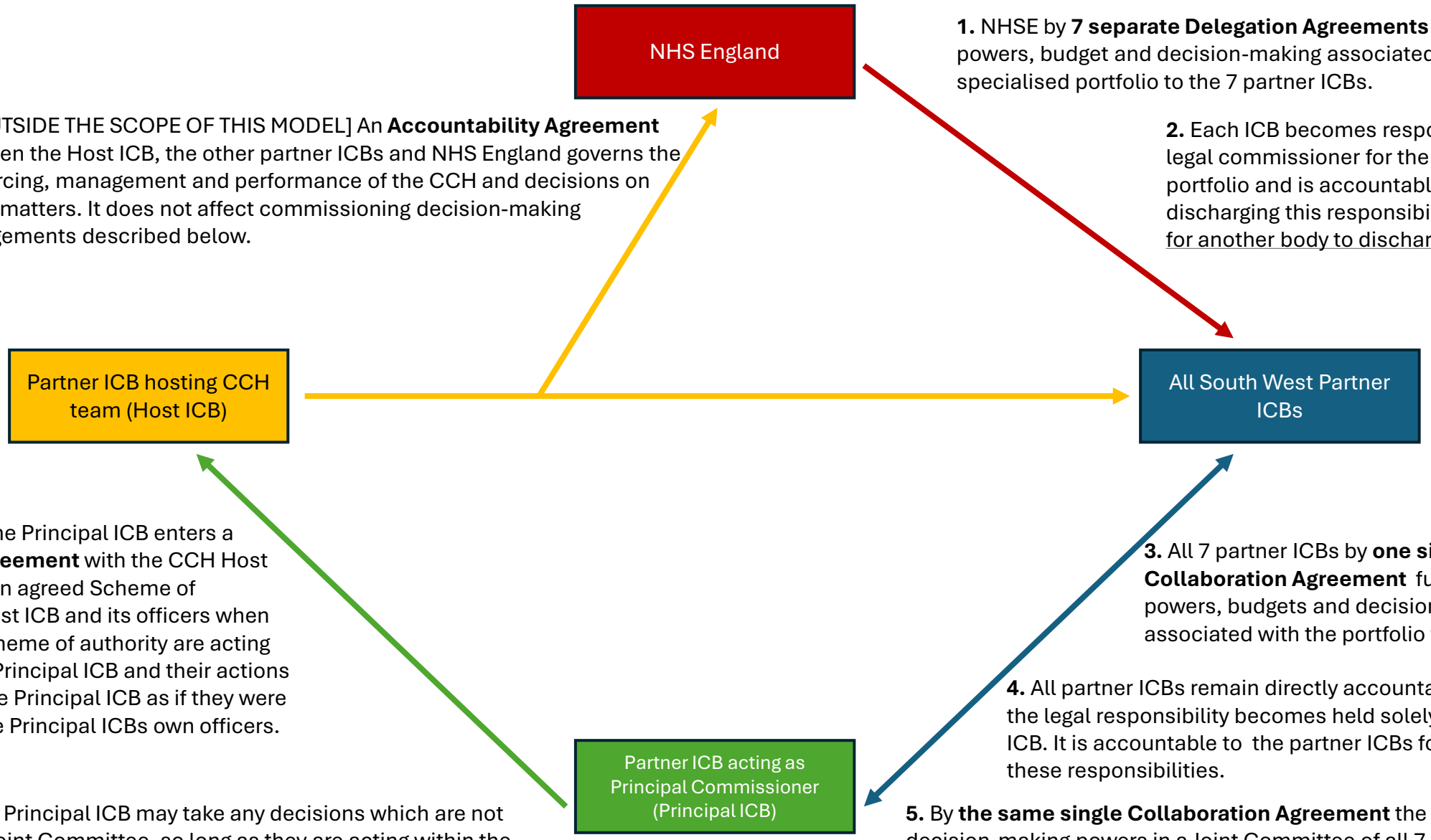
- Arrange for the Principal ICB to jointly exercise the consolidated Specialised Commissioning function with the other 6 Partner ICBs by establishing a Joint Working Arrangement with a statutory Joint Committee. The Principal ICB remains solely legally responsible, but strategic decision-making powers are exercised collectively.

The day-to-day management of the service portfolio is undertaken by the Specialised Commissioning Team within the CCH. An Agency Agreement between the Principal ICB and the CCH Host ICB allows the Host ICB and its employees (CCH Team) to make decisions on behalf of the Principal ICB and to represent the Principal ICB within an agreed Scheme of Authority. Further explicit permission to act is not required as long as actions are within the scheme of Authority.

The Specialised Commissioning Team within the CCH continues to operate adapted versions of its pre-delegation internal governance and procedures to coordinate its day-to-day management of the service portfolio. What, if any, additional governance requirements the Host ICB places on CCH members when acting within the Scheme of Authority is an internal matter for it to determine.



Overview of Model, Legal Basis & Relationships between Organisations (cont...)



1. NHSE by **7 separate Delegation Agreements** delegates the powers, budget and decision-making associated with the specialised portfolio to the 7 partner ICBs.

2. Each ICB becomes responsible as the legal commissioner for the delegated portfolio and is accountable to NHSE for discharging this responsibility (or arranging for another body to discharge it)

3. All 7 partner ICBs by **one single Collaboration Agreement** further delegate the powers, budgets and decision-making associated with the portfolio to the Principal ICB.

4. All partner ICBs remain directly accountable to NHSE, but the legal responsibility becomes held solely by the Principal ICB. It is accountable to the partner ICBs for the discharge of these responsibilities.

5. By **the same single Collaboration Agreement** the Principal ICB vests decision-making powers in a Joint Committee of all 7 partner ICBs. The Agreement sets out the decisions reserved to Joint Committee.

6. Officers of the Principal ICB may take any decisions which are not reserved to the Joint Committee, so long as they are acting within the Principal ICBs own Scheme of Reservation and Delegation.

7. (if required) The Principal ICB enters a legal **Agency Agreement** with the CCH Host ICB, containing an agreed Scheme of Authority. The Host ICB and its officers when following that scheme of authority are acting on behalf of the Principal ICB and their actions are binding on the Principal ICB as if they were carried out by the Principal ICBs own officers.

8. [OUTSIDE THE SCOPE OF THIS MODEL] An **Accountability Agreement** between the Host ICB, the other partner ICBs and NHS England governs the resourcing, management and performance of the CCH and decisions on these matters. It does not affect commissioning decision-making arrangements described below.

Decision-making & Escalation

Type of decision	Example	Decision in the first instance	Route of escalation
Setting the Commissioning Mandate which the Principal Commissioner will be required to operate within	Agreeing the annual financial plan or annual prioritised investments. Agreeing the financial strategy	**Joint Committee** of the 7 ICBs	*None. Committee decisions are binding on all ICBs.*
Management and resourcing of the Specialised Commissioning Team	Recruitment of staff, prioritisation of different delegated commissioning portfolios across whole CCH.	CCH exec team (as **Host ICB** employees)	[OUT OF SCOPE OF THIS MODEL] As set out in CCH Accountability Agreement (CCH Customer Management Board or similar)
Commissioning decisions within the Scheme of Authority set out in the Agency Agreement.	Agreeing (signing) contracts within authority limit. Paying invoices within contract. Settling contractual disputes within authority limit.	CCH exec team (as **Host ICB** employees exercising Somerset ICBs assigned agency within Somerset I)	**Host ICB** Board (as Agent of legal commissioner) [Or seek confirmation that a decision is covered by the scheme of authority from Principal ICB designated officer if unclear]
Commissioning decisions outside the scheme of authority set out in the Agency Agreement.	Negotiating outside individual provider envelopes where this remains within agreed ICB envelope in aggregate. Management of financial slippage in-year. Settling contractual disputes outside authority limit assigned to agents.	Designated officer(s) of the **Principal ICB**	**Principal ICB** Board (as legal commissioner)
Commissioning decisions which would require departure from the established Commissioning Mandate	Decisions creating recurrent investment pre-commitment outside routinely commissioned work. Reprioritisation of operational plan objectives or decisions that would breach the financial plan.	**Joint Committee** of the 7 ICBs	*None. Committee decisions are binding on all ICBs.*

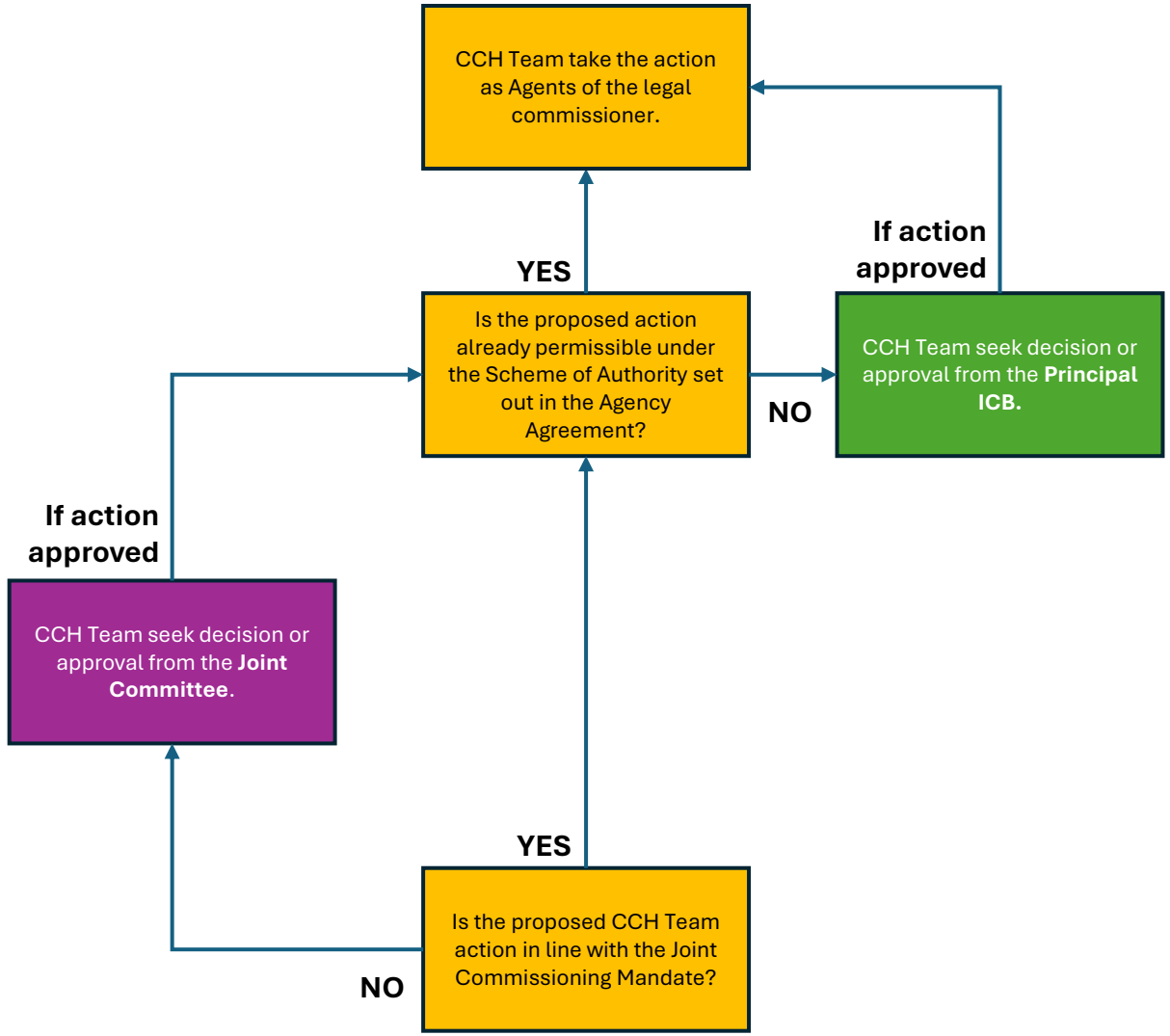
CCH Team Licence to Act

The model gives the CCH Specialised Commissioning Team clarity on their ability to act or take decisions, and the route by which they escalate to obtain a decision.

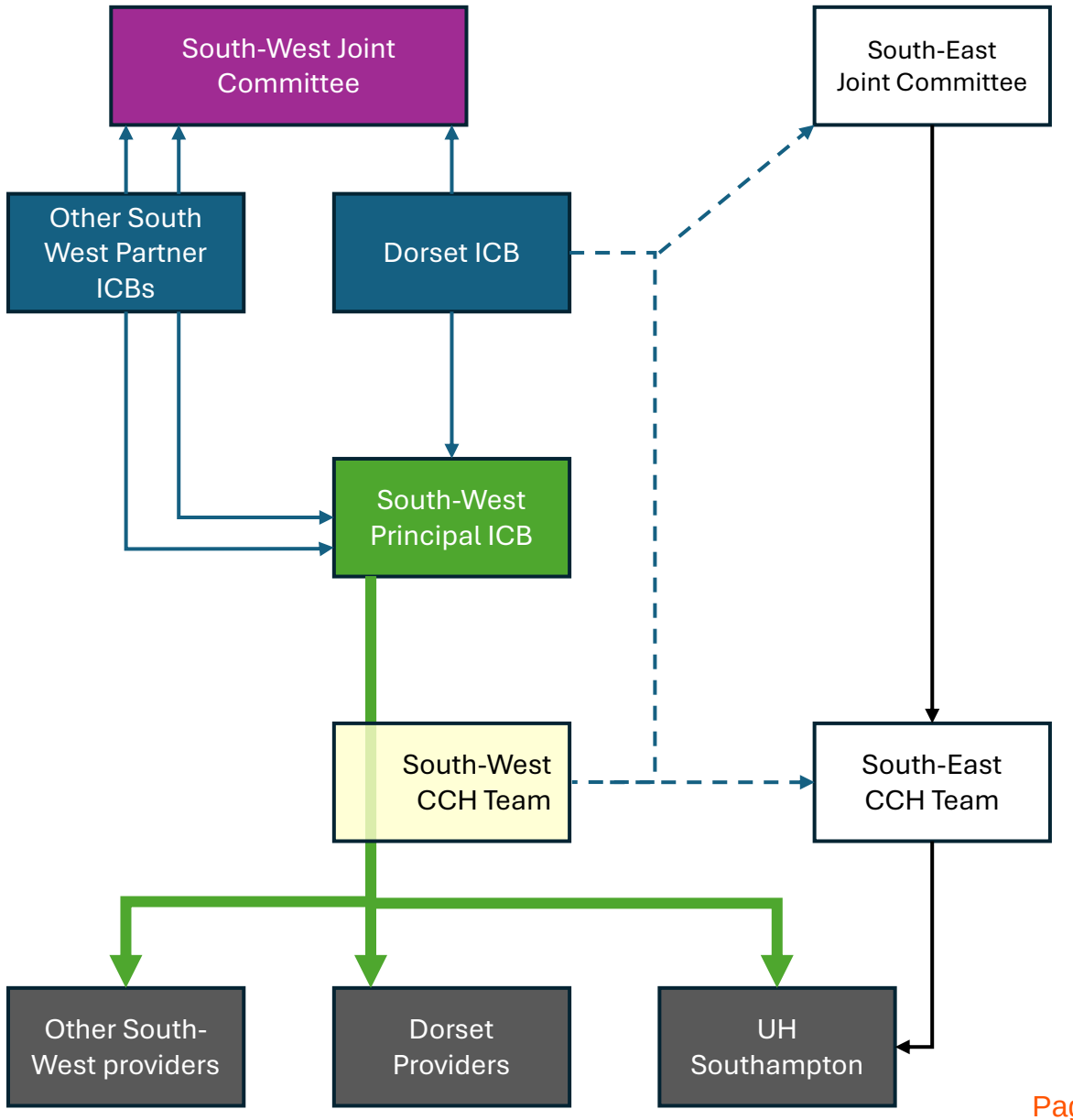
The Agency Agreement between the Principal ICB and the CCH Host ICB will set out a Scheme of Authority which determines what actions the Specialised Commissioning Team working within the CCH may take without seeking explicit approval from the Principal ICB.

This Scheme of Authority will reflect the Principal ICB Board's risk appetite and may require the Principal ICBs own internal Scheme of Reservation and Delegation to be changed. Although the Scheme of Authority is a matter for negotiation between the Principal ICB and the Host ICB, the model relies on an arrangement which gives CCH Team sufficient latitude to manage the majority of day-to-day issues. A restrictive Scheme of Authority undermines the viability of the model and places an increased admin and approvals burden on the Principal ICBs officers.

- For action within scope of the Joint Commissioning Mandate (strategy ops plan, financial plan) ***and*** within scope of the Scheme of Authority, the CCH Team act with no further approvals required.
- For actions within the Joint Commissioning Mandate but outside the Scheme of Authority, Principal ICB approval is sought.
- For actions outside the Joint Commissioning Mandate, a Joint Committee decision is required to proceed.



Cross-Border Services (Dorset feed into South East as case study)



1. Dorset participates in the Principal Commissioner arrangement on the same basis as other South-West ICBs. Dorset ICB participates in the South-West Joint Committee which sets the mandate for the Principal Commissioner to work within.

2. All South-West population-level allocation and spend is managed as a consolidated budget by the South-West Principal ICB. This is regardless of whether the activity is delivered in-region or outside region. All risk is contained within this consolidated budget.

3. Where the South-West financial strategy includes passing surpluses to providers to benefit overall system position, Dorset ICB is included in this through its in-system providers on the same basis as other South-West ICBs. There is no requirement for surpluses to be passed to providers outside the Dorset system.

4. Dorset ICB is included in the South-East Joint Committee, but not a South-East risk share. Technically, the South-West Principal ICB may need to be named as a member of the South-East Joint Committee in addition as it is the legal commissioner for all South-West population, including Dorset. The CCH team manages this interface with South-East governance on behalf of Dorset ICB and the South-West Principal ICB.

5. The Principal ICB contracts directly with UH Southampton for Dorset population the same as it does for other in-region providers. This may be as a standalone contract, or as a party to another South-East ICB's contract (South-East post-delegation contracting model TBD)

6. Within the CCH Team an assigned relationship manager has responsibility for managing specialised commissioning for Dorset population both with in-county providers and UH Southampton. The CCH team liaises with Dorset ICB and manage the interface with the South-East CCH team to coordinate activities.

Assurance & Oversight

The model creates a chain of accountabilities and assurance duties:

1. NHSE remains accountable to the Secretary of State and to Parliament for the discharge of its statutory commissioning responsibilities.

2. All 7 individual ICBs remain accountable to NHSE for discharging these delegated responsibilities (directly or indirectly) on its behalf.

3. The Principal ICB becomes accountable to the other 6 ICBs for the action it takes as legal and responsible commissioner under the Model outlined in this document.

An **assurance framework is** expected to be developed in 2025/26 by NHSE nationally which will set out a route for NHSE to formally receive **assurance** on an annual basis. This is expected to be undertaken 1:1 between NHSE and individual ICBs as part of the overarching ICB assurance process.

During the course of the year, in between these formal assurance checkpoints, NHSE may wish to maintain visibility of the commissioning of delegated specialised services for **oversight** purposes.

To avoid duplication, routine reporting to the Joint Committee is the route to satisfying both the assurance duty owed to ICBs and any oversight which NHSE wishes to exercise.

Who is providing assurance	To whom	On what issue	Where obtained
The CCH Host ICB	The other 6 partner ICBs (including the Principal Commissioner)	That the CCH is functioning effectively and is well managed and appropriately resourced	[OUT OF SCOPE OF THIS MODEL] Via the Customer Management Board established between The Host ICB, the other 6 ICBs and NHS England under a separate Accountability Agreement which is linked to the transfer of NHSE Commissioning Staff.
The Principal ICB	The other 6 partner ICBs	That the Commissioning Mandate is being adhered to by the Principal ICB and its agents. That it is effectively discharging its delegated commissioning responsibilities	Standing operational reporting provided by the CCH Team on behalf of the Principal Commissioner to the Joint Committee of the 7 ICBs. Individual ICBs use this reporting to feed whatever internal governance arrangements are in place for providing assurance to their own Boards
All 7 ICBs	NHS England	That the 7 ICBs are effectively discharging their delegated responsibilities (or that the arrangements they have put in place for further delegation are effectively discharging these responsibilities)	[OUT OF SCOPE OF THIS MODEL] Through annual ICB assurance Process direct with NHSE. NHSE has a “seat at the table” option to attend Joint Committee. This allows it to maintain live routine oversight of delegated specialised commissioning activities, supplementing formal annual assurance process in year.

Contracting & Contract Management

The contracting arrangements are pre-determined by the model and the Mandatory Elements set out on slide 2, above.
The contractual relationship is between the Principal ICB and the provider. Initially, this will be transacted as a direct standalone contract between each Specialised Provider and the Principal ICB. Options for the Principal ICB to contract as an associate to other ICB contracts may be explored for subsequent years. The CCH Team negotiate and manage the contract on behalf of the Principal ICB.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
Contracting:	Sets the annual Commissioning Mandate which includes the operational plan, financial plan and financial strategy within which the Principal ICB must operate.	Sets individual provider-level envelopes within the overall envelope and financial plan. Reviews / agrees any necessary deviation from individual provider envelopes, but must ensure each ICB envelope balances in aggregate.	Negotiates contracts within the envelope set by the Principal ICB. Escalates to Principal ICB with a recommendation for decision where movement outside of the set envelope is required.	No direct role in contracting other than through Joint Committee. May use Joint Committee reporting to keep own Board informed.
Contract Management:	The Joint Committee or its subgroups receive routine reporting on contracting progress and in year contract management, performance and delivery issues.	*(Depending on the Scheme of Authority agreed with the CCH Host ICB, the Principal ICB may have to approve in year-contract management actions)*	Routine management of contract performance, payments and delivery through internal governance arrangements. Produces routine reporting for principal ICB and other Partner ICBs.	No direct role in contract management other than through Joint Committee. May use Joint Committee reporting to keep own Board informed.
Procurement:	Takes the decision that a procurement is required and agrees the funding envelope as part of setting the Commissioning Mandate. Receives gateway reports. Advises on contract award.	Holds legal risk on the procurement and obtains legal advice as needed. Sets procurement strategy, approach, phasing and pricing. Formal decision making on contract award.	Undertakes procurement / manages process on behalf of Principal ICB, including sourcing expert advice / input as appropriate. Produces recommendation contract award report for Principal ICB decision.	No direct role in procurement other than through Joint Committee. May use Joint Committee reporting to keep own Board informed.

Risk Holding & Risk Management

Risk holding is pre-determined by the mandatory elements of the model set out on slide 2, above, and by the legal arrangements which establish the model. The Principal ICB is the legal entity which holds commissioner risk on all services within scope of the model, and which is responsible for managing and responding to those risks. The CCH Team undertake these functions on behalf of the Principal ICB on a day-to-day basis.

Individual ICBs have responsibility under the NHS Oversight Framework for oversight of providers in their geographic area regardless of whether they are the legal commissioner. Under the model Individual ICBs retain this oversight responsibility and duty to coordinate provider interventions for their hosted providers. In order to do this effectively they will need through Joint Committee to maintain visibility on the commissioner risk which the Principal ICB holds.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
Risk Holding:	Holds no risk	Holds commissioner risk as the legal commissioner of the specialised services for the whole portfolio within scope of the model.	Holds no risk	Holds no commissioner risk insofar as responsibility and liability has been passed to the Principal ICB. Holds risk in relation to providers within its geography, regardless of commissioner, under ***NHS Oversight Framework***
Risk Management:	Has visibility on risks through standing reporting.	Makes formal decisions on risk closure as legal commissioner. Manages upward reporting and escalation to own Board / subcommittees as appropriate using CCH Team produced materials.	Maintains the risk register on behalf of the Principal ICB. Proactively manages risk creation, updating and closure. Identifies and manages delivery of mitigating actions on behalf of Principal Commissioner. Produces standing reporting to Principal ICB and Joint Committee	Has visibility on risks through Joint Committee reporting. May use Joint Committee reporting to keep own Board informed. May liaise with CCH team through relationship managers to ensure visibility in relation to specialised risks within providers in its geography in line with its system responsibilities under ***NHS Oversight Framework*** (above)

Clinical & Quality Accountabilities

Accountabilities are pre-determined by the legal arrangements which establish the model. The responsibilities assigned to the CMO and CNO for core ICB services under the Principal ICBs Scheme of Delegation and Reservation apply equally to the consolidated specialised services portfolio which is within scope of this model. The Principal ICB's CMO and CNO provide definitive clinical decision-making on behalf of the Principal ICB as legal commissioner.

The CCH Team includes a Medical Director and supporting quality team who manage routine quality and clinical/operational issues on behalf of the Principal ICB . This includes:

- clinical-operational decision-making on behalf of the Principal ICB within the agreed Scheme of Authority
- specialist advice, support and subject matter expertise to the CCH Team and to the Principal ICB CMO and CNO in the discharge of their duties
- Authoritative clinical representation of the Principal ICB as legal commissioner in inter-organisational settings
- Undertaking actions and managing processes outlines in the separately agreed Quality Framework for Specialised Services on behalf of the Principal ICB

Individual partner ICBs retain oversight responsibilities for the full operation of any providers hosted in their ICS under the ***NHS Oversight Framework***, including services for which they are not the legal commissioner (here the specialised portfolio within scope of the model).

Maintaining relationship and lines of communication with the Principal ICBs CMO and CNO, is critical in order to ensure alignment and allowing the CCH Medical Director to act effectively on behalf of the Principal ICB.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
Clinical Accountability:	Not applicable.	Principal ICB CMO and CNO are the board level officers holding quality and clinical-operational oversight of the services within scope of the model.	CCH Medical Director, supported by CCH quality team undertakes day to day quality and clinical-operational commissioner functions as agents of the Principal ICB. The CCH Medical Director and supporting team maintain open and ongoing dialogue with Principal ICB and other ICB counterparts.	Individual ICB CNOs /CMOs are responsible for the oversight of providers within their geography, regardless of service commissioner. This is no different from the pre delegation position and individual ICB CNOs / CMOs will need to liaise with the legal commissioner routinely to effectively discharge this duty.

Finances

In order to make the model compliant with DHSC accounting rules, the Principal ICB must have full operational control over management of finances within an overarching "specification" set by the other partners. Allocations are transferred to the Principal ICB at the outset of the arrangement; decisions on the financial strategy, financial plan, and investments or divestments are reserved to the Joint Committee; the Principal ICB undertakes all financial management and financial control functions and decision-making within these parameters, and in practice a majority of this work is done by the CCH Team as agents of the Principal Commissioner.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
Fundholding:	Not applicable.	Holds the consolidated allocation for all services in scope of the model.	Not applicable.	Enacts an allocation transfer to move the commissioning budget associated with the services in scope of the Model to the Principal ICB. Holds no commissioning budget for the services directly thereafter.
Financial reporting:	Receives and scrutinises routine financial reporting.	Recognises all spend against the consolidated allocation as its own spend, reporting all transactions through its own ledger. Manages upward reporting and escalation to own Board / subcommittees as appropriate using CCH Team produced materials.	Produces detailed off-ledger ICB-level reporting and financial analysis. Manages on-ledger reporting through Principal ICBs ledger as authorised agent.	Beyond initial allocation transfer, records no transactions in its own ledger. Receives detailed off-ledger ICB-level reporting in year.
Financial Management:	Approves all investment decisions and overall financial plan, which includes the strategy for financial risk management. The Principal ICB must operate within these parameters and any proposed departure requires further Joint Committee approval.	Is the legal entity undertaking and approving all financial transactions within the parameters set by the financial plan, including management of reserves, contingency, financial slippage and financial risk (* A majority of this expected to be undertaken by CCH Team within agreed Scheme of authority)	Approves day-to-day financial transactions on behalf of Principal ICB in line with the agreed Scheme of Authority. Escalates any issues outside the Scheme of Authority to the Principal Commissioner with a recommendation for decision.	None, other than through Joint Committee.

Appendix 3 – Safer Delegation Checklist Summary

Topic	Complete	In Progress	Open	Notes for Open Items
BAU, Planning and Duplication	17	0	0	
Delegation Readiness	9	0	1	Internal and external audit awareness
Handover	25	1		
Issues Register	9	2		Contract database completeness
Pharmacy	4	0	0	
Governance	10	0	2	National delegation agreement
Staffing Model	0	2	0	Ensuring pharmaceutical advice for high-cost drugs
Public and Patients Engagement	0	2	0	Plan for how legal duties will be fulfilled for delegated services.
Data Management	3	5	0	Access to data in arrangements
Clinical Leadership	2	0	0	
Clinical Networks	1	3	0	Interface between ICBs and Clinical Networks
Surge Events Management	0	5	0	Connections to ICBs EPRR
Quality	6	0	0	
Risk Management	3	0	0	
Contract Management	3	0	2	Contracting and Procurement SOP
Cross Border Co-ordination	0	2	0	Communications with

				neighbouring regions
Assurance of Commissioning	0	1	0	Document how covered by Joint Committee
Mental Health	0	1	0	Management of provider collaboratives
Transition Plan	1	4	12	Dependencies with agreement of Principal Commissioner
Records Management	1	16	0	Task & Finish Group established to close actions
Finance	8	0	36	Many NHSE transfer actions including ledger changes.
People	2	1	1	OD plan for staff transition
Information Governance	0	0	2	DPIA for data flow
Complaints	1	0	0	

Item 13

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

DRAFT Minutes of the BSW Integrated Care Board – Finance and Investment Committee Meeting

6 November 2024, 09:00-11:30hrs via MS Teams

Members present:

Julian Kirby	Interim Finance Chair - BSW ICB Non-Executive Director for Public and Community Engagement
Suzannah Power	BSW ICB Non-Executive Director for Remuneration and People
Alison Moon	BSW ICB Interim Non-Executive Director for Quality
Gary Heneage	BSW ICB Chief Finance Officer
Simon Wade	Nominated Director of Finance from a Partner Trust
Amanda Webb	BSW ICB Chief Medical Officer to 10:56
Lizzie Watkins	Nominated Director of Finance from a BSW Local Authority BSW ICB Director of Business Support deputising for Rachael Backler to 11:15

Attending:

Sue Harriman	BSW ICB Chief Executive to 11:47
Stephanie Elsy	BSW ICB Chair BSW ICB Associate Director of Finance BSW ICB Deputy Chief Finance Officer
Caroline Holmes	Interim Executive Director (for item 3) from 09:00 to 09:34 BSW ICB Associate Director Mental Health Commissioning (for item 11a & 11b) from 11:05 to 11:33
Gordon Muvuti	BSW ICB Executive Director (for item 11a & 11b) from 11:05 to 11:33 GWH Programme Director, Way Forward Programme (for item 11c) from 11:27 to 11:46 BSW ICB Assistant Corporate Secretary (minutes)

Apologies:

Andy Brown	Nominated Director of Finance from a BSW Local Authority
Dominic Hardisty	NHS Trusts and NHS Foundation Trusts Partner – mental health
Rachael Backler	BSW ICB Chief Delivery Officer Capital Finance Manager
Claire Feehily	BSW ICB Non-Executive Director for Audit

1. Welcome and Apologies

1.1. Interim chair for the Finance Committee – Following the resignation of Paul Miller as Non-Executive Director of Finance, the Non-Executive Director for Public and

Community Engagement Julian Kirby will chair the Finance Committee on an interim basis until Finance Non-Executive Director role is filled.

1.2. Following departure of Andy Brown, the Nominated Director of Finance from a BSW Local Authority, Lizzie Watkins will attend the Finance and Investment committee as to bring the perspective of the local government sector.

1.3. The Chair welcomed members and officers to the meeting of the BSW Integrated Care Board (ICB) Finance and Investment Committee.

1.4. The above apologies were noted, the Chair noted that the meeting was quorate.

1.5. The meeting would be recorded to support the production of the minutes, the recording would be deleted in line with policy.

1.6. **BSW ICB Scheme of Financial Delegation**
The BSW ICB Scheme of Financial Delegation (SFD) was presented to the Finance and Investment Committee for approval at the meeting held on 4 September 2024. The Committee endorsed the SFD's, subject to any further changes requested by the ICB Audit and Risk Committee.

1.7. The ICB Audit and Risk Committee received these at the meeting held on 5 September 2024, and it was noted 'The Committee had no further amendments to the SFD, therefore supported approval by the Finance and Investment Committee'.

1.8. The BSW ICB Scheme of Financial Delegation was approved by the Finance and Investment Committee out of meeting in October 2024.

2. Declarations of Interest

2.1. The ICB holds a register of interests for all staff and Board members, the following conflicts were noted:

- Dominic Hardisty, NHS Trusts and NHS Foundation Trusts Partner – mental health (DH) has a conflict of interest re item 4 Minutes from the meeting held 2 October 2024, item 3 Integrated Community Care Update verbal, item 11a Contract Award Recommendation Report – Community Mental Health (non-NHS Contracts) and 11b Children and Young People's Mental Health Contract Extension. A redacted meeting pack had been provided to DH. To manage these significant conflicts of interest, DH had given apologies for the meeting.
- Simon Wade, Nominated Director of Finance from a Partner Trust (SW) has a conflict of interest re item 4 Minutes from the meeting held 2 October 2024 and item 3 Integrated Community Care Update - verbal. A redacted meeting

pack was provided to SW. Since the Integrated Community Based Care contract has been awarded and the contract award communicated to partners, it was not felt necessary to exclude Simon Wade from discussions re item 3. Item 3 would relate to mobilisation of the contract and did not include the scope of the contract which would have resulted in a conflict of interest.

2.2. No further declarations were noted.

2.3. **Budget 2024**

2.4. As a result of the Chancellors statement at the end of October 2024, it was noted the detail on the £22.6 billion funding for the NHS was yet to be received. However, due to the pay settlement, ERF and deficit of the NHS any further funding received in 2024/2025 was uncertain, anticipated funding for 2025/2026 was noted dependant on pay review but it was likely to be very challenging.

2.5. Areas of note include:

- The impact of National Insurance increases which are not expected to be funded for GP Practices, hospices, care homes and other social care providers was highlighted with particular relevance to the TUPE of staff from HCRG for the community based contract procurement. The estimated increases for a GP practice are predicted on average of £20,000, this would need to be considered.
- Detail is yet to be received regarding the expectation of a 2% improvement in productivity for 2025/2026 with 40,000 elective appointments per week.

2.6. The group **noted** the update.

3. Integrated Community Based Care (ICBC) Update

3.1. The Interim Executive Director provided a verbal update re the Integrated Community Based Care to provide assurance on the mobilisation of the ICBC contract.

3.2. A Collaborative Oversight Forum comprising of the commissioners (BaNES, Swindon, Wiltshire Local Authorities, BSW ICB and Somerset ICB) has been established and will take over from the ICBC Programme Board to provide mobilisation assurance. A mobilisation programme structure is in place incl. fortnightly assurance meetings between subject matter experts from HCRG and the BSW ICB.

3.3. ICBC contract mobilisation risks will be managed by the HCRG group as part of mobilisation. TUPE of staff remains a risk to be confirmed if these will subcontracted, other risks are moderate in scoring and will be reviewed as part of mobilisation.

3.4. The committee **noted** future ICBC updates would be provided via the BSW Commissioning Committee. Due to the complexity and amount of information shared in the verbal update, the Committee felt it would be helpful to reshare the governance structure organogram as part of future papers to the Commissioning Committee.

4. Minutes from the meeting held on 2 October 2024

4.1. The minutes of the meeting held on 2 October 2024 were **approved** as an accurate record, subject to amendments being made to minute 11.6 and 11.7. […]

5. Finance and Investment Committee Action Tracker and matters arising

5.1. One open item was noted on the action tracker, it was noted ONGOING work was taking place regarding prioritisation of health inequalities re electives, this will be discussed at a Board Development session and updates provided at a later Committee meeting as per the forward planner.

6. Recovery Board Financial Recovery Progress also includes item 8b ICS Position / Outturn

6.1. The Committee **received** and **noted** the Recovery Board Financial Recovery Progress and the mitigating actions being taken. Due to the variance from plan NHS England have advised there is a significant risk that BSW ICB could enter the Investigation and Intervention process (I&I4). Therefore, a number of further remedial actions have been planned as part of the Recovery Board to take place over November 2024.

6.2. Areas of note include:

- Drivers of the financial position, including non-criteria to reside (NCtR), bed base and additional staffing.
- Enhanced workforce controls with a recruitment freeze across the 3 acute trusts which is being reviewed by the BSW ICB CPO, trust CPOs and NHS England ahead of the Recovery Board meeting.
- Weekly key performance indictor (KPI) metrics which is consistent with the I&I4 process to ensure recovery actions are on track.

6.3. The Committee **received** and **noted** the report of the financial position of the ICS at month 6. In summary:

- At month 6 the year to date adverse variance of £11.6m was noted. Recognising the pro-rata £30m deficit funding, the adverse variance to plan from Month 5 to month 6 is £3m behind the system revised target profile.
    - The £11.6 adverse position is driven by £4.3 unachieved CIPs, £4.7m drugs and clinical supplies, £1.6m agency costs and £1m from other which includes £0.6m income pressures.
- Increases in NEL activity have continued. Non criteria to reside (NCtR) shows a deteriorating position (4.4 % over plan) which is having an impact on flow in the system and an impact on acute costs.
- All providers are above plan in terms of utilisation of bank staff resulting in bank workforce spend at over £1.1m above plan in month. YTD bank spend sits above plan by £3.5m.
- The whole time equivalent (WTE) planned workforce position is over plan by 130. The workforce team are reviewing this further.
- There are £29.4m of interventions to be delivered over the remainder of the financial year to recover the year to date deficit and ensuring delivery of a balanced position.
- Due to deviation in month 6 the risk to month 7 in the delivery of breakeven plan is being reviewed through reporting.
- The impact of the pay award in comparison to expected funding is being assessed by organisations.

6.4. Discussions on the Recovery Board / ICS Financial position were completed, in summary:

- The Chair discussed the importance of the 2025/2026 position and requested a standing item to be added to the committee's forward plan to discuss.
- It was noted the whole system control total would result in I&I4 although there may be differences in each of the Acute partners.
    - It was noted I&I4 would result in a loss of autonomy, the requirement of a turnaround director to address actions including grip and control (this is currently being completed see 7), with a risk of recommissioned services and any investments.
    - There are opportunities as a system to demonstrate an upturn in performance in H2 (the second half of the financial year), this could lead to improvements collectively as part of the Group model. Key areas of investigation include Urgent Emergency Care (UEC), elective recovery and workforce controls. The NHSE advisor (Adrian Roberts) is supporting the system on Financial Recovery & Delivery and is working with acute partners in this financial year to improve the position.
- The group discussed the understanding from partners in the commitment to address issues, this would require senior leadership and cultural support to ensure engagement and embedding as part of system working.

ACTION: Secretary to add 2025/2026 position as a standing item to the F&IC forward planner.

6.5. The group **noted** the update and considered the mitigating actions being taken.

7. Grip and Control Update

7.1. NHS England have provided a checklist for organisations to provide assurance on controls in place as part of national interventions, this will be completed by all NHS ICS organisations. As the checklist is NHS Provider focused, 39 questions from the 45 were noted as relevant to the ICB. As per the HFMA checklist which was used to self-assess controls as part of national forecast change protocols, the same methodology has been applied to the grip and control checklist.

7.2. Areas of note where actions are being taken relate to communication, contracting and cost improvement plans. The checklist will be independently assured as part of the internal audit plans, which is focused on 2024/2025.

7.3. The committee discussions included:

- It was noted as part of the medium term plan, 10 delivery groups were agreed to drive cost improvement plans which is a different approach to how this was completed previously. These groups are in place and build upon work which is completed focusing on areas such as Elective Recovery, Workforce, Urgent and Emergency Care (UEC). There is a reporting line into the Recovery Board to review and discuss, ensuring actions are in place to address as necessary.
- Work is progressing with Communications to ensure financial challenges are shared across the ICS, to work collectively with senior leadership and the group model to embed culture and behaviour as discussed as part of 6.4.
- The group model was discussed which would enable opportunities to develop ways of working, shared risk, prioritisation and forward-looking for the 2025/2026 planning cycle. The governance of the Group Model is developing with finance as an initial priority, this will be provided to the Committee as assurance in December 2024.

ACTION: Group Model Governance to be provided in December 2024 by Nominated Director of Finance from a Partner Trust for assurance.

7.4. The group **noted** the update.

8. BSW ICB System Revenue Positions 2024/25

a. ICB Position
b. ICS Position / Outturn

a. ICB Position

8a1. The Committee **received** and **noted** the report of the financial position of the ICB at month 6. In summary:

- £30m deficit funding and ICB surplus has been used to offset the £32.5m planned deficit in providers, the year to date and full year forecast is reported in line with the breakeven plan. There was noted an increased risk that the ICS will not meet its breakeven plan and the risk is between £10m-£20m excluding the deficit funding.
- The ICB risk position at month 6 reflected £5.5m of net risk, this is expected to reduce by £3.5 due to Elective Recovery Funding (ERF) which will close the cost improvement program (CIP) gap.
- There is no national confirmation to assure ERF funding for 2024/2025.
- The ICB is delivering above ERF plans using modelling in 2023/2024.
- The ICB is ahead in year to date cash drawdown, however cash resources are being monitored and forecast. This is driven by intra system provider contract advances which will be recovered by the end of the year.
- The ICB full year position includes expected £41.4m of funding which is connected to ERF funding and the Additional Roles Reimbursement Scheme (ARRS) within primary care.
- Operational delivery for CIPs has been reprofiled at month 6, this was noted with £4.1m slippage driven by the planned schemes in the £15.4 gap.
- The pay award has not been included in the month 6 reporting, staff will be paid in month 7 and 8.
- It was noted the new Finance system ISFE2 may be delayed which is suggested until October 2025. We are continuing with the roll out of no purchase order no pay.
- Dental underspend reserves for investment are being reviewed to ensure these stay within the system.

8a2. The committee discussed the importance of ensuring best value in regard to Dental underspend to utilise within the system.

ACTION: Executive Team to review Dental underspend to ensure system utilisation.

b. Taken as part of item 6 ICS Position / Outturn

8b1. As discussed see item 6.

9. Investment Panel Update

9.1. The committee **received** and **noted** the Investment Panel update, the work undertaken and the plans to further develop and improve decision making throughout the system.

9.2. 10 business cases had been provided to the Investment Panel from April to September 2024, 7 of which were approved, 3 business cases have been deferred which require resubmission to the Investment Panel.

9.3. Financial risks were noted regarding future business cases approval from the Investment Panel due to the current financial position and possible workforce freeze which have been discussed though the Recovery Board, future continued Elective Recovery Funding to support business cases was also a noted possible risk.

9.4. The group discussed the possibility of I&I4 in the previously approved cases by the Investment Panel:

- It was noted the Investment Panel is with NHS England attendance implemented through the triple lock where NHSE have the power to veto. Initial approved cases have return on investment which have been completed with the support of ERF funding in order to drive clearing the patient backlog in the 2024/2025 financial year.

9.5. In conclusion, and noting the financial position, when approving future investments the Investment Panel prioritisation framework should align with the Recovery Board's directive priority of expenditure.

9.6. The Committee **noted** the paper presented.

10. Specialised Commissioning Agreements

10.1. The Director of Business Support presented the NHS England requirements of ICBs in relation to Specialised Commissioning Agreements (Green Services) from 1 April 2025. Following the committee's review this will be presented to the BSW ICB Board on 21 November 2024 for decision.

10.2. The scope of delegation was noted larger than the previous year due to acute tertiary services which were not completed, additional areas also included Mental Health and Learning Disability and Autism. Performance and provider collaboration clarification queries for day to day activities and live issues are being worked through as part of the delegation.

10.3. Should the system move into I&I4 it was noted additional powers of veto from NHS England could be enacted for decision making as part of a joint committee. From papers provided to the joint committee from 2023, assurance was provided there have been a small number of decisions required for changing or moving services from providers.

10.4. It was noted this was not the final decision of delegation but to allow work to progress as part of approval with the national team. A decision will be made by the national team in December 2024 to confirm that they are satisfied all work has been completed for ICBs to receive the delegations.

10.5. The committee **noted** the requirements of the ICB Board, **agreed** to the Principal Commissioner Model for ICB Board sign off, **noted** the delegation conditions and recommend that these are accepted, **noted** the developmental and due diligence activities underway within the Safer Delegation Checklist and **noted** the additional areas of clarification that will be worked through before final delegation approval in February 2025.

11. Commissioning and Business Cases

[The Committee considered contract award and contract extension reports and made recommendations to the Board. The Board considered a GWH capital proposal.]

12. BSW ICB Finance and Investment Committee Forward Planner

12.1. The forward planner included within the pack detailed the upcoming agenda items until February 2025. The Committee **noted** the item.

13. Any Other Business

13.1. No other business was raised prior or during the meeting.

13.2. There being no other business, the Chair closed the meeting at 11:49 hrs

Next meeting of the BSW ICB Finance and Infrastructure Committee:
Wednesday 4 December 2024 09:00-11:30hrs via MS Teams

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13a
Date of Meeting:	21 November 2024		

Title of Report:	BSW ICB and NHS Integrated Care System Revenue Position
Report Author:	Michael Walker, Head of Financial Accounting - Reporting
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	M6 Reporting Pack

Report classification	Please indicate to which body/collection of organisations this report is relevant. *Only one of the below should be selected* (x)
ICB body corporate	
ICS NHS organisations only	X
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	

Previous consideration by:	Date	Please clarify the purpose
ICB Finance and Investment Committee	6 November 2024	Assurance and discussion.

1	Purpose of this paper

The purpose of the paper is to provide an update on the financial position of BSW Integrated Care System (ICS) at Month 6.

At Month 6 the system is reporting a £11.6m adverse position year to date (YTD). This is a £3.6m deterioration compared to Month 5. The systems financial run rate has continued to improve, and the receipt of £30m support funding clarifies the full-year financial position for all organisations. The full year position remains in line with plan at breakeven.

The system YTD adverse variance of £11.6m is being driven by:

- £4.3m unachieved CIPs
- £4.7m drugs and clinical supplies
- £1.6m agency costs
- £1m other (including £0.6 income pressures)

Recovery actions have been identified by all organisations as part of ensuring that the run-rate reduces to meet the agreed plan.

During October, the ICS made a formal offer for the South Newton Hospital site which was accepted. It is anticipated that exchange will occur within 8 weeks from receipt of the title pack.

2	Summary of recommendations and any additional actions required
The Board is asked to **note** the report and the financial position of the system.	

3	Legal/regulatory implications
The system has an obligation to work together to deliver the submitted and approved system plan for the year and to work to delivery of a break-even position. Each organisation also has individual statutory requirements to meet.	

4	Risks
As BSW ICS has a planned system deficit position, cash will likely be a greater risk in 24/25 although we still expect to receive £30m of deficit support. The ICB is working with intra-system providers to support where it is possible within the current cash funding regime.	

5	Quality and resources impact
There is a risk to the delivery of a balance financial position without operational interventions. The financial plan is contingent on the delivery of £141.9m of efficiency schemes. The information presented is an aggregation of GWH, RUH, SFT and ICB reporting metrics.	
Finance sign-off	Gary Heneage

6	Confirmation of completion of Equalities and Quality Impact Assessment
N/A	

7	Communications and Engagement Considerations
N/A	

8	Statement on confidentiality of report
The financial position noted within the reporting pack has been approved by all parties and reflects the position reported to their Boards. It is therefore sensitive but not confidential.	

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

NHS BSW ICS Finance Report

September 2024 (Month 6)

Executive Summary

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- National reporting from Month 6 reflects the receipt of £30m deficit funding. Plans have been adjusted by organisation to report against the break-even position.
- The M6 system position for BSW shows a £11.6m adverse variance against plan.
- Expenditure and savings profiles across all organisations vary in line with underlying efficiency schemes and planning assumptions. The RUH plan is profiled to deliver a large proportion of savings in H2 compared to other providers.
- At Month 6, the system full-year projected run-rate deficit position has improved but still requires material recovery actions across all organisations (M5: £31.4m, M6: £29.4m - taking into account deficit funding phasing).
- Efficiency delivery (CIP) remains a risk for full-year delivery of the financial plan. At Month 5, the unidentified CIP was £3.5m. This has now been closed at M6. Due to updates around 23/24 ERF achievement, the ICB expects this to be addressed by additional system ERF income. It should be noted that significant amounts of ERF remain outstanding.

Key issues for escalation

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Alert, Assure, Advise	
Alert	• M6 YTD adverse variance of £11.6m. • NCTR/Escalation beds continues to impact financial position. • The adverse variance to plan at M5 has worsened at M6 by £3.4m, which is £3m behind on the systems revised target profile. • **We are re-forecasting and it is unlikely we will hit our planned number, we are aiming to be below a £40m deficit (once we add back deficit funding) and there are a series of actions are via Recovery Board.**
Assure	• Deep dives in place. • Outpatients, Elective, and non-pay remain a focus. • The latest ERF information continues to show overperformance. • The unidentified system CIP has now been closed via ERF benefit in 2023/24.
Advise	• No pay award adjustments are included in the reported position at M6 (both YTD and forecast). An exercise is underway to ascertain the impact of local costs in excess of notified funding. A number of system are flagging cost pressures. • National reporting regarding ERF for 24/25 validated achievement has not been confirmed. There is c. £31m of anticipated ERF income in the reported position, and an additional £10m of other allocations (ARRS, Depreciation)

ICS Summary Position M6

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

	Year to Date		
	Plan £m	Actual £m	Variance to plan £m
Great Western Hospital	0.0	(2.9)	(2.9)
Royal United Hospital	0.0	(1.9)	(1.9)
Salisbury Hospital	0.0	(6.8)	(6.8)
Provider surplus / (deficit)	**0.0**	**(11.6)**	**(11.6)**
BSW ICB surplus / (deficit)	**0.0**	**0.0**	**0.0**
ICS surplus / (deficit)	**0.0**	**(11.6)**	**(11.6)**

	Year to Date		
	Plan £m	Actual £m	Variance to plan £m
Income	719.5	724.5	4.9
Pay	(443.4)	(451.1)	(7.7)
Non-Pay	(253.9)	(263.6)	(9.7)
Other	(22.2)	(21.3)	0.8
	0.0	(11.6)	(11.6)

At Month 6, the ICS has reported a **£11.6m adverse variance** year to date. No full year variances are being reported at M6.

- GWH's financial position was £0.1m favourable in month, with the full-year run rate being maintained in line with its revised run rate profile.
- SFT's adjusted deficit position has worsened since Month 5 and the reported position is £1.9m adverse to the revised run rate profile.
- RUH's has reported a financial position £0.3m adverse to its revised run rate profile.

ERF Performance ICB reporting (M6)

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Overall ICB year to date performance is 118.3% compared to stretch plan of 117%.
- Providers are working to stretch targets, however at Month 6, none of the providers have reported this as delivered.
- Performance data is awaiting national validation. There are small differences between ICB and Provider reported data.

ERF M1-6	GWH				RUH				SFT			
	YTD		FOT		YTD		FOT		YTD		FOT	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
ICB Reported (BSW)												
Baseline	36.6	100%	73.1	100%	33.2	100%	66.3	100%	21.4	100%	42.8	100%
Plan	39.2	107%	78.4	107%	38.7	117%	77.4	117%	23.9	112%	47.8	112%
Stretch plan	40.9	112%	81.9	112%	39.5	119%	78.9	119%	24.4	114%	48.8	114%
Actual (ex A&G)	39.2	106%	78.4	107%	37.2	111%	75.8	114%	24.0	114%	47.9	113%
Advice & Guidance	1.0	3%	1.9	3%	1.5	5%	2.9	4%	0.6	3%	1.2	3%
BSW Performance (ICB View)	40.1	109.1%	80.3	109.6%	38.6	115.5%	78.8	118.5%	24.6	116.8%	49.2	115.6%

Achievement vs Baseline	ICB			
	YTD		FOT	
	£m	%	£m	%
Intra	103.4	113.4%	208.2	114.3%
Inter	14.6	122.2%	26.7	111.6%
Independent	31.8	130.3%	63.7	130.7%
Advice & Guidance	1.0	100.0%	2.1	100.0%
Performance	150.8	118.3%	300.7	118.0%

*Figures in the table are presented on a rounded basis +/- £0.1m

ICS Efficiencies & Recurrent Position

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

	YTD Plan £m	Actual £m	Variance £m	Delivery %	Full-Year Plan £m	Forecast £m	Forecast Variance £m	Delivery %
Recurrent								
Provider Pay	13.6	8.7	(4.9)	64%	31.9	29.3	(2.6)	92%
Provider Non-Pay	5.2	3.2	(2.0)	61%	12.1	12.6	0.4	104%
Provider Income	6.2	7.3	1.1	118%	13.3	14.3	1.0	108%
Provider recurrent efficiencies	25.0	19.2	(5.8)	77%	57.4	56.2	(1.2)	98%
ICB recurrent efficiencies	6.7	6.7	0.0	100%	13.4	13.4	0.0	100%
All SYSTEM recurrent efficiencies	**31.7**	**25.9**	**(5.8)**	**82%**	**70.8**	**69.6**	**(1.2)**	**98%**
Non recurrent								
Provider Pay	5.6	5.2	(0.4)	93%	13.1	13.7	0.5	104%
Provider Non-Pay	1.4	1.1	(0.3)	79%	6.4	6.6	0.3	104%
Provider Income	1.1	1.7	0.6	151%	2.8	3.1	0.3	112%
Provider non-recurrent efficiencies	8.1	8.0	(0.1)	99%	22.2	23.4	1.2	105%
ICB non-recurrent efficiencies	24.5	20.3	(4.1)	83%	48.9	48.2	(0.7)	99%
All SYSTEM non-recurrent efficiencies	**32.5**	**28.3**	**(4.2)**	**87%**	**71.2**	**71.6**	**0.4**	**101%**
SYSTEM total efficiencies	**64.2**	**54.2**	**(10.0)**	**84%**	**141.9**	**141.2**	**(0.7)**	**100%**

Efficiencies by Organisation	YTD Plan £m	YTD Actual £m	YTD Variance £m
GWH	9.7	6.8	(2.9)
RUH	14.2	12.6	(1.5)
SFT	9.2	7.7	(1.5)
ICB	31.2	27.0	(4.1)
	64.2	**54.2**	**(10.0)**

The 24/25 system plan includes £141.9m of efficiencies to deliver a breakeven position. This represents 7.0% of the overall system allocation. At M6 the system has reported forecast delivery slightly below the submitted plan, and £10m of slippage YTD.

Forecast planned recurrent efficiency schemes accounted for 49% of total schemes at Month 6 (Month 4: 51%).

Slippage of £5.1m reported to M4, but recovery actions are in place as part of agreed run-rate interventions.

ICS Acute Provider Workforce

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

	Year to Date			
	Plan £m	Actual £m	Variance to plan £m	%
Agency				
Great Western Hospital	(3.0)	(2.5)	0.5	17%
Royal United Hospital	(2.1)	(2.2)	(0.1)	-4%
Salisbury Hospital	(3.8)	(3.4)	0.5	12%
Total Agency	**(8.9)**	**(8.0)**	**0.9**	**10%**
Bank				
Great Western Hospital	(12.0)	(12.4)	(0.4)	-3%
Royal United Hospital	(7.2)	(9.4)	(2.2)	-31%
Salisbury Hospital	(7.9)	(9.2)	(1.4)	-17%
Total Bank	**(27.0)**	**(31.0)**	**(4.0)**	**-15%**
Substantive				
Great Western Hospital	(136.1)	(137.7)	(1.6)	-1%
Royal United Hospital	(164.3)	(165.9)	(1.6)	-1%
Salisbury Hospital	(106.3)	(108.7)	(2.4)	-2%
Total Substantive	**(406.6)**	**(412.3)**	**(5.7)**	**-1%**
Total Pay by Provider				
Great Western Hospital	(151.1)	(152.6)	(1.5)	-1%
Royal United Hospital	(173.5)	(177.5)	(4.0)	-2%
Salisbury Hospital	(117.9)	(121.3)	(3.3)	-3%
Total Workforce	**(442.5)**	**(451.3)**	**(8.8)**	**-2%**

	Year to Date				Movement from M5	Movement from M5 Var.
	Plan WTE	Actual WTE	Variance to plan WTE	%	WTE	£m
Agency						
Great Western Hospital	51	31	20	40%	14	0.2
Royal United Hospital	23	25	(2)	-10%	(4)	(0.3)
Salisbury Hospital	70	83	(13)	-19%	(10)	0.1
Total Agency	**143**	**139**	**5**	**3%**	**0**	**0.0**
Bank						
Great Western Hospital	318	319	(1)	0%	15	(0.1)
Royal United Hospital	272	345	(72)	-26%	(37)	(0.3)
Salisbury Hospital	267	288	(21)	-8%	8	(0.2)
Total Bank	**858**	**952**	**(94)**	**-11%**	**(15)**	**(0.5)**
Substantive						
Great Western Hospital	5,252	5,241	11	0%	44	(0.6)
Royal United Hospital	5,495	5,451	44	1%	(34)	0.0
Salisbury Hospital	4,083	4,212	(129)	-3%	6	(0.7)
Total Substantive	**14,830**	**14,904**	**(74)**	**0%**	**16**	**(1.3)**
Total WTE by Provider						
Great Western Hospital	5,621	5,591	30	1%	72	(1.5)
Royal United Hospital	5,790	5,821	(30)	-1%	(75)	(2.0)
Salisbury Hospital	4,420	4,584	(164)	-4%	4	(1.7)
Total Workforce	**15,832**	**15,995**	**(164)**	**-1%**	**2**	**(1.8)**

	M6 £m	M5 £m	M4 £m	M3 £m
In-month pay cost				
Great Western Hospital	(25.6)	(26.2)	(25.1)	(24.5)
Royal United Hospital	(28.1)	(30.6)	(29.9)	(29.5)
Salisbury Hospital	(20.3)	(20.4)	(20.2)	(20.0)
Total Workforce	**(74.1)**	**(77.2)**	**(75.2)**	**(74.0)**

WTE Information aligns to Month 6 PWR submissions submitted by providers to NHS England on 15th September.

- Movement from M5 (WTE & £m) negative values are adverse.
- The analysis above excludes "Other" pay costs (i.e. Capitalised staff) or efficiency schemes, (RUH £1.2m favourable, SFT £0.1m adverse YTD variances)

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

DRAFT Minutes of the BSW Integrated Care Board – Quality and Outcomes Committee.

5th November 2024 14:00 – 16:30 hrs via MS Teams

Members present:

Alison Moon	BSW ICB Interim Non-Executive Director for Quality
Dr Amanda Webb	BSW ICB Chief Medical Officer
Julian Kirby	BSW ICB Non-Executive Director for Public and Community Engagement
Will Godfrey	BSW ICB Local Authority Partner Member (BaNES) *left the meeting at 15:30*
Gill May	BSW ICB Chief Nurse
Mark Harris	BSW ICB Director of Business Support *deputising for Chief Delivery Officer left the meeting at 15:30 please*

Attending

Stephanie Elsy	ICB Chair
Gordon Muvuti	ICB Executive Director *item 6 and 7*

BSW ICB Deputy Chief of Nursing
BSW ICB Head of Inequalities and Prevention
BSW ICB Lead for Infection Prevention and Control *Item 6*
BSW ICB Infection Prevention and Control Nurse Specialist *Item 6*
BSW ICB Director of Primary Care *Item 7*
BSW ICB Head of Primary Care Delivery *Item 7*
BSW ICB Associate Director of System Change & Partnerships Mental Health *Item 8*
BSW ICB LeDeR local area coordinator *Item 12*
BSW ICB Director of Meds Optimisation and Clinical Policies *item 13*
BSW ICB Assistant Board Secretary

Apologies (members):

Steve Maddern	Director of Public Health, Swindon
Rachael Backler	BSW ICB Chief Delivery Officer
Dr Francis Campbell	BSW ICB Primary Medical Services Partner Member
Cara Charles-Barks	BSW ICB NHS Trust & NHS Foundation Trust Partner Member- acute services

1. Welcome and Apologies

1.1 The Chair welcomed members and officers to the meeting.

1.2 The meeting was declared quorate.

1.3 The Chair asked executive colleagues if there were any matters of concern that the committee needed to be aware of that were not on the agenda. […]

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and committee members. None of the interests registered there were deemed to be relevant for the meeting business.

3. Minutes of the Quality and Outcomes Committee – QOC/24-25/27

3.1 The Committee reviewed the minutes of its previous meeting on the 2nd July 2024 and **approved** them as a true and accurate record of the meeting.

4. Action Tracker and Matters Arising – QOC/24-25/028

4.1 There are six open actions on the Quality and Outcomes Committee Action Tracker, updates had been provided prior and the following updates discussed:

- Action 10 - Mental Health Providers to be included in the performance report – The waiting list analysis is included in the November performance report and will be discussed under Item 9. – **close**
- Action 16 – Provide committee a timeline for Patient Safety Incident Response Framework (PSIRF) implementation into Primary Care - The Primary Care Patient Safety Strategy has been published and made the following recommendations:
    - developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve
    - ensuring that the safety and wellbeing of patients and staff is central, and that our approach to managing safety is systematic and based on safety science and systems thinking
    - involving patients in the identification and co-design of primary care patient safety ambitions, opportunities and improvements

Suggested activities include:

- safety culture: participate in the NHS staff survey
- safety systems: complete patient safety syllabus training
- insight: register for and use the new incident recording (LFPSE) and incident response (PSIRF) systems
- involvement: identify patient safety leads and lay patient safety partners
- improvement: review and test patient safety improvements in diagnosis, medication, referrals, optometry and dental services

Initially, BSW ICB have taken the approach of seeking early adopters to take part in developing PSIRF review processes. This did not prove to be fruitful in terms of gaining attendance and engagement. In order to improve the "offer" for Primary Care Networks (PCNs)/ Practices, BSW ICB have met with the Health Innovation Network(HIN) to develop a training program for PCN Champions. The intention for this is to build on the Patient Safety Strategy's desire for all Practice staff to be encouraged to undertake the e-Learning , the ICB will work with HIN to offer enhance training for a named PCN Champion to ensure that there is consistent local support to embed the PSIRF methodologies in Practice-based patient safety events. In this way, we aim to weave PSIRF into the fabric of the Primary Care to create the cultural change we need around enhancing our patient safety efforts in Primary Care. […]

Action: Chief Nurse Officer to introduce primary care data and themes into the next meetings performance report.

BSW ICB continue to work as part of the national Patient Safety Pilot, hosted by HIN South London and NHS England.
Action to be **closed**

- Action 21 - Consider ways of including assurance that systems and processes are in place when performance is not improving in the operational report – The new Alert Advise Assure slide has been introduced into the Operational Report, which gives oversight of operational plan metric performance in terms of risk to meeting the year end position.
- Action 22 - Consider ways of learning from other areas who not experiencing the issues BSW is facing with never events – The patient safety specialists in BSW ICS Community of practice are looking outwards as well as inwards in terms of themes and trends and forms part of their work. A recent Chief Nursing Officer's conversation has also taken place in relation to never events. - **close**
- Action 23 – Consider next steps for taking the principles of prioritising the waiting list to the ICB Board for discussion – Discussed with Chair and CEO and plan to bring to a future board development session, following a meeting with Chief Medical Officer, Chief Delivery Officer and Chief Executive Officer to better understand the population across the BSW footprint. The Chair asked that the scope to be clear and include adults and children, and community, mental health and acute providers. – **close**
- Action 24 – Consider how the Primary Care Collective action can be reflected in the Corporate risk register – Risk being added to the Corporate risk register – **close**

5. BSW Corporate Risk Register – Emerging Risks – QOC/24-25/029

5.1 The Committee **received and noted** the corporate risk register.

5.2 The Chief Nurse made specific reference to two areas of concern that needed to be discussed in detail:

- Ambulance handover impact and information around the rapid review
- Urgent Care and flow risks and the risks associated with winter

5.3 The Deputy Chief Nursing Officer informed the committee that the Risk Management Group met in the last couple of days and some of the risks need to be revisited with recognition that there are risks that are held across several ICB portfolios.

- The Urgent Care and Flow risk needs to be completely reviewed to align itself with the local risk registers that were reviewed and updated last week.
- During November, a rapid approach to ambulance handover delays is being developed within the BSW System. In line with Gloucestershire and Somerset there is going to be a cap of 75 minutes hand over and then ambulance crews will leave the acutes. The target is 15 minutes, however there are significant long wait times in the systems emergency departments (ED), and this is not achieved as frequently as BSW would want. Operational and Clinical leads are focusing on patient safety within the ED and corridor care safety if that is needed. Whilst the risk score is likely to remain the same at 16, the mitigations in place are much more detailed and will be updated in the next iteration of the corporate risk register.
- There has been some good work in terms of access and choice in relation to personal health budgets, this risk is likely to reduce in the next iteration.
- Continuing Health Care national targets have been met. Looking at the risk through the lens of workforce and sustainability it will be reviewed to see if it remains at its current level or is reduced.

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5.4 The BSW ICB Local Authority Partner Member (BaNES) recognised the governance changes within Avon and Wiltshire Mental Health Partnership. However, raised concern that the lack of capacity was having significant impact on the life experience of many people and is not confident that the current arrangements is going to get them back on track. The Deputy Chief Nursing Officer responded by saying that she concurred with the comments and would discuss in more detail under the performance report, where a new AWP score card is included for the first time.

6. BSW ICS Infection Prevention & Management Strategy 2024-27 QOC/24-25/30

6.1 The Committee **received** and **noted** the BSW ICS Infection Prevention and Management Strategy 2024-27. The BSW Lead for infection prevention and control joined the meeting.

6.2 The Committee was asked to note:

- The BSW ICS Infection Prevention and Management Strategy is aligned with the South West Region strategy, which was developed with all 7 ICs, UK Health Security Agency and NHS England.

- The BSW ICS Infection Prevention and Management collaborative has adopted the strategy as a system whilst ensuring that workplans are created to support the local population of BSW ICS.
- The purpose of the Strategy is to promote an inclusive and collaborative approach to minimise population harm from infection with 7 key ambitions.
    - ❖ Prevention
    - ❖ Population, Community and Citizen Engagement
    - ❖ Health Inequlaities
    - ❖ Workforce
    - ❖ Data and Digital
    - ❖ Sustainability
    - ❖ Collaboration
- Implementing the strategy comes with some risks, which includes a risk around capacity and the resources available, which is why the strategy is going to be infection prevention and control enabled but clinically led across the system. The other two risks that may occur are incidences like pandemics or other national incidents and winter where an increase in infection rates is often noted.

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6.3 The Committee discussion noted:

- The Chair questioned if there was enough challenge around the pace and the ambition of the three-year plan, as they noted a lot of description on inputs but not so much on impact and outcomes. The BSW Lead for infection prevention and control acknowledged that a generous amount of time has been given in the plan, however this is in part due to the risks highlighted earlier, where something is often started and then there is an incident which causes delays. Hopefully, there can be a quicker pace with the risk mitigation in place.
- The BSW ICB Local Authority Partner Member (BaNES) commented that he knows the South West has been determined as a Marmot region but needs to understand what that means in reality and the potential impact on the BSW population. They were advised that it was not clear the impact of being a Marmot region was around infection prevention and that experts were to be invited to BSW to share their experience and knowledge.
- The Committee **approved** the implementation of the Infection Prevention and Management strategy and expect quarterly updates on progress and implications of being a Marmot region for BSW.

Action: Secretariat to add quarterly updates to the forward plan

7. Primary Care Access Recovery Delivery Plan

7.1 The ICB Executive Director attended the meeting and presented the committee with details of the Primary Care Access Recovery Delivery Plan prior going to the ICB Board on 22nd November 2024.

7.2 The Committee was asked to note:

- In May 2023, the two-year delivery plan for Recovering Access to Primary Care (PCARP) was published by NHS England. A system improvement plan was developed by the BSW system which NHS England use for their assurance of the systems work in delivering the PCARP plan.
- PCARP focus on four key areas to support recovery and as a system BSW is now in year two of the recovery plan.
    - ❖ Empower patients
    - ❖ Modern General Practice
    - ❖ Build Capacity
    - ❖ Cut Bureaucracy
- Key messages from the latest PCARP report which will go to the ICB Board on the 21st November:
    - ❖ What systems/processes are in place to gain assurance over delivery?
        - General Practice Patient survey, Friends and Family Test Trends.
        - Comparison of call wait times. Review of GPAD date
        - Sharing of best practice/peer ambassadors, clinical fellows
        - Workforce dashboard held by BSW ICB primary care team. Appointment and engagement practice level dashboard from South West NHSE
        - Resilience process for use of SDF funds.
        - Pharmacy BI dashboard being developed.

    - ❖ What is on on/off track
        - On track with all digital and telephony developments
        - Off-track with self-referral pathways (Requirement now included within new ICB provider)
        - Off-track with BSW ICB support for own ICB primary care dashboard – A quality / appointment / resilience dashboard has been half developed previously using existing data sources but was not sustainable to continue the work up.

    - ❖ Confidence in delivery
        - Primary Care Access and Improvement Plans are being implemented by practices with good engagement for digital and modern general practice. Good patient survey responses for 2024. Currently less confidence in achieving system improvements to support primary care (self-referral pathways and secondary care interface).

    - ❖ Secondary care interface
        - Interface meetings taking place with secondary care representatives and Primary Care Networks Clinical Directors. Primary Care is keen to develop KLOE performance metrics for the 4 elements and all interface bureaucracy: Onward referrals; FIT notes and discharge letters); call

and recall; clear points of contact. Engagement with the conversation, but slow-going.
    - Digital issues connected with e-FIT notes. Requirement already within NHS standard contract
    - Further interface issues become known for discharge information from Bristol hospitals to BaNES western practices

7.3 Primary Care collective action is continuing, although there has currently been little impact on the services provided by Primary Care within BSW, who are conscious of their duty of care to their patients. The Director of Primary Care raised concerns about the pressure that General Practices are under from a financial point of view, which has been compounded by the Governments latest budget and the increasing demand for access from the population.

7.4 The Committee discussion noted:

- The importance of Pharmacies and the role they play in providing access to the population, with 140 contracts now in place.
- There are on average 14,000 lost appointments per month where Patients do not attend their appointments, this has significant impact on access.
- The ICB Chair queried if the GP representative bodies were meeting with Government to begin resolving the collective action. The Director of Primary Care confirmed that she is not aware of any such meetings between GP representative bodies and the Government.

Action: Secretariat to share slide pack with Committee members.

8. ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Problems.

8.1 The ICB Executive Director attended the meeting and presented the committee with details of the rapid review of community services (Intensive and Assertive).

8.2 The Committee was asked to note:

- Following the conviction of Calocane in January 2024, a rapid review of Nottinghamshire Healthcare NHS Foundation Trust was undertaken by the Care Quality Commission. The outcomes and findings directed all ICBs top undertake a mandatory rapid review of community services (intensive and assertive outreach).
- The review in BSW was undertaken by the ICB in partnership with Avon and Wiltshire Mental Health Partnership (AWP) and third sector providers to a set methodology.
- There are approximately 270 to 340 individuals within the BSW footprint who meet the profile, but do not have a dedicated service offer. BSW is not unique in this position as the majority of assertive, intensive services were stepped away from during community transformation in 2011.

- Following the BSW review a suite of immediate actions are currently being agreed, one of which will include AWP reviewing their case load of individuals who have been discharged per their DNA policy and actions will be determined on a case-by-case basis.
- NHS England have requested all areas to provide a costed plan for workforce required to provide an intensive and assertive service for this cohort of individuals within the BSW footprint.

8.3 The Committee discussion noted:

- The concern setting up a bespoke team for this cohort of individuals takes away workforce from the core teams and would have a small throughput of patients. Therefore, there needs to be a balanced approach.
- The Committee asked what assurance is in place with current practice and what enhancements are being made in lieu of a new model. The BSW ICB Associate Director of System Change & Partnerships Mental Health advised when patients have been identified, support needs will be determined on a case-by-case basis. This could incorporate some of the broader service offers including the 112 offer, enhance ambulance triage and the mental health ambulance coming on-line in Q1 2025-26 and enhanced staff therapies offer. In addition, there are enhancements in the Wiltshire Secondary Care psychology service and in the primary care offer across BSW for individuals with complex emotional needs.

9. Operational Performance and Quality and Patient Safety Report – QOC/24-25/31

9a. Operational Performance

9a.1 The Committee **received** and **noted** the **Operational Performance** paper.

9a.2 The Committee was asked to note:

- There was an expectation that 65-week waiters for elective care would be zero by the end of September. The report highlights that there are approximately 180 still outstanding, however this has now reduced to approximately 30 patients. What is noted is that at the end of a target period like 104 weeks, 78 weeks and 65 weeks a lot more patient choice plays in, and patients are being offered multiple appointments but are not available to attend. This raises the question of the value of treatment in some circumstances to the patient.
- There was an expectation that there would be improvements in Children's and young people mental health access for talking therapies from October following the implementation of the action plan, unfortunately that has not materialised.
- Two other areas of concern include dental access for both Adults and Children and the per centage occupancy of Hospital @Home.

9a.3 The Committee discussion noted:

- The Chair asked the Director of Business Support about the correlation between patient choice, performance, and elective care targets. The Director of Business

Support confirmed that while BSW is similar to other areas, improvements could be made.

- The BSW ICB Local Authority Partner Member (BaNES) raised serious concern about the mental health access issues for children and young people and the considerable impact on the lives of those individuals over the next 15 to 20 years. The imbalance of risk that the local authorities hold due to this issue needs to be addressed so that the risk is shared more appropriately with health.
- The Chief Nursing Officer confirmed that there is active discussion taking place with the provider of Children and Young People Services over identified issues. Further updates will be brought to future committee meetings to give assurance that Children and Young People will have access to mental health services that they need. Separate meetings are taking place regarding the situation and a paper is going to the ICB board in terms of immediate findings and what needs to be achieved to improve access.

Action: Chief Nursing Officer to provide a report at the next meeting on mental health access for Children and Young People.

9b. Quality and Patient Safety Report

9b.1 The Committee **received** and **noted** the **Quality and Patient Safety report.**

9b.2 The Committee was asked to note:

- There has been a rise in all Gram-Negative Blood Stream infections (GNNBSI) Health care associated infections (HCAI). It is unclear what has caused the rise in GNBSI across BSW.
- Provisional funding was delayed but has now been agreed for the Maternity and Neonatal Voices Partnership there is a risk that the model in line with national guidance will not fully be completed/procured by the end of November 2024.
- Salisbury Foundation Trust has been supported through the Maternity Support Programme and will step out on the 19th November, the report following the CQC inspection in September is still awaited.
- From a safety perspective focusing on ambulance handovers, South West Ambulance Service Trust (SWAST) have reported four patient harm incidents. A rapid review meeting was called under the National Quality Board standards to discuss and understand the cases in more detail. The investigations are being taken forward by SWAST in collaboration with acute partners.

9b.3 The Committee discussion noted:

- At the next meeting it would be beneficial to receive assurance regarding No-Criteria to Reside as the position is deteriorating.

9b.4 The Committee was introduced to the Avon and Wiltshire Mental Health Partnership (AWP) performance scorecard for the first time, it has been provided directly by AWP and demonstrates how they report internally. The six priorities detailed in the score card are those that AWP are focusing on showing current performance alongside actions plans to improve performance further.

The improving performance picture is recognised by both AWP and the ICB, however there are concerns from both organisations about the ability for AWP to sustain this position. The workforce position remains fragile with a number of key areas of particular concern including the safeguarding capacity within AWP.

The Committee recognised the importance of BSW ICB and BNSSG ICB being aligned as joint commissioners whilst AWP is under enhanced surveillance.

The Committee was not assured that AWP has sustainable workforce capacity to make the improvement needed and noted the risk around the lack of pace of improvement.

10. Population Health Board Update – QOC/24-25/032

10.1 The Committee **received** and **noted** the Population Health Board (PHB) update and were joined by the BSW ICB Head of Inequalities and Prevention Programme.

10.2 The Committee **received** and **noted** the Wiltshire Health Inequalities deep dive prepared for the Population Health Board.

10.3 The Committee was asked to note:

- The challenges in Wiltshire regarding the short-term funding cycles in relation to health inequalities. The Population Health Board (PHB) is looking at ways to have the funding for a two-year period to support and embed the work being accomplished

10.4 The Committee discussion noted the importance of using the population insights data to deliver the maximum value for any given intervention by targeting the population that is most in need. Whilst little bits of data is starting to be used at some of the ICBs delivery groups the challenge is to embed the process fully into all delivery groups.

11. Winter Plan - QOC/24-25/033

11.1 The Committee **received** and **noted** the final update and assurance of the BSW Integrated Care System Urgent and Emergency Care approach to the Winter plan for 2024-25.

11.2 The latest version of the BSW winter plan and self-assessment against the 16th September Winter and H2 letter have been shared with members of the Urgent Care and Flow Delivery Group during September and October.
The feedback on the initial overview from BSW Quality and Outcomes Committee has been actioned and incorporated where possible into the final versions of winter plan.
The self-assessment identified that the system has plans in place but there are a number which will be ongoing actions throughout the winter period to maintain patient safety and high-quality care. These actions will sit alongside the actions required from the outputs and recommendations made by the Regional Ambulance

Task and Finish group and the BSW Rapid Quality Review around ambulance handover delays.
There is a planned H2 and Winter meeting with NHS England on the 18th November which may identify further support and intervention in BSW over winter.

11.3 At the January Quality and Outcomes Committee there will be a report on the non-criteria to reside performance with a clear diagnostic for each of the acute providers and details of the direct impact it has on the ambulance handover delays.

11.4 Demand and capacity work has been repeated due to availability of care packages particularly in Wiltshire when patients leave hospital on pathway one, which is impacting Salisbury Foundation Trusts (SFT) non-criteria to reside performance.

11.5 A further iteration of the plan to include the mental health offer and mitigation to the new identified risks will go to the ICB Board in November.

12. LeDeR Annual Report – QOC/24-25/034

12.1 The Committee **received** and **noted** the LeDeR Annual Report 2023-24 and were joined by the LeDeR local area co-ordinator.

12.2 The Committee **approved** the LeDeR annual report for publication.

13. Exceptional Funding Request Annual Report – QOC/24-25/035

13.1 The Committee **received** and **noted** the Exceptional Funding Request (EFR) Annual Report 2023-24 and were joined by the Director for Medicines Optimisation and Clinical Policies.

13.2 The Committee **approved** the Exceptional Funding Annual Report for publication.

14. System Quality Group update - QOC/24-25/036

14.1 The Committee **received** and **noted** the minutes of the System Quality Group on the 26th June 2024.

15. Any other business

13.1 No other business was raised prior to or during the meeting.

13.2 There being no further business the chair closed the meeting at 16:50.

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Next meeting: 7th January 2025 via MS Teams.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14a
Date of Meeting:	21 November 2024		

Title of Report:	BSW Performance and Quality Report
Report Author:	Clarisser Cupid, Lead for Patient Safety and Quality, Jo Gallaway, Planning and Performance Oversight Lead
Board / Director Sponsor:	Gill May, Chief Nurse, Rachael Backler – Chief Delivery Officer
Appendices:	Integrated Performance & Quality Dashboard and Exception Reporting

Report classification	
ICB body corporate	
ICS NHS organisations only	Yes
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	X
2. Fairer health and wellbeing outcomes	X
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
ICB Executive Management Meeting	17/10/24	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	05/11/24	Assurance

1	Purpose of this paper
The aim of this paper is to provide oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance to key ICB	

Governance meetings, particularly the Quality and Outcomes Committee and the ICB Board. Quality and performance are considered in detail at a number of executive-led meetings within the system and therefore this report presents items for assurance and where necessary, escalation, for the meetings attention.

2	Summary of recommendations and any additional actions required
The Board is asked to receive this report for assurance purposes.	

3	Legal/regulatory implications
This report is part of the BSW assurance framework including the delivery of: NHS Oversight Framework, the NHS Constitution and the NHS operational plan.	

4	Risks
All known Quality, Patient Experience and Safeguarding risks are monitored and managed through the N&Q risk register. Performance delivery risks sit across the divisional risk registers. Risks scoring above 15 are escalated to the ICB corporate risk register. There are several risks on the BSW ICB Corporate Risk Register (dated 24/07/24) that reflect the challenges to delivering Quality and Performance. • BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow • BSW ICB 03 – Ambulance Hospital handover delays • BSW ICB 04 – Impact of Industrial Action • BSW ICB 06 – System workforce challenges. • BSW ICB 08 – Workforce challenges in MH services • BSW ICB 09 – Recovery of Elective Care capacity • BSW ICB 10 – Cancer waiting times underperforming • BSW ICB 11 – Impact of difficulty finding placements for children looked after • BSW ICB 13 – Primary Care POD delegation impacted by lack of reporting • BSW ICB 19 – CHC not meeting performance targets • BSW ICB 22 – Mental Health transformation - community	

5	Quality and resources impact
Quality impacts linked to the performance of the system are highlighted in this report. Where appropriate action is taken to address this impact. This report notes by exception the key areas of focus for the BSW ICB Patient Safety and Quality team. The oversight of the safe and effective delivery of care across commissioned services is monitored through provider quality reporting, quality assurance meetings and visits, with participation from the ICB Patient Safety and Quality team to assess learning, agree and monitor improvements.	
Finance sign-off	Not required.

6	Confirmation of completion of Equalities Impact Assessment
N/A	

7	Statement on confidentiality of report
This report is not considered to be confidential.	

Overview of Performance

1. Introduction and purpose of report

1.1. This report is provided to give an overview of current performance and to summarise the key information contained within the detailed performance dashboards attached to this document.

1.2. The Quality exception reporting outlines the following areas: achievements, alerts, risks, areas of focus, assurance, action plans, and continuous improvement for:

- Infection Prevention and Management (IP&M)
- Maternity and Neonates
- Continuing Health Care (CHC)

2. Key operational performance information

2.1. The NHSE oversight framework has been reviewed for 2024/25 though its implementation has been delayed. A Q2 review has been undertaken in October 24 with results to be published in December 24, based on the 2023/24 framework.

2.2. Due to the delay in the framework and the pre-election period the Q1 review was very light touch and undertaken by NHSE who confirmed there no changes in ratings with the ICB, RUH and SFT in segment 3. GWH continued in segment 2.

2.3. We had notification in April that all three acute providers are entering Tier 2 (regionally led support) for Q1 for Cancer and Diagnostics as a system, and the oversight meetings with NHSE are underway. GWH and SFT have improved performance and have met the criteria to exit Tiering in October.

2.4. BSW has continued in NHSE Tier 2 (regionally led support) for UEC.

2.5. BSW 4hr performance decreased in September. GWH (77.4%) met their plan, SFT decreased (68.7%) and RUH remain the most challenged (63.6%).

2.6. For Ambulance handover delays over 15 mins, the delay for the combined trusts increased to 58 mins in Sept from 45 mins in August, with GWH at 69 mins and RUH at 63 mins.

2.7. Overall BSW's NCTR occupancy is 17.2% in September, not meeting the plan target of 11.3%. GWH met their plan at 12.4%. RUH improved to 17.4% and SFT deteriorated to 22.2%, both missing their plans.

2.8. RTT long waiters – The target to clear 65 week waiters by September 2024 has not been met with 120 people (BSW Acutes) and 124 people (BSW commissioned) still waiting due to a mix of patient choice and capacity / complexity reasons. Actions to clear all 65 ww are continuing with weekly and often daily reviews of waiting lists.

2.9. Diagnostic (DM01) performance (the % of the waiting list over 6 Weeks - (BSW Acutes – all patients)) is 31.7% in August 2024. The recovery trajectory has not continued in 24/25 reflecting the breadth of the challenge across many modalities to meet increasing demand. Remedial action plans have been in

operation for all required modalities at the BSW Acutes for several months but there remain recurrent capacity gaps for non-obstetric ultrasound and endoscopy. Further actions are being taken as set out in the detailed report.

2.10. Cancer waiting time reporting for August shows BSW did not meet the national standards for 28 and 31 day. The 28 days faster diagnostic standard improved to 73.1% and above plan, GWH and SFT met their plans. The 62 day standard has improved to 71.8% and met plan of 71.5%. Executive focus and oversight for the recovery plans continues via the Elective Care Board.

2.11. Dental plans are new for 24/25: % of resident population seen by NHS dentist – both Adult and Children metrics are below plan at July 24. The ICB is working to deliver the Government plan to recover and reform NHS dentistry

2.12. In mental health, BSW Talking Therapies (TT) completed courses of treatment is the new metric for 24/25 and has met the plan trajectory to August. Key actions from the Talking Therapies Fundamental Service Review (FSR) scope have been agreed in July, with a focus on recruitment and service transformation.

2.13. The CYP access standard is at 75% of the planned trajectory in August. Improvement work with partners pan-system to ensure accuracy of uploads to MHSDS is complete and we are awaiting feedback. Improvement work with the Swindon services to improve performance for access and waiting times due to complete by the end of Q3.

2.14. Access to transformed community core mental health services is now being reported as BSW providers are meeting the transformation. Access in June is above the plan. Actions to ensure inclusion of all service providers in national reporting continues.

2.15. Dementia diagnosis rates are improving consistently. Additional staff are having an impact on access, but this is slower than had been anticipated due to recruitment delays. Work is progressing to review current pathways to assessment and set up new assessment pathways for 25/26.

2.16. Complex LDA inpatient numbers (all-age) rose in August and has decreased in both September and October though continues to be above plan. Direct management of inpatients is delivering an increasing level of oversight of patients and discharge plans, being further strengthened with a refresh of the NHSE 12-point discharge plan to track individuals' progress.

3. Key quality, patient experience and safeguarding updates

3.1 Infection Prevention and Management (IP&M)

- There has been a small rise in reported Gram-Negative Blood Stream infections (GNBSI) across BSW, which is aligned to national trends. Monitoring continues within the BSW IP&M collaborative to inform strategies to prevent and reduce the number of cases reported during qtrs 3 and 4.
- 308 cases of E-coli blood stream infections, 16 more than the same time period last year. Despite the rise BSW ICS remains second best performing ICS regionally and third best performing nationally.

- 98 klebsiella blood stream infections, 9 cases more than the same time period last year. Despite the rise BSW ICS remains second best performing ICS regionally and fifth best performing nationally.
- 49 pseudomonas blood stream infections 9 more than the same time period last year. Although numbers reported in the population are relatively low, BSW ICS have the second highest rate of pseudomonas blood stream infection in the South West and are within the third quartile nationally, therefore there is a focused review of all cases reported, aimed at prevention and management.
- 149 Clostridioides difficile reported, 1 less than same time period last year.
- 95 cases of MSSA blood stream infections reported, 13 less than the same time period last year.
- 5 cases of MRSA blood stream infections reported, same as time period last year.
- The UK has confirmed the first three cases of MPox Clade I. All cases are in London and were household contacts.
- The risk to the Southwest remains low.
- BSW IP&M collaborative has developed plans in relation to MPOX preparedness and gained assurance from all stakeholders across the system including Local Authorities, Acute Trusts, Community Providers and Primary Care.
- Winter Preparedness continues across the system with a review of the BSW ICS BRAG tool and Acute respiratory hubs and Virtual wards IPC consideration tools.
- The BSW IP&M Strategy has been approved by Quality and Outcomes Committee.

3.2 Maternity and Neonatal

- Salisbury hospital national maternity support programme exit and sustainability plan agreed by SFT and ICB Boards and regional quality group. will be reviewed by SW regional NHSE Executive team prior to presentation for agreement of exit by national board on 19th November 2024.
- There is a risk that the Maternity and Neonatal Voices Partnership (MNVP) Model may not be fully commissioned by the end of November 2024 in line with CNST Maternity Incentive Scheme requirements. A mitigation plan is in place for commissioning and remunerated MNVP leads are continuing to provide services during the commissioning process. Presented to BSW Quality and Outcomes Committee November 2024.
- In line with requirements of the national vaccination programme, Maternity providers have commenced provision of RSV (respiratory syncytial virus), flu and pertussis vaccinations for pregnant women, to help prevent neonatal infections.

3.3 Continuing Health Care

During Quarter 2, BSW ICB has successfully met all CHC Quality Standards, demonstrating a commitment to maintaining high-quality care and compliance with national requirements.

4. Key financial performance information

4.1. We continue to see challenges across the NHSE Oversight Framework for each of the finance metrics including Financial efficiency, Financial stability and Agency spending.

4.2. Further detail is available within the finance reports considered by the Finance and Investment Committee and the Board.

5. Key workforce performance information

5.1. Agency usage expressed as a WTE continues to be below the planned levels submitted in the workforce plan, however performance does vary

5.2. National targets relate to agency as a % of pay bill and is set at a target of less than 3.2%. All providers are significantly lower. This is alongside the reduction of off framework usage and improving price cap compliance, and a move towards NHSE price cap rates. BSW providers are all improving against this metric.

5.3. Bank usage is above plan and continues to fluctuate with a slight increase in the monthly amount of bank shifts used.

5.4. Reported vacancy rate is reported as 3.2% in July '24 which reflects an improved vacancy position.

5.5. Sickness and Turnover are now collected directly from providers as reported to their boards.

5.6. Sickness in month and for the 12 month period is consistent but slightly below target

5.7. 12 month rolling Turnover remains below the 12% target for the ninth month in a row and in month turnover is below target

5.8. Further interrogation of workforce data including temporary staff usage, is reported as part of the monthly Workforce Assurance Report which reports to the System Planning Exec and Recovery Board.

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BSW Integrated Performance Report November 2024

ICB Board, 21/11/24 (reduced pack)

BSW Integrated Performance Dashboard

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The following slides provide the latest published position on system-level key performance, quality, finance and workforce metrics. The data shows performance as appropriate for the metric for the BSW population, or the population being treated by BSW Acute providers.

The data is taken from the NHS oversight framework* and wider system metrics against the targets set out in the BSW 24/25 Operating Plan plus additional in year ambitions set by NHSE and BSW system partners.

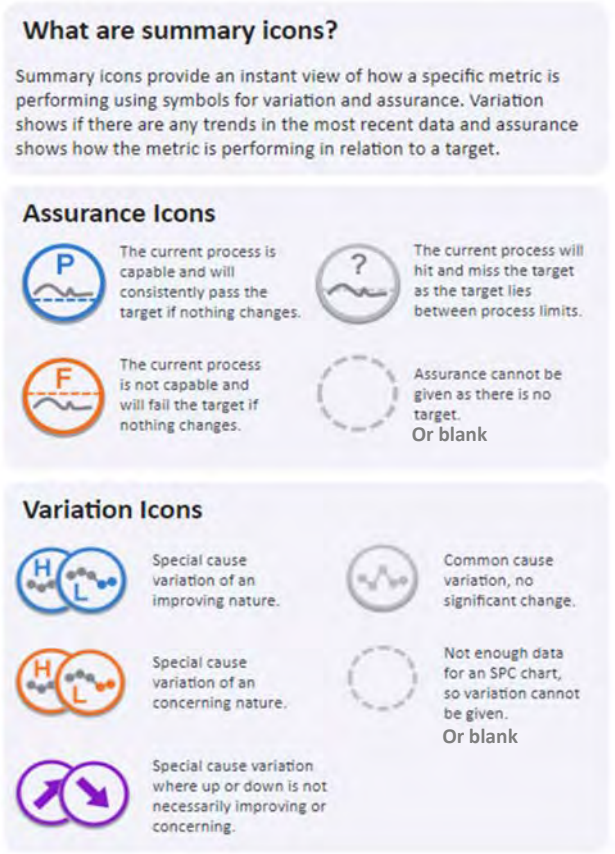
Each metric is supported by a statistical process control chart (SPC charts). SPC charts are constructed by plotting data in time order, calculating and displaying the average (the mean) and some data comparisons known as the upper and lower control limits as lines. These limits, which are a function of the data, give an indication by means of chart interpretation rules as to whether the process exhibits common cause (predictable) variation or whether there are special causes.

The summary icons shown in the dashboard indicate how a specific metric is performing using symbols for variation and assurance – more detail is shown on the right. The assurance icons are looking at delivering the target shown and are based on the actual numbers only and will not always reflect local knowledge.

Metrics with limited data points e.g. annual and those with planned / expected significant change across the year will usually need further interpretation outside of the SPC process.

The dashboard shows where the indicator is also a 2023/24 NHS oversight metric (SOF)*

* – see next slide for more information on the NHS oversight framework



Benchmarking - Metrics reported as part of the NHS Oversight Framework* include benchmarking out of 42 ICBs and this has been added for available metrics. The ranking is the latest reported on the SOF and may not be for the same period as reported in the IPD.

Finance metrics and their ranking is not included in the main oversight framework reporting. Ambulance metrics are only reported at total Trust level.

The box colour and the letter after the ranking represent the quartile: Highest performing - green, Intermediate - amber, Lowest performing- red.

Some metrics have a very few values and so the ranking for many ICBs will be at the same level these are marked as joint ranking with a "(J)" after the ra number.

Latest update: October 2024
Metrics are mostly benchmarked for July and August data

NHS Oversight Framework: BSW 24/25 Q1 Rating

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Under the NHS Oversight Framework, NHSE are required to undertake quarterly segmentation reviews to identify where organisations may benefit from, or require, support to improve performance and quality of care outcomes for patients.
- The 2024/25 oversight framework went to for consultation earlier this year and was expected to be shared during Quarter 2 but this has been further delayed. In the meantime, NHSE undertook a minimal Q1 desktop review and confirmed there were no changes in ratings. The 3 BSW acutes were all placed in Tier 2 for Cancer and Diagnostics in April as a system. In October it was agreed that GWH and SFT have met the exit criteria and can leave tiering.

2024/25 Q1	BSW ICB	GWH	RUH	SFT	AWP (Q3)
Overall Rating by segment 1-4	3 ⟺	2 ⟺	3 ⟺	3 ⟺	3 ⟺
Areas in which improvement and further assurance is required	Key areas of concern noted were • Elective – diagnostics • Mental Health CYP Access, CYP Eating Disorders, Talking Therapies and Dementia • Finance - efficiency, stability and agency spend • Virtual Wards • Urgent community response	Key areas of concern noted were • Finance - efficiency, stability and agency spend • Elective – diagnostics • Quality – CQC Maternity– Requires improvement • Cancer – 62 day backlog • SHMI	Key areas of concern noted were • Cancer – 62 day • Finance - efficiency, stability and agency spend • Elective – diagnostics	Key areas of concern noted were • Finance - efficiency, stability and agency spend • Maternity – safety support programme • Cancer – 28 day Faster Diagnostic Standard	Key areas of concern noted were • Workforce – Leaver Rate and Senior Leadership roles • Quality – CQC overall – Requires improvement • Agency spend
Tiering (Tier 2: regionally led support)	UEC – Tier 2	Cancer and Diagnostics – Tier 2 (as a system)	Cancer and Diagnostics – Tier 2 (as a system)	Cancer and Diagnostics – Tier 2 (as a system)	

- GWH have continued in segment 2 working through specific actions given to avoid segment 3.
- AWP were not issued a Q4 letter, in Q4 BNSSG ICB co-ordinated a separate well-led oversight review.
- NHSE have confirmed a **Q2 review will be undertaken in October 2024**, and requested updates from the ICB against the previously identified areas of concern, noted above. Results will be shared in December 2024.

Segment	Support offered
1. High performing	No specific support
2. On development journey	Flexible peer support in system and NHSE BAU
3. Significant support needs	Bespoke mandated support led by NHSE region
4. Serious, complex issues	Mandated intensive support delivered through Recovery Support Programme

BSW Integrated Performance Dashboard

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

URGENT CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
4 hour % total Attendances SOF	ALL_ICB - ACUTE TOTAL	21 of 42 H	Sep-24	72.3%	70.7%	▼	76.6%	No	78.0%	▲		
4 Hour % Total Attendances (Uplift)	ALL_ICB - ACUTE TOTAL		Sep-24	75.7%	74.1%	▼	79.7%	No	78.0%	▲		
Ambulance - Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL		Oct-24	58	73	▲			25	▼		
Ambulance - Average Response Time (Mins) Category 2 Incidents SOF	BSW COMMISSIONER TOTAL	SWASFT level only	Oct-24	42	60	▲	30	No	30	▼		
Ambulance - Total Conveyances	ALL_ICB - ACUTE TOTAL		Oct-24	5,748	5,454	▼				▼		
* Average number of adult patients in an acute hospital bed for 21 days and over	ALL_ICB - ACUTE TOTAL		Oct-24	227	226	▼	170	No		▼		
Discharges - Total	ALL_ICB - ACUTE TOTAL		Oct-24	6,336	6,678	▲				▲		
* NCTR % Occupancy SOF	ALL_ICB - ACUTE TOTAL	n/a data change underway	Oct-24	17.2%	19.2%	▲	10.1%	No	10.0%	▼		
* NCTR Beds Occupied	ALL_ICB - ACUTE TOTAL		Oct-24	245	273	▲	146	No		▼		

OCCUPANCY

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult % SOF	ALL_ICB - ACUTE TOTAL	35 of 42 L	Oct-24	96.9%	98.1%	▲	95.6%	No	92.0%	▼		
G&A Bed Occupancy - Paeds %	ALL_ICB - ACUTE TOTAL		Oct-24	72.7%	81.8%	▲	85.4%	Yes		▼		
G&A Bed Occupancy - Total %	ALL_ICB - ACUTE TOTAL		Oct-24	95.9%	97.4%	▲	95.0%	No		▼		

* National Discharge SitRep Submission changed in October causing a change in results – these are being reviewed and triangulated with other reporting.

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

KEY for reading direction markers – on all dashboards:
▲▼ **Improvement Direction** - a fixed icon showing the direction for improvement for the metric – higher or lower.
▲▼ **Change** – the direction of the arrow denotes whether the latest value is higher or lower than the previous value
▲ the colour orange denotes the change is not in the direction for improvement
▼ the colour blue denotes the change is in the direction for improvement

BSW Integrated Performance Dashboard

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

ELECTIVE CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
* Cancer - 28 Days Faster Diagnosis Standard SOF	BSW COMMISSIONER TOTAL	31 of 42 L	Aug-24	69.9%	73.5%	▲	70.8%	Yes	77.0%	▲		
* Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Aug-24	93.5%	93.7%	▲			96.0%	▲		
Cancer - 62 Day Pathways SOF	ALL_ICB - ACUTE TOTAL	27 of 42 L	Oct-24	350	333	▼				▼		
* Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Aug-24	69.0%	71.1%	▲	71.9%	No	70.0%	▲		
* Cancer - Suspected cancer seen on a non-specific symptoms pathway	BSW COMMISSIONER TOTAL		Oct-24	28	27	▼	98	No		▲		
Cancer - Waits >104 Days	ALL_ICB - ACUTE TOTAL		Oct-24	81	84	▲				▼		
Diagnostics - % of WL over 13 weeks - All Modalities	BSW COMMISSIONER TOTAL		Aug-24	8.2%	9.2%	▲			0.0%	▼		
Diagnostics - % of WL over 6 Weeks - 9 Key Modalities	BSW COMMISSIONER TOTAL		Aug-24	28.3%	30.3%	▲	25.7%	No	5.0%	▼		
Diagnostics - % of WL over 6 Weeks - All Modalities SOF	BSW COMMISSIONER TOTAL	32 of 42 L	Aug-24	29.0%	31.1%	▲			5.0%	▼		
ERF (Elective Recovery Fund) - % Against 19/20 Baseline SOF	BSW COMMISSIONER TOTAL	1(J) of 42 H	Jul-24	117.6%	114.0%	▼	110.4%	Yes	107.1%	▲		
Outpatient Clock Stop Activity %	BSW COMMISSIONER TOTAL		Sep-24	46.2%	46.4%	▲	47.0%	No	46.0%	▲		
Outpatient Reduction in Follow Up Attendances	BSW COMMISSIONER TOTAL		Sep-24	107.3%	105.4%	▼	100.1%	No	75.0%	▼		
RTT - Waiting List 52 Weeks+	BSW COMMISSIONER TOTAL		Aug-24	3,393	3,507	▲	2,542	No		▼		
RTT - Waiting List 65 Weeks+ SOF	BSW COMMISSIONER TOTAL	8 of 42 H	Aug-24	380	385	▲	162	No	0	▼		
RTT - Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL		Aug-24	10	19	▲			0	▼		

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

* Please note
Cancer waiting Times – from July SFT data is correct on National reporting
Suspected Cancer seen on a non-specific symptoms pathway - the data quality is being validated and reviewed. y Providers

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Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

QUALITY – Patient Safety

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Beds closed due to D&V/norovirus like symptoms (Avg p/d)	ALL_ICB - ACUTE TOTAL		Oct-24	3	5	▲				▼		
IPC c.Diff Infection Rate SOF	BSW COMMISSIONER TOTAL	30 of 42 H	Mar-24	172.5%	168.8%	▼			100.0%	▼		
IPC E.coli Infection Rate SOF	BSW COMMISSIONER TOTAL	9 of 42 H	Mar-24	136.8%	137.4%	▲			100.0%	▼		
IPC MRSA Infection Rate SOF	BSW COMMISSIONER TOTAL	20 of 42 H	Mar-24	5	5	◄►				▼		
Number of Never Events	ALL_ICB - ACUTE TOTAL		Oct-24	1	3	▲			0	▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	GWH 14(J) of 118 H	Mar-24	2	2	◄►				▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	RUH 14(J) of 118 H	Mar-24	2	2	◄►				▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	SFT 14(J) of 118 H	Mar-24	2	2	◄►				▼		
Mixed-Sex Accomodation Breaches	BSW COMMISSIONER TOTAL		Aug-24	306	203	▼				▼		

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

Data notes:
SHMI from oversight framework by Trust, key:1 higher than expected, 2 as expected, 3 lower than expected
Serious incidents -the PSIRF metrics will be reported when the system adoption and data quality demonstrate reliable reporting.
BSW Mortality Group is in place to analyse data, identify trends, share best practice and system quality improvement learning

BSW Integrated Performance Dashboard

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

QUALITY – Patient Experience

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Friends and Family Test (A&E) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	81.0%	79.0%	▼				▲		
Friends and Family Test (Inpatient) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	94.0%	92.0%	▼				▲		
Friends and Family Test (Maternity - Birth) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	96.0%	93.0%	▼				▲		
Friends and Family Test (Maternity - Post Community) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	90.0%	96.0%	▲				▲		
Friends and Family Test (Mental Health) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	90.0%	89.0%	▼				▲		
GP Appointments Percentage With Good Experience - Annual SOF	BSW COMMISSIONER TOTAL	7 of 42 H	Dec-23		59.7%					▲		

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

Data notes:
SHMI from oversight framework by Trust, key:1 higher than expected, 2 as expected, 3 lower than expected
Serious incidents metrics are moving towards the PSIRF metrics.
A patient experience quality report will be shared

BSW Integrated Performance Dashboard

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

COMMUNITY

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Community Bed Occupancy	BSW COMMISSIONER TOTAL		Sep-24	91.5%	92.6%	▲	95.3%	Yes		◄►		
Community Waiting List - Local	BSW COMMISSIONER TOTAL		Sep-24	21,534	21,363	▼				▼		
Community Waiting List >52 Weeks	BSW COMMISSIONER TOTAL		Sep-24	5	4	▼	10	Yes		▼		
Community Waiting List >52 Weeks (Adult)	BSW COMMISSIONER TOTAL		Sep-24	5	4	▼	10	Yes		▼		
Community Waiting List >52 Weeks (CYP)	BSW COMMISSIONER TOTAL		Sep-24	0	0	◄►	0	Yes		▼		
Hospital at Home: Average Occupancy % SOF	ALL_ICB - ACUTE TOTAL	36 of 42 L	Sep-24	73.6%	79.2%	▲	84.6%	No	80.0%	▲		
Hospital at Home: Capacity	ALL_ICB - ACUTE TOTAL		Sep-24	163	173	▲	175	No	175	▲		
UCR % 2hour Response SOF	BSW COMMISSIONER TOTAL	12 of 42 L	Aug-24	77.0%	73.6%	▲			70.0%	▲		
UCR Referrals	BSW COMMISSIONER TOTAL		Aug-24	1,925	1,740	▼	2,027	No		▲		

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

BSW Integrated Performance Dashboard

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Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

PRIMARY CARE

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
GP Appointments	BSW COMMISSIONER TOTAL		Aug-24	566,018	482,977	▼	504,768	No		▲		
GP appointments where time from booking to appointment was two weeks or less % SOF	BSW COMMISSIONER TOTAL	37 of 42 L	Aug-24	86.1%	85.0%	▼	82.9%	Yes	85.0%	▲		
IIF: Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result (CAN-02)	BSW COMMISSIONER TOTAL		Aug-24	74.3%	74.5%	▲	74.8%	No		▲		
Percentage of resident population seen by an NHS dentist - Adult - 24 month rolling	BSW COMMISSIONER TOTAL		Jul-24	28.0%	28.2%	▲	33.1%	No		▲		
Percentage of resident population seen by an NHS dentist - Child - 12 month rolling	BSW COMMISSIONER TOTAL		Jul-24	51.2%	51.6%	▲	55.8%	No		▲		
Units of dental activity delivered	BSW COMMISSIONER TOTAL		Jul-24	68,876	80,346	▲	76,745	Yes		▲		

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

BSW Integrated Performance Dashboard

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

MENTAL HEALTH

	Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
*	Access to Transformed Community Mental Health Services	BSW COMMISSIONER TOTAL		Jul-24	4,875	0	▼	1,650	No	6,114	▲		
	CYP Mental Health Access SOF	BSW COMMISSIONER TOTAL	40 of 42 L	Aug-24	8,615	8,490	▼	11,290	No	13,830	▲		
	Dementia Diagnosis Rate SOF	BSW COMMISSIONER TOTAL	33 of 42 L	Sep-24	61.1%	61.3%	▲	63.3%	No	66.7%	▲		
*	Inappropriate Acute Mental Health Out of Area Placements	BSW COMMISSIONER TOTAL		Aug-24	0	0	◀▶	3	Yes	0	▼		
	SMI Health Checks %	BSW COMMISSIONER TOTAL		Jun-24	< 5 suppressed 61.0%	57.0%		44.2%	Yes	60.0%	▲		
	Specialist Community Perinatal Mental Health Access SOF	BSW COMMISSIONER TOTAL	9 of 42 H	Aug-24	1,160	1,140	▼	1,130	Yes	985	▲		
	Talking Therapies - Number of Adults Receiving a Course of Treatment	BSW COMMISSIONER TOTAL		Aug-24	4,690	4,690	◀▶	4,682	Yes	9,651	▲		
	Talking Therapies - Reliable Improvement Rate	BSW COMMISSIONER TOTAL		Aug-24	63.0%	65.0%	▲	65.1%	No	67.0%	▲		
	Talking Therapies - Reliable Recovery Rate	BSW COMMISSIONER TOTAL		Aug-24	39.0%	47.0%	▲	47.7%	No	48.0%	▲		

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

* Please note:

Access to Transformed community Health Services – the first BSW PCNs / services are planned to meet the requirements for transformation in July and reporting for this metric will start from July data depending on the national data processes.

Inappropriate Acute MH out of area placements – The number of placements is between 1 and 5 and this is suppressed and shows as zero.

BSW Integrated Performance Dashboard

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

LEARNING DISABILITY AND AUTISM

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
LD - % Annual Health Checks Carried Out SOF	BSW COMMISSIONER TOTAL	28 of 42 H	Aug-24	16.4%	21.6%	▲	20.0%	Yes	75.0%	▲		
LD - Adult Inpatients - Total (Rate per million SOF	BSW COMMISSIONER TOTAL	20 of 42 H	Oct-24	43	39	▼	33	No	30	▼		
LD - Children Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		Oct-24	36	36	◄►	21	No	10	▼		
LD - Inpatients	BSW COMMISSIONER TOTAL		Oct-24	38	35	▼	28	No	23	▼		
LD - Inpatients (Rate per million)	BSW COMMISSIONER TOTAL		Oct-24	42	38	▼	31	No	25	▼		

LD health checks are carried out once annually, performance starts at zero each year and most activity is in Q3 and Q4, the SPC assurance icons are not able to provide assurance on this performance format.

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

BSW Integrated Performance Dashboard

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

WORKFORCE

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Agency Usage % - all staff SOF	ALL_ICB - ACUTE TOTAL	Reported as Finance	Jul-24	0.9%	0.9%	▼			2.0%	▼		
Bank Usage % - all staff	ALL_ICB - ACUTE TOTAL		Jul-24	6.2%	6.1%	▼			4.0%	▼		
Sickness Rate - 12m SOF	ALL_ICB - ACUTE TOTAL		Jul-24	4.2%	4.2%	◀▶			4.0%	▼		
Sickness Rate - in month	ALL_ICB - ACUTE TOTAL		Jul-24	4.3%	4.2%	▼			4.0%	▼		
Turnover Rate - 12m SOF	ALL_ICB - ACUTE TOTAL		Jul-24	10.7%	10.7%	▲			12.0%	▼		
Turnover Rate - in month	ALL_ICB - ACUTE TOTAL		Jul-24	0.9%	0.9%	▼			1.0%	▼		
Vacancy Rate - all staff	ALL_ICB - ACUTE TOTAL		Jul-24	4.4%	3.2%	▼			6.0%	▼		

Please note the monthly operational targets are not included as the data reported is not directly comparable to the plan (provider splits) . The national planning targets are shown as planning targets.

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

Note: The Agency staff usage plan target can be expressed in people / WTE as 2% and in finance / £s as 3.2%

BSW Integrated Performance Dashboard

NHS
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Integrated Care Board

FINANCE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Agency Spend vs agency ceiling (% over plan YTD)	ALL_ICB - BY ACUTE		Sep-24	-13.0%	-17.0%	▼			0.0%	▼		
Agency Spend vs agency ceiling (% over plan YTD)	BSW NHS ICS - TOTAL		Sep-24	-11.0%	-10.0%	▲			0.0%	▼		
Efficiencies % recurrent Actual	BSW COMMISSIONER TOTAL		Sep-24	100.0%	100.0%	◄►			79.0%	▼		
Efficiencies % recurrent Actual	BSW NHS ICS - TOTAL		Sep-24	78.0%	82.0%	▲			79.0%	▼		
Financial efficiency - variance from efficiency (?m YTD)	BSW COMMISSIONER TOTAL		Sep-24	£-3.4	£-4.1	▼			0	▼		
Financial efficiency - variance from efficiency (?m YTD)	BSW NHS ICS - TOTAL		Sep-24	£-7.6	£-10.0	▼			0	▼		
Financial stability - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		Sep-24	0	0	◄►			0	▼		
Financial stability - variance from plan (?m YTD)	BSW NHS ICS - TOTAL		Sep-24	£-8.2	£-8.2	◄►			0	▼		
Mental Health Investment - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		Sep-24	0	0	◄►			£1.0	▲		

SOF All metrics are SOF

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Operational performance exception report

Alert Advise Assure

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

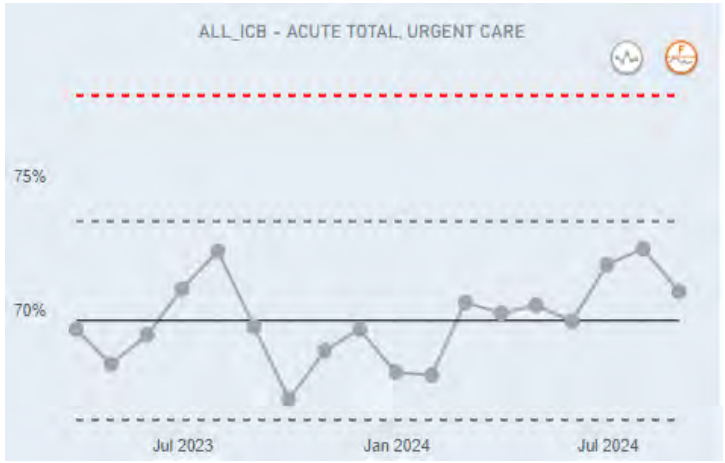
Oversight of operational plan metric performance in terms of risk to meeting the year end plan position is shown below. Where there are multiple related metrics, core metrics have been identified for each area. More information on the metrics in the Alert and Advise sections is provided in the following slides

	Urgent Care	Elective Care	Mental Health	Primary care / Community	LDAN
Alert - performance off plan now and most of year to date - high risk of not meeting year end target	4 Hour % Total Attendances	Diagnostics - % of WL over 6 Weeks - 9 Key Modalities	CYP Mental Health Access	%of resident population seen by an NHS dentist - Adult - 24 month rolling	
	Average Response Time (Mins) Category 2 Incidents	RTT - Waiting List 65 Weeks+	Dementia Diagnosis Rate	% of resident population seen by an NHS dentist - Child - 12 month rolling	
	NCTR % Occupancy	Outpatient Reduction in Follow Up Attendances	Talking Therapies - Number of Adults Receiving a Course of Treatment	Hospital @ Home: Average Occupancy %	
		RTT - Waiting List 52 Weeks+			
Advise - performance off plan or inconsistent or data issues - risk to meeting year end target	G&A Bed Occupancy - Adult %	Cancer - 28 Days Faster Diagnosis Standard	Talking Therapies - Reliable Recovery Rate	GP Appointments	LD - Inpatients (Rate per million)
		Cancer - 62 Day Referral to Treatment Standard	Access to Transformed Community Mental Health Services – data query	% lower GI suspected cancer referrals with FIT result	
		Cancer - Suspected cancer seen on a non-specific symptoms pathway – data query		Units of dental activity delivered	
				UCR Referrals – data query	
Assure - performance meeting plan - lower risk of not meeting year end target		ERF (Elective Recovery Fund) - % Against 19/20 Baseline	Inappropriate Acute Mental Health Out of Area Placements	GP appointments where time from booking to appointment was two weeks or less %	LD - % Annual Health Checks Carried Out
			Specialist Community Perinatal Mental Health Access	Community Waiting List >52 Weeks	
			SMI Health Checks %		

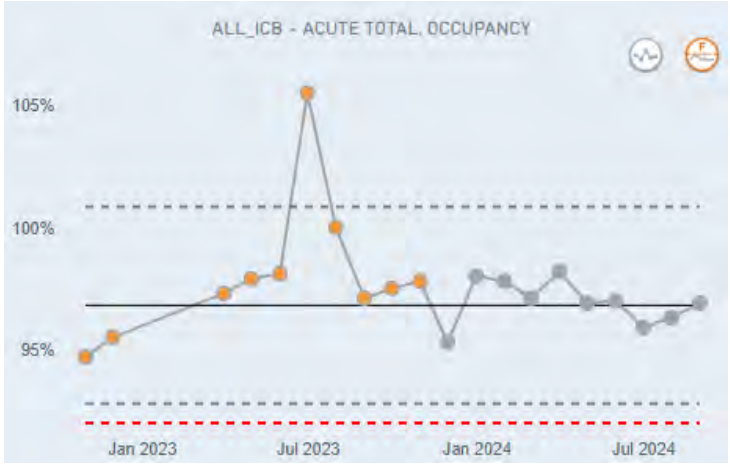
Urgent Care – Urgent Care & Flow

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

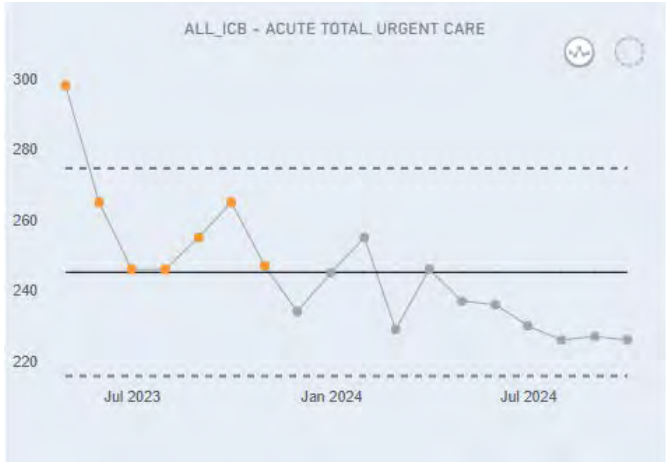
% A&E attendances treated in 4 hours



G&A bed occupancy – Adult %



Acute bed 21 days and over - Adult Average



Performance Analysis

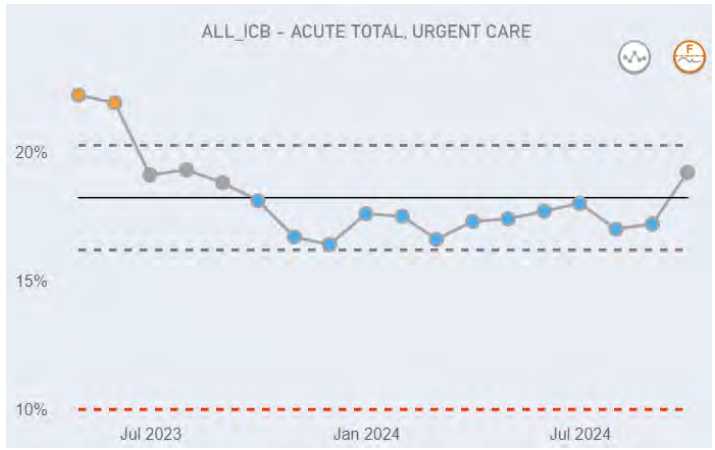
- Our A&E 4hr performance continues to perform below the national ambition of 78%. BSW Acutes planned a trajectory to meet this target by March 2025 . September performance for BSW has decreased to 70.7%, below the plan of 76.6%. GWH decreased to 77.4% but are meeting plan (76.2%). SFT decreased to 68.7% (plan 76.7%). RUH performed similar to July and August at 63.6% (plan 77.0%) in September.
- G&A Bed Occupancy (BSW Acutes – all patients) - Adult % has been planned in 2024/25 to reduce and maintain, reaching 96% by March 2025. In October 98.1% performance is better than the plan of 97.4%, though all 3 Acutes saw an increased position. GWH performance has increased at 97.8% from 97.4%, meeting their plan of 99.6%; RUH increased to 95.5% from 94.7%, below plan of 100%; SFT increasing in September to 97.6% from 97.3%, not meeting the plan of 91.5%.
- The average number of adult patients in an acute hospital bed for 21 days and over (BSW Acutes – all patients) at 226 in October is above the month's plan of 170. The year end plan is 160 patients . GWH has seen an increase in October to 54 from 49 and better than plan of 66. RUH's position has risen to 84 from 76, not meeting the plan of 50. SFT improved from 102 to 88 in September, not meeting the plan of 82.

Actions underway

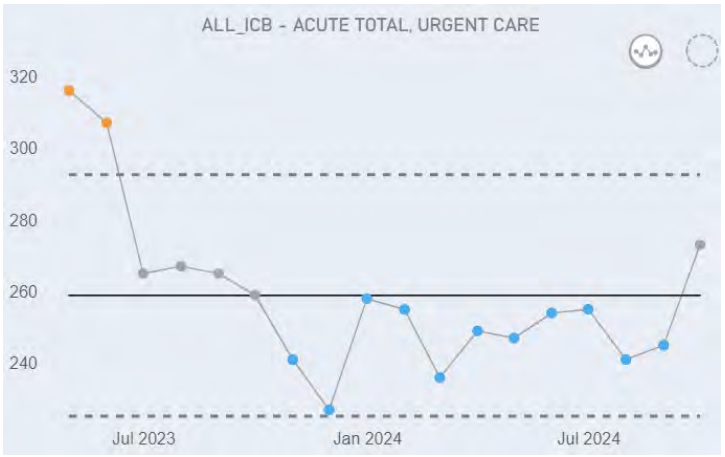
- Ongoing work in BSW system delivery groups to review demand management and opportunities in delivery programmes to reduce UEC demand
- Phase 1 of BSW UEC Demand and Capacity model refresh complete and feeding into BSW Winter plan with heat map of challenging demand weeks. Phase 2 being scoped
- Acute hospitals continue to work on internal work programmes to recover performance and improve flow through the hospital.
- Scoping work with Healthwatch partners to understand drivers of patient's UEC behaviours which should support opportunities for future streaming and redirection and prevention
- Care Co-ordination planning pilot of NHS 111 Cat 2 validation plus direct access for Care Homes to call Care Co for non-time critical incidents.
- Hospital@Home Teams have put forward several opportunities to support winter pressures. Currently waiting on confirmation of H@H slippage funding to implement.
- Quality Improvement work is progressing via the Wound Care task and finish group to reduce attendances at UTC and MIUs.

Urgent Care – Urgent Care & Flow - NCTR

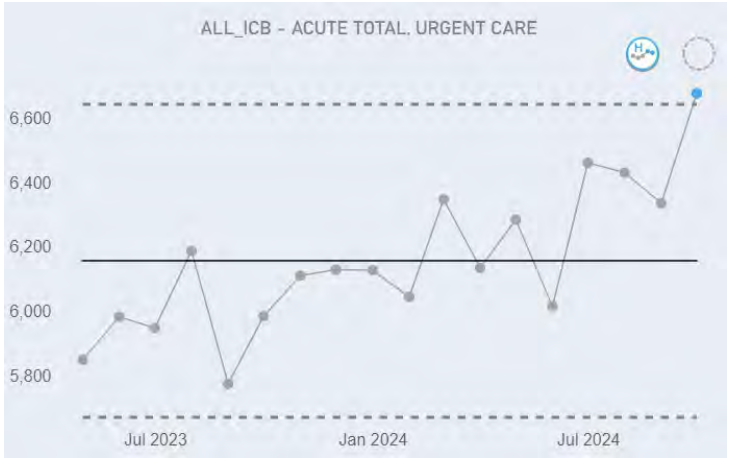
NCTR % Occupancy



NCTR Beds Occupied



Discharges - Total



National Discharge SitRep Submission changed in October causing a change in results – these are being reviewed and triangulated with other reporting.

Performance Analysis

- The non criteria to reside (NCTR) position for the 3 system Acutes was planned to continue to reduce in 2024/25 reaching 10% by the end of the year. In September, BSW performance of 17.2% above the plan of 11.3%, is maintaining the improvement seen from 23/24 but not delivering the further improvement planned for 24/25. September beds occupied are at 245 compared to the plan of 167. GWH met their plan (13%) in September, though performance has risen to 12.4% from 12.2%, 61 beds were occupied below the plan of 68. Provisional Oct data is being reviewed and suggests all providers and ICB have increased.
- RUH has improved in September, presently at 17.4% from 17.9% though continuing above plan of 12.1% with 85 beds occupied above the plan of 65.
- SFT increased again to 22.2% from 21.2% and the plan of 8.2% has not been met with 99 beds occupied compared to 34 planned. SFT have reviewed their NCTR reporting with the ICB this month and agreed a change in methodology going forwards which will show about a 2% improvement per month.

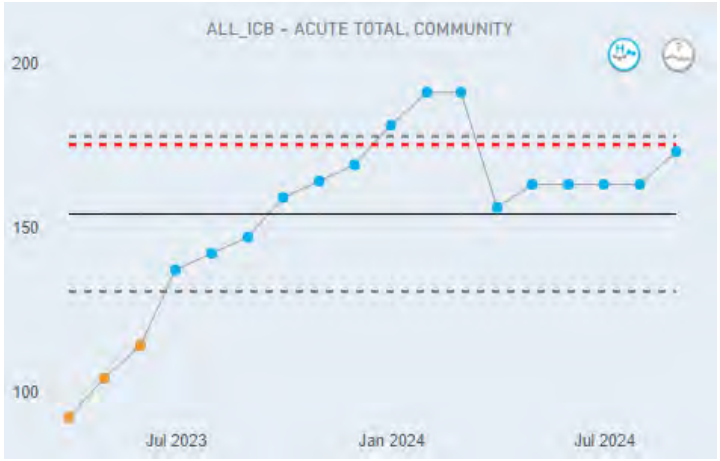
Actions underway

- BSW Big Room event held on 3rd September has identified 3 key workstreams to support improvements over the winter month (Weekend working, Community Hospital capacity and processes, and flow processes)
- BSW Care Transfer Hub Terms of Reference developed and will be implemented imminently with the teams.
- BSW Process theme developed for interim health funding and will be for sign off by ICB
- Alignment of trusted assessor role for BaNES and Swindon underway and ongoing
- A collaborative approach with Quality, UEC and acute providers to conduct an Improving Patient Flow Audit is progressing well. This audit focuses on assessing patients' knowledge and understanding of the discharge process during their hospital stay. The audit will be conducted over a six-month period, with the expectation that quality improvements will be observed as the audit progresses.

Community Care – Hospital @ Home

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Hospital @ Home – Capacity



Hospital @ Home – % Occupancy

Virtual Wards data are experimental statistics collected as a snapshot position via sitrep from all providers twice a month. Data shown here is from the snapshot taken in week 4 of the month.

Performance Analysis

- The 2024/25 Hospital at Home (Virtual Wards) model in BSW is One-Integrated Model (step-up and step-down) and has been co-produced with providers and supported with an updated Standard Operating Procedure to improve access to virtual wards by ensuring utilisation is consistently above 80% and to provide system capacity through additional beds and admission avoidance as a key component of our UEC delivery plan.
- In September 2024 BSW has 173 Virtual beds available, with a target of 175 once transition to the new model is complete and from September capacity is expected to increase to 173.
- Hospital at Home Occupancy in September was at 79.2% against the 84.6% occupancy target. This is an increase from 73.6% in August. RUH and HCRG – BaNES meeting target of 80%. In particular GWH at 57.5% as the Swindon team had significant unplanned resource challenges. Wiltshire and Swindon have seen lower demand over the Summer than expected.
- BSW have developed a new local data flow and dashboard to enable daily reporting of occupancy, enabling near live monitoring and management and improved performance assurance.

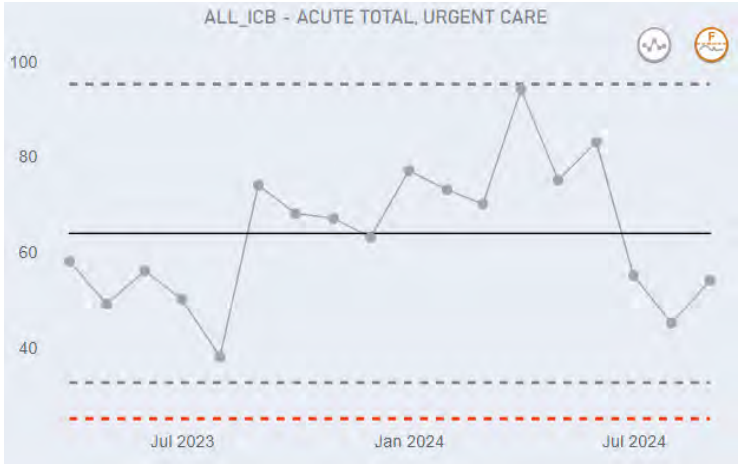
Actions underway

- Clinicians are working together on an ongoing basis using PDSA cycles to develop more Hospital at Home pathways (currently primarily frailty and respiratory) to include heart failure, delirium, EOL and Care homes
- A series of clinical roadshows will help build confidence in the new model and progress referrals where there are higher areas of available capacity, including acute and primary care colleagues. These are supported by the one-BSW model communications and engagement plan delivering standardised communication products for patients, clinicians and key stakeholders and will be carried out in collaboration with Care Co-ordination.
- ICB and Hospital@Home Teams are working to develop Action plans to increase Hospital at Home capacity from October to March as part of Winter planning (using in-year funding) and to improve consistency of demand across BSW. Currently waiting on confirmation of H@H slippage funding to implement.
- Quality improvement undertaken in the establishment of a BSW Hospital at Home Task & Finish Group to ensure the effective, safe, and consistent implementation of hospital-at-home services across the system. The Group will oversee standardisation of relevant clinical policies and pathways to enhance patient care and operational efficiency.

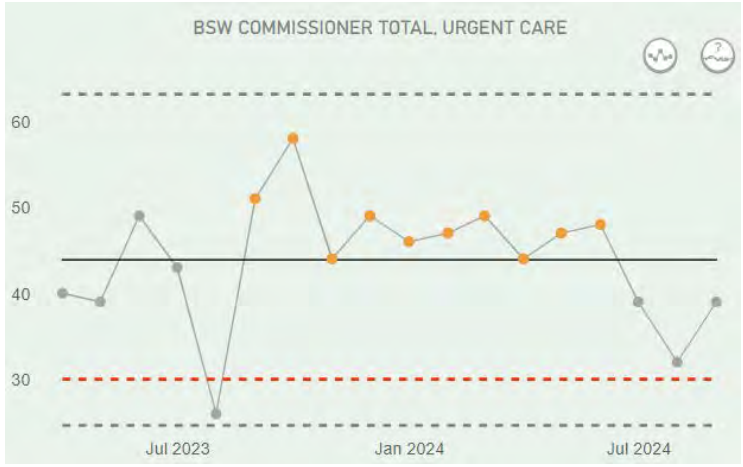
Urgent Care – Ambulance

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

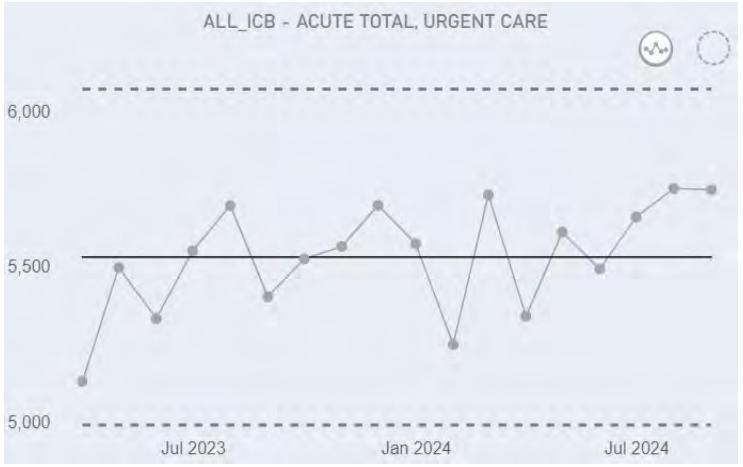
Ambulance - Average handover delays > 15 mins



Ambulance- Average Response Time (mins) Category 2



Ambulance - Total conveyances



Performance Analysis

- BSW are in Tier 2 for UEC performance. BSW have planned to reduce Average Handover Delays > 15 mins to 25 mins in 24/25 and Average Response Time - Category 2 incidents to 30 mins.
- Ambulance handover delays over 15mins - All Trusts had increased delays in September . Combined performance increased from 45 to 58 mins. GWH continues to be the most challenged of the 3 acute trusts, with an average of 69 mins delays, RUH increased to an average 63 mins delays and SFT 18 mins.
- In BSW there was an increase to an average of 42 minutes response time to category 2 incidents in September, above the 29 mins planned.
- Flow over 7 days continues to remain an issue driven by lower discharges at the weekend.
- Ambulance activity is up against contracted plan and is up 6.6% compared to 23/24. SWAST are seeing an increase across all ICBs.
- Patient safety remains a top priority and is jointly monitored by the ICB and the providers' Quality teams.

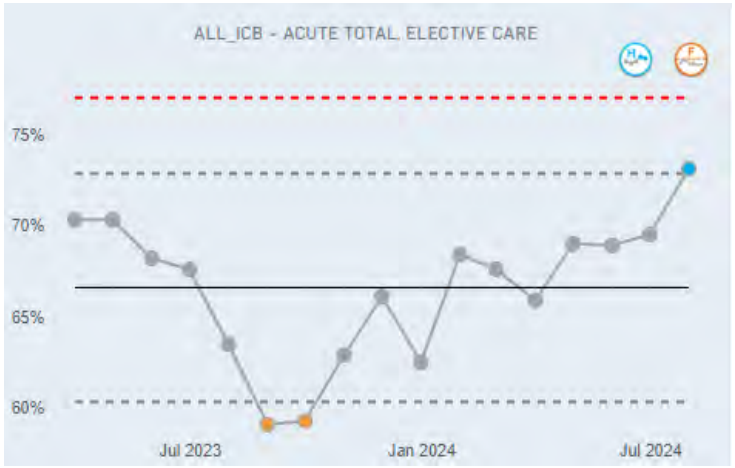
Actions underway

- Regional task and finish group focused on Ambulance handovers established, CEO led meeting is weekly reviewing 5 workstreams (Internal SWASFT, Increasing access to alternative community pathways, System Care Coordination, Hospital Access, Timely ED Handovers).
- Region initiated an escalation call with BSW CEOs on 30th October to discuss 8 hour delay position.
- Acute Hospitals continuing with internal improvement initiatives and embedding further process improvements identified from Ambulance Handover perfect week
- Care Coordination capacity increased from August 2024 following July's extension of hours until 23:00 on a daily basis.
- RUH ED reset week re-scheduled for early September including introduction of new UTC rota and updated UTC DoS profile to be implemented
- GWH new Integrated Front door opening was postponed in July and new date to be confirmed
- Refresh of BSW UEC Demand and Capacity model underway to test assumptions ahead of Winter and in preparation of BSW Winter Plan
- Peer to peer reviews using NHSE Maturity Index still to be reviewed and plans made to carry out where required.

Elective Care – Cancer standards 28 day FDS

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

BSW - 28 day faster diagnosis (standard =75%)



Performance analysis

- Most recent published data is August 24.
- The 28 day standard (BSW Acutes – all patients) at 73.1% in August is above the plan of 71%.
- GWH improved performance in August to 81.8% meeting their plan (70%) for the 3rd month. In August, 281 patients breached the 28 day target for diagnosis, most challenged specialties were Skin, Breast and Lower Gastrointestinal. Local reporting for August is 81.8%, above plan.
- RUH performance increased to 61.4% below the plan of 67.4%. 554 patients breached the 28 day target for diagnosis, most challenged specialties were Skin, Lower Gastrointestinal, and Breast. Local reporting for August is 61.4%, below plan.
- SFT have reported 78.8% above their plan of 78.2%. 177 patients breached the 28 day target for diagnosis, most challenged specialties were Lower Gastrointestinal, Skin, and Breast . Local reporting for September shows 78.8%, above plan.
- Improved performance by GWH and SFT meets the threshold for review of their tiering status at the national tiering meeting in October.

Actions underway:

RUH

- **Skin** - performance improved in August with full recovery in September following insourcing and focused 28 day admin management. Insourcing continuing until December. Recruitment continues.
- **Colorectal/Upper GI**: - Clinic template change has improved Gastro outpatient waiting times. Weekend CTC WLIs agreed from October. Upper GI pathway under review
- **Urology** – Consultant recruited, starts in October. Haematuria waiting times steady at 10 days but some breaches in September due to historic waiting times. LATP waiting time impacting performance. Request to reallocate NHSE funding to increase capacity. WLIs also agreed.
- **Lung**: ring-fenced CT capacity from August, reducing waits to under a week. WLI for out patient appointments to help manage demand increase from TLHC in place from Sept.
- **Breast** - performance impacted from August by surgeon & radiographer sickness and locum left. Locum position appointed to in September. Radiography WLIs in place. Demand also increased with significant increase in cancer diagnoses in July and August.

SFT undertook A3 framework thinking for urology, outputs included an urology improvement plan to improve 3 areas:

- Access to PSMA-PET/PET-CT – scoping feasibility of on-site PET scanner, escalation of waiting times with BSW ICB and SWAG and liaising with hospitals with lower waiting times
- Diagnostic capacity – scope one stop CT/bone scan, clinical stratification of the use of Urine cytology within Bladder/Haematuria pathway, scoping requirements for in-house reporting of Template Biopsies, review of diagnostic requesting timeframes
- Cancer Transformation Funding bid successful to recruit fixed-term Assistant MDT co-ordinator posts; recruitment underway.
- Cancer escalation policy routinely in use across all tumour sites.

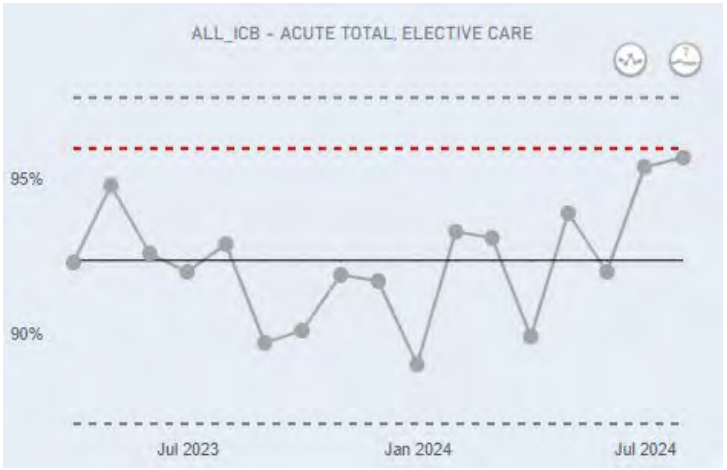
GWH

- Increased capacity in Breast (WLI's & recruitment of a Locum Radiologist) resulted in improved performance in August that was a key driver for the overall improvement.
- Skin now recovered, meeting national target from August
- On-going diagnostic challenges in Colorectal & Urology. Urology– setting up LATP insourcing, changing pathway to support best practice timed pathway. Colorectal - Regular meetings with Clinical & service leads to discuss improvement ideas, developing plan to pilot referrals via ICE with a PCN

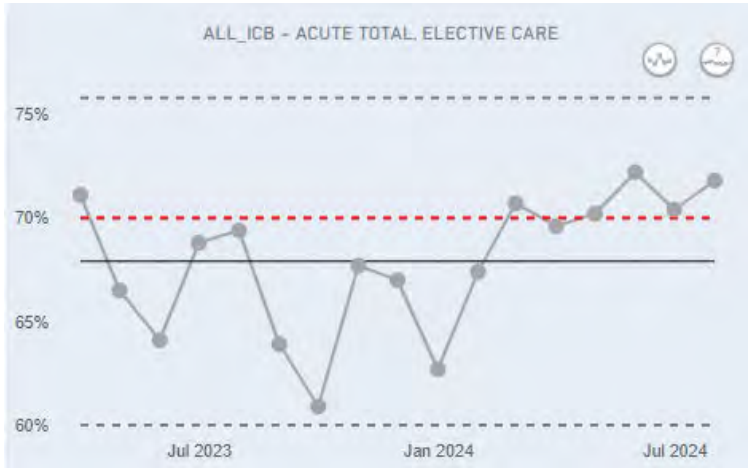
Elective Care – Cancer standards

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

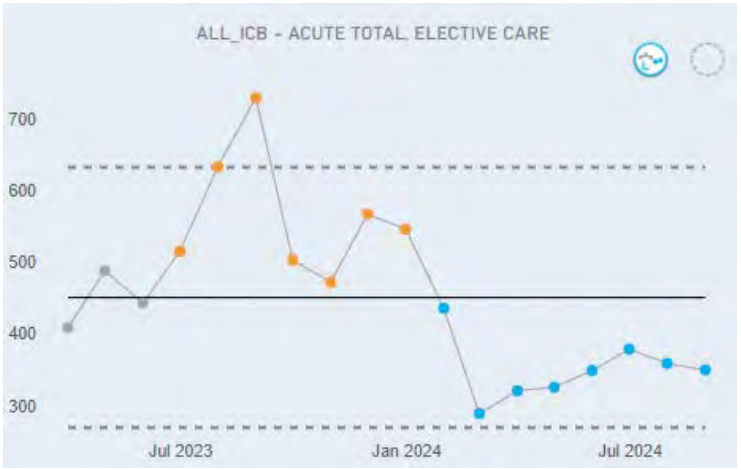
31 day combined standard (96%)



62 day combined standard (85%)



62 day pathways



Red line represents planning expectation of greater than 70%

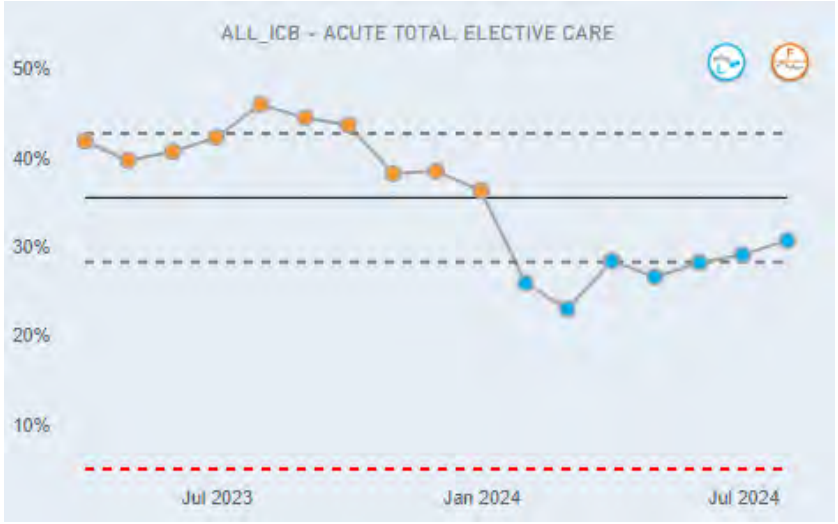
Performance analysis

- Performance against the cancer standards tends to be volatile, due to generally low numbers, with an impact on performance of even a single empty post within particular tumour pathways. Most recent published data is August 24.
- The 31 day combined cancer waiting time standard is 96%, BSW were not meeting the standard in 23/24. The 24/25 plan focus on 28 day FDS and the 62 day combined standard should enable BSW to deliver this standard. September performance (BSW Acutes – all patients) increased to 95.7%. GWH increased to 96.0% and met the target. RUH has seen no movement at 95.1% and SFT met the standard reporting 96.5%.
- The 62 day combined performance (BSW Acutes – all patients) has reduced in September to 71.8%, meeting the plan of 71.5% . GWH at 70.3%, and RUH 70.1% and both under plan, however SFT met their plan with 76.8%.
- In 23/24 the number of people waiting 62 days and over from referral to cancer treatment was a key focus and BSW numbers reduced brought to below the pre-pandemic levels. By monitoring each provider against their “fair share” allocation of the national pre-pandemic total. The BSW target (Acute Total) was 327. In March BSW delivered 289. This has increased to 333 in October 24 (national weekly data). RUH have 165 over 62 day waiters in October. 30 higher than their fair share target of 135, with highest volume increases in and Lower GI, Skin and Urological tumour types. GWH and SFT are within their fair share target.

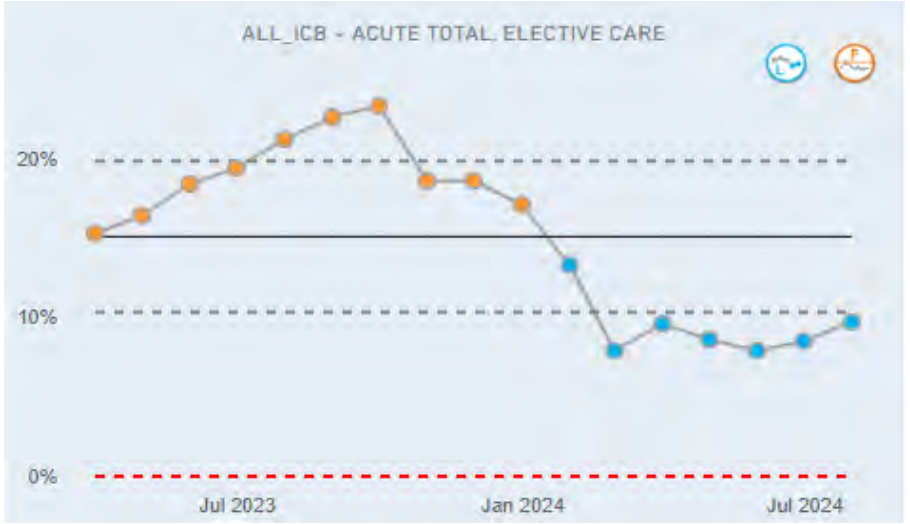
Elective Care – Diagnostics

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

% diagnostic WL > 6 weeks (all DM01 tests)



% diagnostic WL > 13 weeks (all DM01 tests)



Performance Analysis

- The national ambition for diagnostics recovery for 24/25 is to reduce DM01 diagnostics (all 13 modalities) test performance > 6 weeks (breach rate) to under 5%. BSW has planned a trajectory to improve significantly the 9 key modalities by March 25 to 11.5% (BSW Patients) and 12.5% (BSW Acutes – all patients). The 9 modalities in the plan are the tests that support and enable the majority of cancer diagnosis and elective treatment.
- In August, DM01 - % of WL over 6 Weeks - (BSW Acutes – all patients) at 31.7 % is above (worse than) July (29.8%).The 9 modalities planned were worse than plan (25.9%) at 30.7% over 6 weeks. Modalities with the most long waiters at mid-October (provisional data) are non-obstetric ultrasound and MRI, the highest volume tests.
- GWH – August performance has improved from 29.3% in July to 24.2%. Continued improvement in endoscopy but still challenged. Increased 6ww breach performance for CT.
- RUH – August performance increased from 35.6% in July to 41.8%, Performance affected by the cumulative impact of increased demand for Radiology modalities and increasing urgent/suspected cancer cohort. Overall increased activity levels in month. MRI and Endoscopy performance remain the top contributors to adverse performance.
- SFT – August performance has increased from July 16.6% to August 17.2%. MRI (unplanned scanner downtime) and Endoscopy performance deteriorated in August.
- Diagnostics - % of WL over 13 weeks - All Modalities (BSW Acutes – all patients) performance has worsened from 8.5% in July to 9.7% in August, 106 more people waiting.

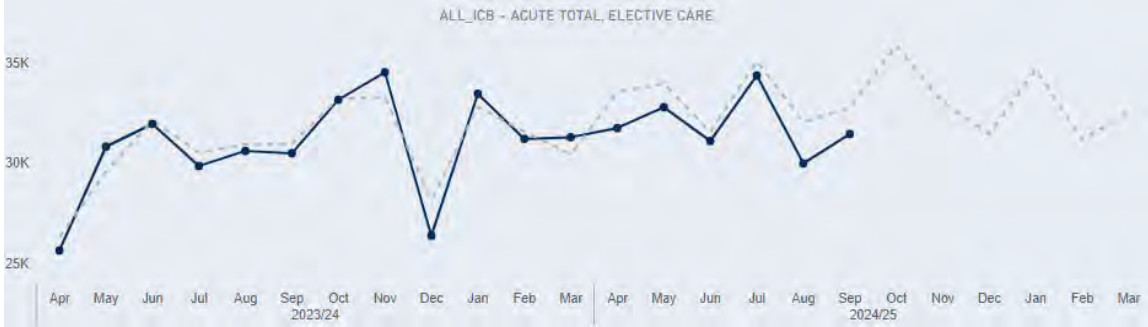
Actions underway

- Remedial action plans in place at all three providers and presented to Elective Care Board but there remain recurrent capacity gaps, in particular, for non-obstetric ultrasound and endoscopy.

Elective Care – Outpatient Transformation

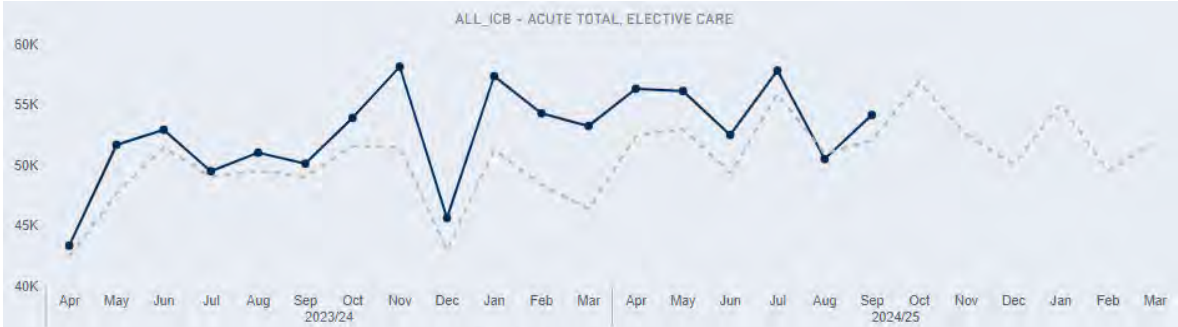
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Consultant led first outpatient attendances



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	33,514	33,956	31,525	35,070	32,044	32,734	35,854	32,992	31,448	34,652	31,147	32,553	
Actual	31,735	32,770	31,092	34,342	29,978	31,436							
Variance	-1,779	-1,186	-433	-728	-2,066	-1,298							▲

Consultant led follow-up outpatient attendances



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	52,434	53,007	49,348	55,891	50,972	52,045	56,846	52,539	50,067	55,048	49,544	51,832	
Actual	56,324	56,132	52,505	57,827	50,514	54,157							
Variance	3,890	3,125	3,157	1,936	-458	2,112							▼

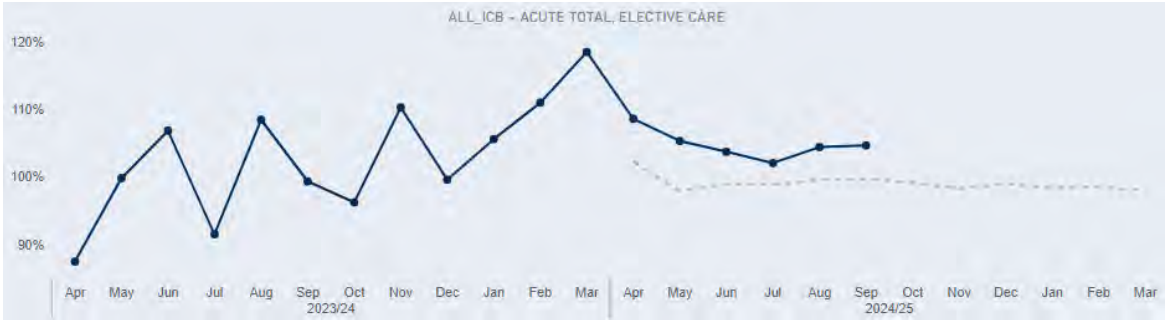
Performance Analysis

- The 24/25 Operational plan asked systems to continue to transform outpatients productivity to provide more first outpatient attendances to support clearing the waiting lists while balancing this with a reduction in follow ups and increased use of patient initiated follow ups.
- In September, first outpatient activity was below plan for all BSW Acutes.
- Follow up outpatient attendances have not met plan for September. All 3 providers are above plan.
- All 3 Acutes increased their PIFU rate (not shown) in August, meeting the plan (BSW Acutes – all patients) for the first time with 4%. This has continued in September for GWH and SFT but RUH saw a slight dip in September falling below their plan of 4% to 3.8%, however Acute Total plan for September has been met.

Actions underway

- A deep dive focussing on identifying opportunities to enable delivery of the outpatient transformation plans and support BSW system financial recovery was taken to Recovery Board. Six principle opportunities were identified and Seven key actions proposed to commence from September.

Outpatient Reduction in Follow Up Attendances

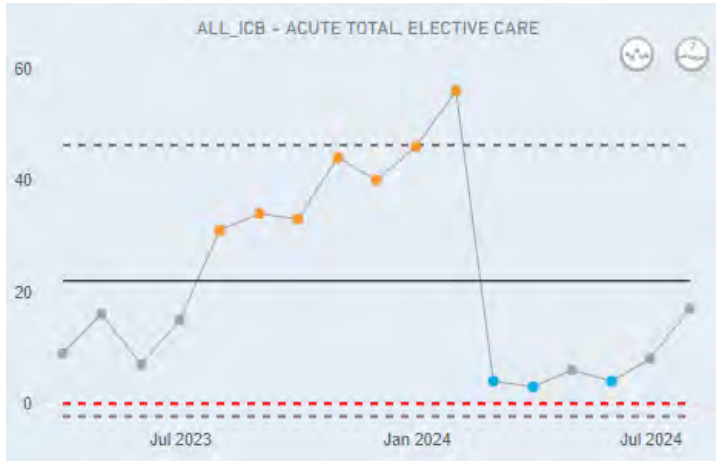


	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	102.3%	97.9%	99.0%	98.9%	99.6%	99.7%	99.1%	98.3%	99.0%	98.4%	98.5%	98.0%	
Actual	108.6%	105.3%	103.7%	102.1%	104.4%	104.7%							
Variance	6.3%	7.4%	4.7%	3.2%	4.9%	5.0%							▼

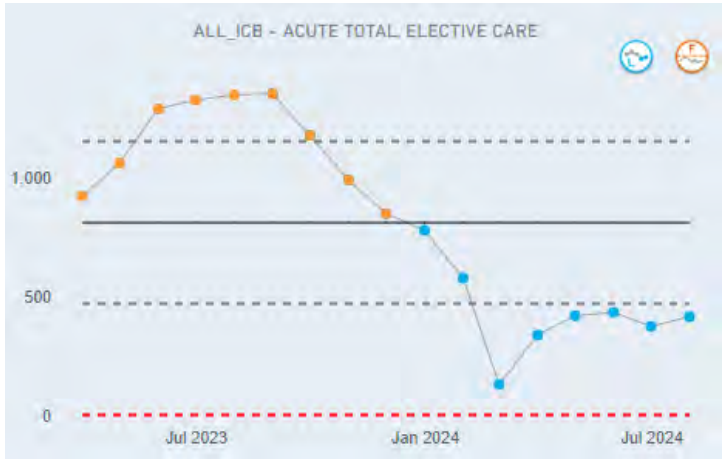
Elective Care – RTT Long Waiters – 78+, 65+, 52+ weeks

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

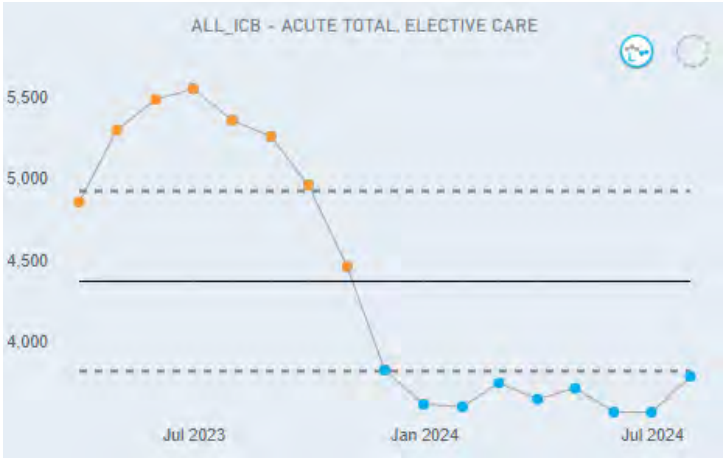
RTT 78 week waiters



RTT 65 week waiters



RTT 52 week waiters



Performance Analysis

- 78+ week waiters – At the end of August 2024 there were 17 patients waiting with BSW providers, 12 at GWH, 4 at RUH and 1 at SFT. There were 19 BSW patients waiting at all providers, of these 9 are waiting for Gastroenterology and 4 for Ophthalmology.
- 65+ week waiters – The National planning expectation has been to clear all 65 week waits (except for patient choice) by the end of Sept 24. This target has not been met; in September 65ww waiting lists reduced to 120 for BSE Acutes and 124 for BSW commissioned, with the outstanding delays due to a mix of patient choice and capacity / complexity reasons. Actions to clear all 65 ww are continuing with weekly and often daily reviews of waiting lists.
- 52+ week waiters - The National planning expectation is to clear all 52 week waits (except for patient choice) by the end of March 25. The all age waiting list with BSW Acutes is 3,786 in August above plan (2,579). All 3 Acutes are above their 52 ww plan trajectories. The 52 ww paediatric < 18 yrs waiting list for September is 334 above plan (208).

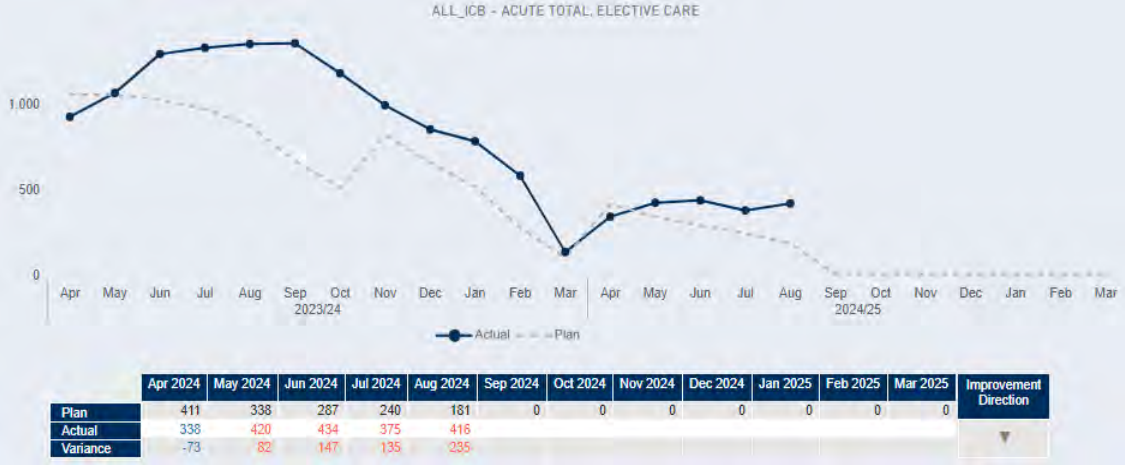
Actions underway

- Action plans for Gastroenterology, Cardiology, Dermatology and Urology being overseen by the Elective Care Board. Includes impact of recruited posts, waiting list initiatives, additional validation, insourcing and outsourcing and mutual aid from Independent Sector providers locally.
- The BSW Acute waiting lists for 65+ weeks are reviewed weekly by the ICB with BSW providers and reported to NHSE SW region.
- Performance trajectories and delivery plans with mitigations for clock stops to meet the desired run rate continue to be reviewed at fortnightly Divisional escalation meetings and specialty level trajectories have been developed by Divisions to support the risk assessment against the September target for zero breaches.

Elective Care – RTT Long Waiters – 65+

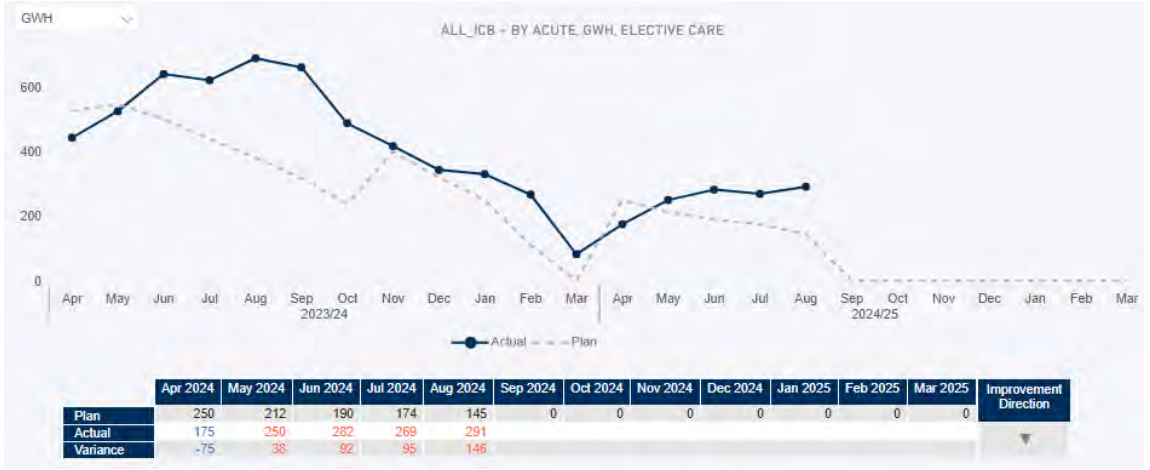
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

BSW Acute Total - RTT 65 week waiters actuals vs plan



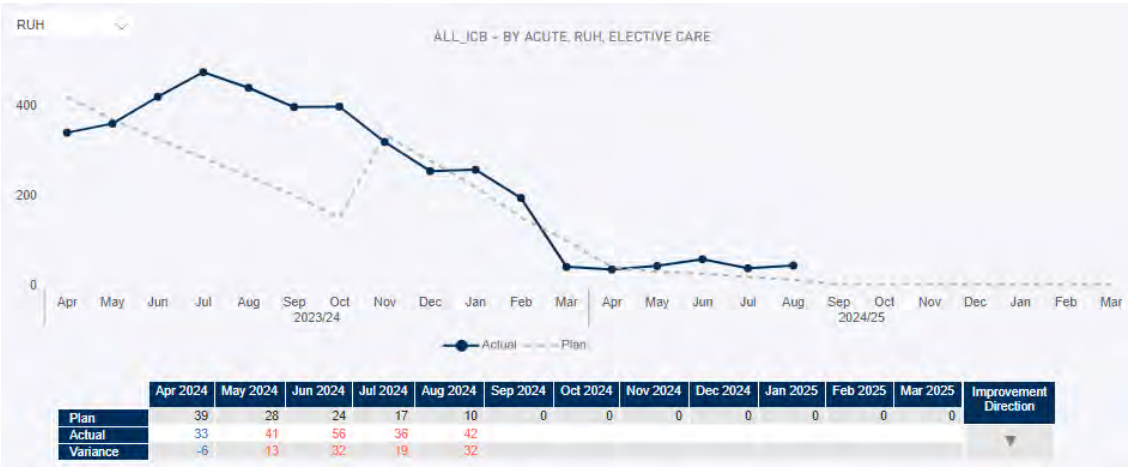
	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	411	338	287	240	181	0	0	0	0	0	0	0	
Actual	338	420	434	375	416								
Variance	-73	82	147	135	235								

GWH - RTT 65 week waiters actuals vs plan



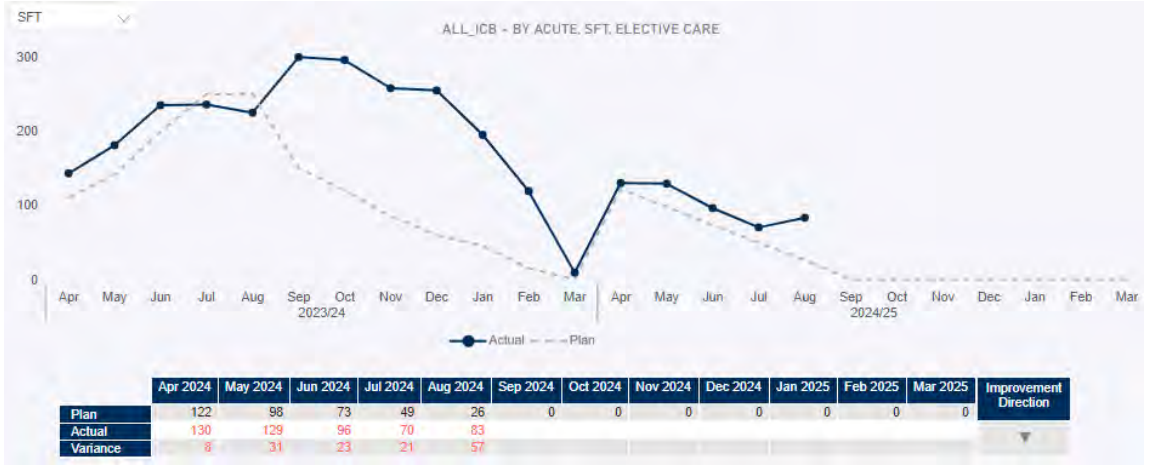
	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	250	212	190	174	145	0	0	0	0	0	0	0	
Actual	175	250	282	269	291								
Variance	-75	38	92	95	146								

RUH - RTT 65 week waiters actuals vs plan



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	39	28	24	17	10	0	0	0	0	0	0	0	
Actual	33	41	56	36	42								
Variance	-6	13	32	19	32								

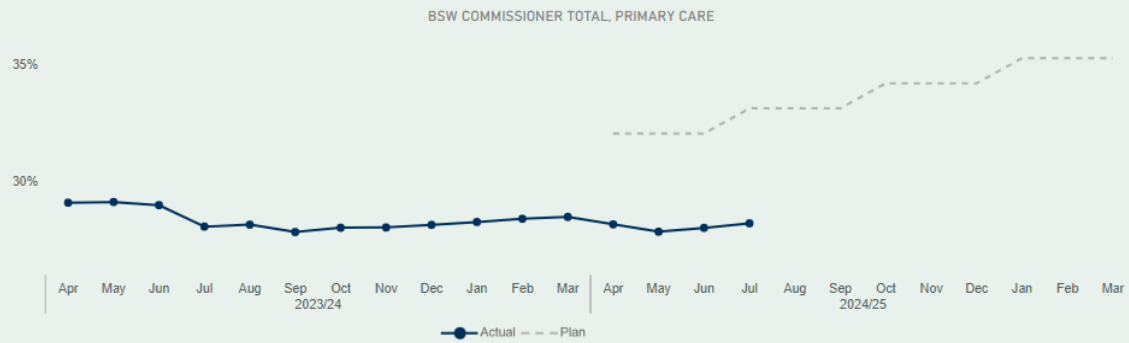
SFT - RTT 65 week waiters actuals vs plan



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	122	98	73	49	26	0	0	0	0	0	0	0	
Actual	130	129	96	70	83								
Variance	8	31	23	21	57								

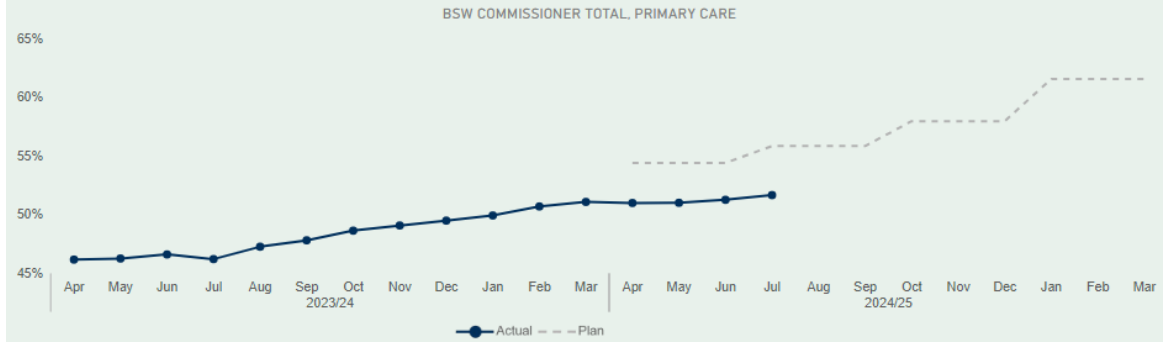
Primary Care – Dental

% of resident population seen by NHS dentist – Adult 24 mths rolling



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	32.0%	32.0%	32.0%	33.1%	33.1%	33.1%	34.2%	34.2%	34.2%	35.2%	35.2%	35.2%	▲
Actual	28.1%	27.8%	28.0%	28.2%									
Variance	-3.9%	-4.2%	-4.0%	-4.9%									

% of resident population seen by NHS dentist – Child 12 mths rolling



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	54.4%	54.4%	54.4%	55.8%	55.8%	55.8%	57.9%	57.9%	57.9%	61.5%	61.5%	61.5%	▲
Actual	51.0%	51.0%	51.2%	51.6%									
Variance	-3.4%	-3.4%	-3.1%	-4.2%									

Performance Analysis

- The ICB received delegated responsibility for dental commissioning in April 2023 from NHSE. In February 2024 the Government issued a plan to recover and reform NHS dentistry, recognising the impact of COVID on dentistry was devastating and whilst the first full year from COVID (2023/2024) had shown some improvement, there still remained issues with access.
- Working with the South West Collaborative Commissioning Hub and collaboratively with other South West ICB's, we have already implemented the key deliverables of the National plan, including the £28 uplift, rollout of the 'Golden Hello' NHS recruitment scheme and New Patient Premium.
- Units of dental activity delivered (not shown) are off plan April to June. July activity has met plan and year to date activity is 0.6% below plan
- % resident population seen by NHS Dentist –. Change to the BSW dental services will take time to show in these longer term metrics. In the 12 months to July 24, 51.6% of Children have seen an NHS dentist compared to the plan of 55.8%. In the 24 months to July 24, 28.2% of adults have seen an NHS dentist compared to the plan of 33.1%.

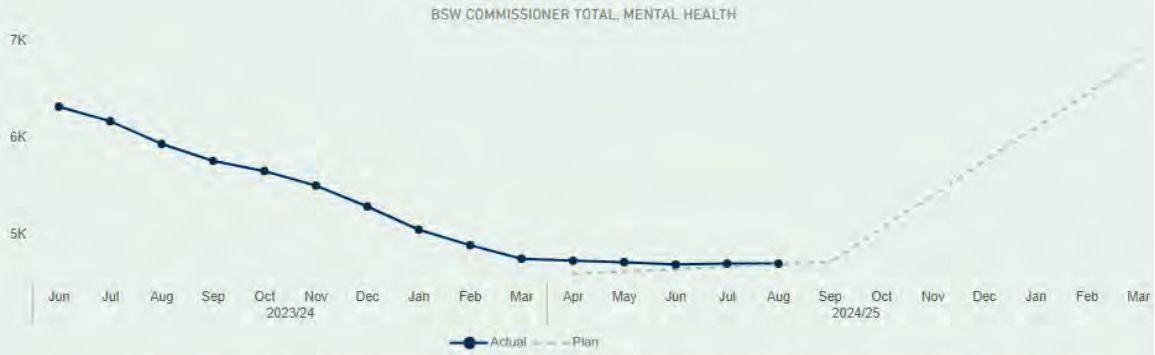
Actions underway

- Delivering local and regional programme initiatives, supporting dentists to deliver NHS services
- Continue to promote and fully utilise flexible commissioning to promote access for particular groups e.g. Children looked after.
- Rapid commissioning programme for contract handbacks

Mental Health – Access

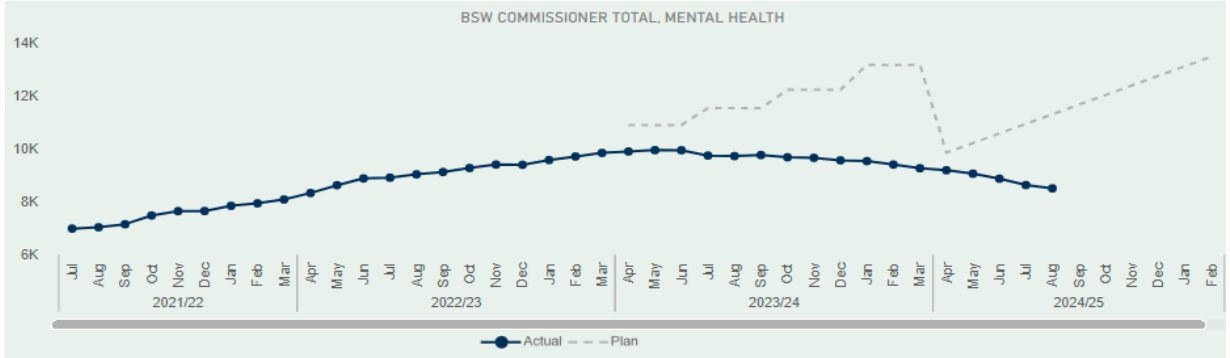
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Talking Therapies – Number receiving course of treatment



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	4,584	4,609	4,634	4,658	4,682	4,705	5,052	5,399	5,746	6,093	6,440	6,787	
Actual	4,720	4,705	4,680	4,690	4,690								▲
Variance	136	96	46	32	8								

% Children and Young Peoples Access



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	9,838	10,201	10,564	10,927	11,290	11,653	12,016	12,379	12,742	13,105	13,468	13,830	
Actual	9,175	9,045	8,855	8,615	8,490								▲
Variance	-663	-1,156	-1,709	-2,312	-2,800								

Performance analysis

- Number of adults receiving a course of treatment with Talking Therapies (TT) services (2+ contacts) – rolling 12 months. In August 24, 4,690 people had completed a course of treatment, meeting the plan of 4,682.
- The plan trajectory is flat in Q1 and Q2 but increases in Q3 and Q4 when the delivery of the current training programmes should increase resource.
- **Actions underway**
- Following completion of the FSR, the ICB and AWP meet monthly through the TT Development Group. Through this Group, key actions are progressed and a TT improvement implementation plan in draft. These key actions include;
  - expanding the current workforce through recruitment to vacancies by end of March'25. This will be demonstrated through a bi-annual Census (March & October);
  - expanding total workforce in line with Autumn Statement allocations;
  - appointing a strategic operational manager to support service transformation (being advertised);
  - procurement of a digital 'alongside' provider to enhance capacity for courses of treatment.
- Additional funding for TT has been prioritised as part of budget allocations for mental health for 2024/25.

Performance analysis

- CYP access (12 month rolling) in August at 8,490 people is 75% of the plan.
- Oxford Health data submissions are now up to date however data quality issues remain with MHSDS reporting at NHSE level.
- Other providers have worked with NHSE to set up and improve their MHSDS submissions to reflect the services they are delivering and provide historical data.
- Further analysis has been completed with NHSE which has evidenced that there is variation in how access is being recorded in the region, this has been raised through the Regional MH Programme Board

Actions underway

- Data submission Improvement work has been completed, however we are awaiting updated information from the MHSDS (via NHSE) which will provide assurance that data is flowing correctly.
- Work continues with Swindon services to ensure reduction in waiting times and improved access – to be concluded by end Q3. ABL are on track to deliver planned changes which are expected to have a positive impact.

Mental Health – Access

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Access to Transformed Core Community Mental Health Services

	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	0	0	0	1,650	2,475	3,300	4,125	4,950	5,364	5,778	6,192	6,604	
Actual	4,560	4,735	4,875										
Variance	4,560	4,735	4,875										▲

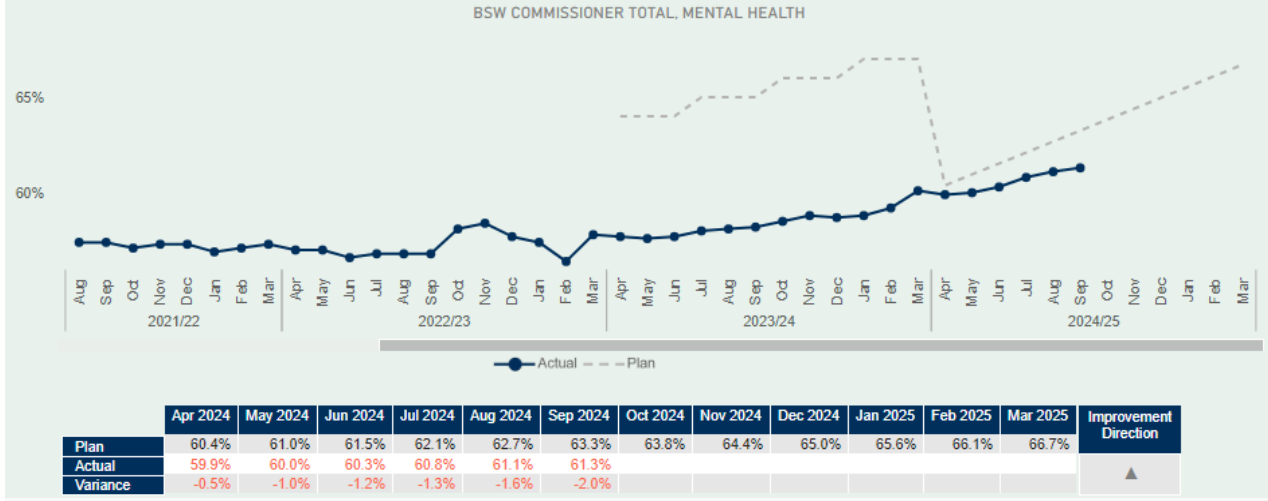
Performance analysis

- The 24/25 plan metric is Access to Transformed Community Mental Health Services and we planned for July activity to be the first reported for the transformed service. BSW services have recently been agreed as meeting the requirements of transformed services.
- BSW data has now gone live and reporting is backdated to April 24, with access of 4875 recorded in June.
- National reporting includes AWP only. The four 3rd sector suppliers of the Community Services Framework alongside AWP working to meet the criteria to support systems to flow data
- Local data flows are in development and early data suggests that if all providers were submitting to MHSDS, we would expect to be on plan.

Actions underway

- NHSE systems are not currently compatible with third sector and digital systems remain unaligned with NHS emails or RiO. However, the third sector now have finally been given access by NHSE to access MHSDS and will upload during Q2.

Dementia Diagnosis Rate



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	60.4%	61.0%	61.5%	62.1%	62.7%	63.3%	63.8%	64.4%	65.0%	65.6%	66.1%	66.7%	
Actual	59.9%	60.0%	60.3%	60.8%	61.1%	61.3%							
Variance	-0.5%	-1.0%	-1.2%	-1.3%	-1.6%	-2.0%							▲

Performance analysis

- Performance in September is 61.3% continuing the improvement trend but below the plan trajectory of 63.3% (national target is 66.7%). By locality BANES is 66.5%, Wiltshire 63.4% and Swindon 49.8%.
- Additional staff are having an impact on access, but this is slower than had been anticipated due to recruitment delays.

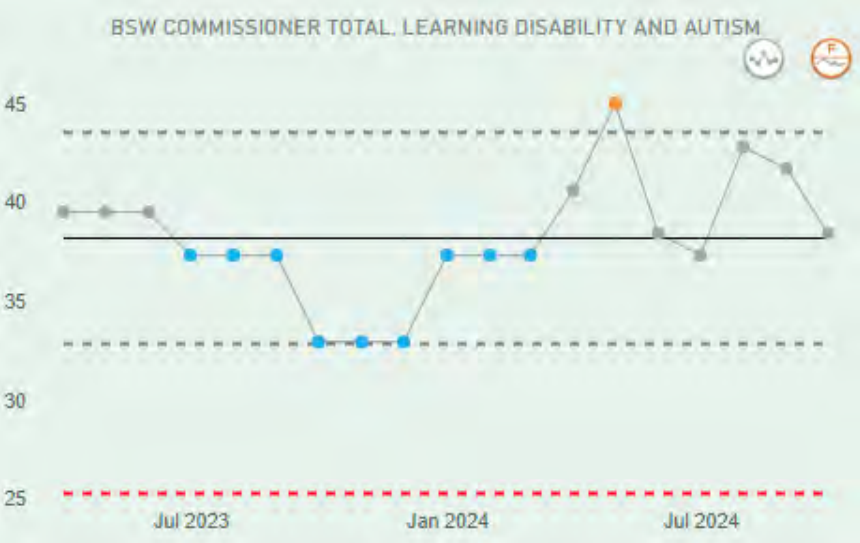
Actions underway

- Additional Older Adults AHP staff recruited to AWP Community Teams, consistent improvement to DDR occurring.
- Data quality improvement initiative mobilised to support clinical coding across systems – again impact to DDR evident.
- Planning work progressing for mild cognitive impairment pathway – across primary care, older adult services (acute) and older adult services (mental health). Gap analysis between the 'as is' and 'to be' position to be concluded in Q3 to inform commissioning intentions by Q4 for deployment in 2025/26.

Learning Disabilities

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

LDA Inpatients Rate per million (all age)



Performance analysis

- Inpatient numbers across BSW are above the agreed trajectory and mitigations are in place as described below to bring inpatient levels in line with plan. There has been a further decrease in October to 38 (rate per million), above the plan of 31.
- There has been a focus on discharging patients that are currently Clinically Ready for Discharge (CRFD) and in final stages of discharge planning, all others remain in active treatment for a mental health disorder (not relating to learning disability or autism).
- Increasing numbers of Autistic inpatients which reflects the national trend. Fewer admissions seen for people with a learning disability.

Actions underway

- Refresh of the NHS England 12-Point Discharge Plan to track individual patient progress, with updates weekly from inpatient services and community providers for those who are CRFD for greater than 6 months.
- Multi-Agency Discharge Events (MADE) planned with focus on those who are CRFD.
- Establishment of ICS Care, (Education) and Treatment Review Panel to review escalated C(E)TR Reports as outlined in the NHS England DSR/CETR Policy, to provide system oversight and assurance.

* Children's inpatient numbers are small, and the data is suppressed, but are included as part of the all age total.

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Quality and Patient Safety Exception Report

Infection Prevention and Management (IP&M)

Alerts/Risks and Areas of Focus:

- The UK has confirmed the first three cases of MPox Clade I. All cases are in London and were household contacts.
- The risk of MPox to the Southwest remains low.
- BSW IP&M collaborative has developed and agreed plans in relation to MPox preparedness and has gained assurance on implementation from all stakeholders across the system including local authorities, acute Trusts, community providers and primary care.
- Winter Preparedness continues across the system with a review of the BSW ICS BRAG tool, acute respiratory hubs and virtual wards infection prevention and control consideration tools.
- The BSW IP&M Strategy has been approved by Quality and Outcomes Committee and work now starts on workplans and implementation of the strategy to reduce avoidable infections and improve health outcomes for the population.
- A focused triangulation piece of work has commenced to look at the correlation between clostridium difficile infection (CDI) and antibiotic prescribing practices across the health and care system. This is to support regional work on the CDI reduction plans.

Action Plans and Continuous Improvement:

- A renewed focus on gram negative blood stream infections (GNBSI) is being taken forward via dedicated task and finish groups within the IP&M collaborative.
- Review of iGAS (invasive group A streptococcal infection) cases will be taking place across the system to understand if there are any commonalties that could be addressed following a small number reported within the community during Qtr 2.
- Health care associated infections (HCAI's) continue to be monitored and reported to the BSW Quality and Outcomes Committee and the three health protection boards for Bath and North East Somerset, Swindon and Wiltshire.

Maternity and Neonatal

Achievements:

- **Salisbury Hospital National Maternity Support Programme**: The exit and sustainability plan was agreed by SFT, ICB Boards, and the South West regional quality group. Currently awaiting final sign off by the National Board on 19th Nov 2024.
- In line with national vaccination programme update, Maternity providers have commenced providing RSV (respiratory syncytial virus), flu, and pertussis vaccinations for pregnant women, to prevent neonatal infections.

Assure

- **Maternity Incentive Scheme**: Continued focus on the implementation and assurance work around the Saving Babies Lives NHSE Care Bundle and CNST Maternity Incentive Scheme to ensure safe care standards are met.

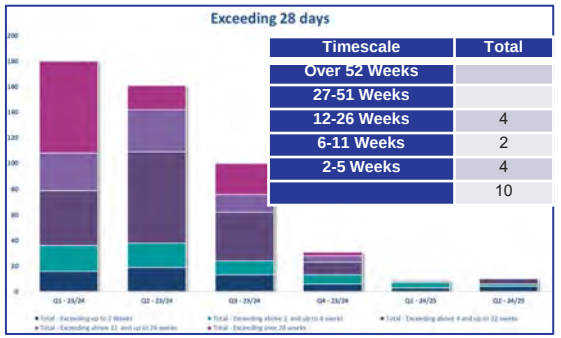
Alerts/Risks and Areas of Focus:

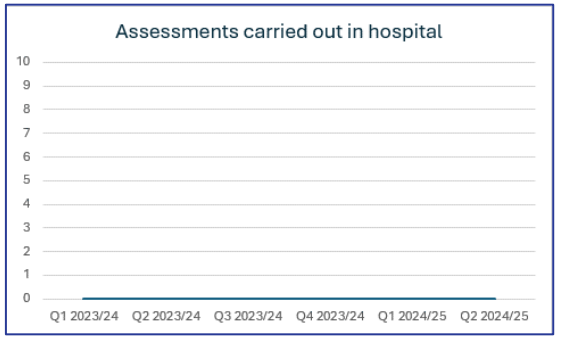
- **Maternity Incentive Scheme Compliance**: There is a potential risk that not all providers will be compliant with the Clinical Negligence for Trusts Maternity Incentive Scheme (CNST MIS) by November 2024.
- **Risk identified** – Maternity and Neonatal Voices Partnership provisional funding agreed by ICB with options appraisal process in progress to identify preferred option. There is a risk that the model in line with national guidance will not fully be completed/procured by the end of November 2024, in line with Maternity incentive Scheme data collection. Mitigations- MNVP continue to be remunerated in line with current model with increased capacity to meet role demands. QOAC asked to note that this has been escalated in line with CNST Maternity Incentive Scheme requirements if not in place.

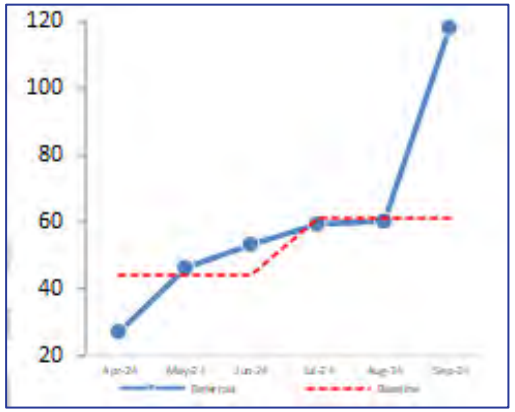
Action Plans and Continuous Improvement:

- **Focus on National Care Bundles and Safety Standards**: Ongoing efforts to implement the Saving Babies Lives Care Bundle and the CNST Maternity Incentive Scheme remain a priority to improve maternity care.
- **Sustainability of Key Maternity Services**: Continuous monitoring and advocating for the commitment of recurrent funding for BSW maternity providers and LMNS to ensure sustainable maternity and neonatal services in line with the Ockenden report and the national three-year plan.

Continuing Health Care







Q2- Assurance:

- BSW ICB has achieved the expected Quality standard of 80% of assessments achieved within 28 days, with only 10 cases currently above 28 days
- Zero assessments were carried out in hospital (expected standard)
- BSW consistently exceeding 90% End of Life (EOL) fast track conversion rate
- Demand on the service has grown by 60% (see risk)

Areas of focus/ Transformation updates:

PHB's

1. A new service contract is offering an improved service for people who wish to have a Personal Health Budget, inc. virtual wallet
2. Care and Support plans for all PHB holders are being reviewed.
3. Internal audit findings and recommendations completed

e2e Solution

1. Procurement of a new e2e IT solution remains on track and is expected to launch in April 2025

Brokerage

1. Proof of concept Brokerage project is currently in place, releasing clinical hours and finding financial efficiencies

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	14b
Date of Meeting:	21 November 2024		

Title of Report:	ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health challenges (Psychosis) – Outcome Report
Report Author:	Emily Shepherd - Lead for Mental Health Delivery Dr Georgina Ruddle – Associate Director for Mental Health – System Change & Partnerships
Board / Director Sponsor:	Gordon Muvuti, Director of Place Swindon & BSW Executive Director for Mental Health & Primary Care
Appendices:	Appendix 1 - Review Methodology Appendix 2 – Review Outcome Appendix 3 - Immediate, short and mid-term actions

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	X
ICS NHS organisations only	
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	X
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	X
2. Fairer health and wellbeing outcomes	X
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
BSW [Mental Health] Thrive Programme Board	18/09/2024	Discussion
BSW ICB Executive Management Meeting	23/09/2024	Discussion

BSW [Mental Health] Thrive Programme Board	16/10/2024	Discussion
BSW ICB Executive Management Meeting	16/10/2024	Discussion
BSW ICB Quality & Outcomes Committee	5/11/2024	Discussion

1	Purpose of this paper

The aim of this paper is to update the Board on the outcome of the BaNES, Swindon & Wiltshire (BSW) Integrated Care Board (ICB) rapid review into Intensive and Assertive Community Mental Health services. The paper sets out the review methodology, findings and proposed next steps, including an outline of areas included within the ICB All Age Mental Health strategy, to demonstrate commitment to ensuring our local offer for individuals requiring this form of support receive an effective response, which ideally operates to prevent the need for an intensive and assertive outreach degree of service response.

2	Summary of recommendations and any additional actions required

The ICB Board is asked to discuss and approve the proposed next steps as outlined;

- BSW ICB, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), third sector providers Rethink, Bath Mind, Swindon & Gloucestershire Mind and Alabare and Oxford Health Foundation Trust continue working together to develop an action plan, which will be comprised of two tiers 1) improvements which can be enacted in the short to medium term [which do not require additional investment and are presented in this report] and 2) the development of workforce resource options [in development not included in this report]. The intention is also to continue to work collaboratively with Bristol, North Somerset, and South Gloucestershire (BNSSG) ICB on system wide actions, noting the shared secondary care mental health provision provided by AWP.
- Completion of a deep dive audit by AWP; following the outcome of the self-assessment where it was identified that whilst the policy confirms that “did not attend” (DNA) should never be used to discharge an individual from services, it can happen. The deep dive will be reported through the AWP BSW performance, delivery quality and finance, and quality forum meetings in December 2024 following completion, and quarterly thereafter.
- The BSW Mental Health Urgent & Crisis Care forum will hold the review action plan development and will submit monthly highlight reports to the Mental Health Delivery Group (previously referred to as Thrive Programme Board).

- Engagement with the ICB communications team to enable briefing updates regarding this ongoing programme of work.

3	Legal/regulatory implications

This review is mandated by NHSE and relates to the 2024/25 priorities and operational planning guidance which asked systems to:

1) Review community mental health services by Q2 2024/25 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'

2) NHSE has shared specific guidance and a methodology (appendix 1) on how to complete the review which has been followed and we have engaged in weekly NHSE regional touch point calls for guidance and feedback.

4	Risks

This review content may carry some reputational risks to AWP and the ICB as the transparent approach undertaken in reporting demonstrates several areas of concern, and requirements for improvements. It should be noted that this review has been completed on a delivery area that has not been subject to focus in the Mental health long-term plan, or even the Five-year forward view before it, and as such has no specific associated commissioning, transformation or therefore any specific national investment has been allocated to service provision for assertive outreach in over 13 years following its national transition away from specific assertive outreach teams to an operational approach known as the 'flexible assertive community treatment model' (FACT) to be delivered by Community Mental Health Teams (CMHTs).

The BSW position in requiring improvements is not unique, a status confirmed through the NHS E led regional forum supporting the reviews completion.

It is important to note that BSW mental health service offer has been significantly enhanced over the last 10 years, with a focus on improving access, enhancing and expanding evidence-based interventions and its urgent and crisis offer; all of which will offer earlier and timely interventions to those with an emerging/diagnosis of a psychotic disorder [and those with wider needs].

5	Quality and resources impact

The review has identified opportunities to improve the quality of service provided and patient safety. The ICB Quality Team supported the review by undertaking a retrospective review (previous six months) of serious incident reports received in relation to the specific scope of the review requirements. Whilst learning was

identified through these serious incidents, there were no apparent themes relating to individuals in scope of this review, which offers reassurance that although improvements are recommended mental health service provision in BSW is not operating with unmitigated risk(s). NHSE have mandated a costed resource action plan from each system [submission date 8th November 2024] , demonstrating the required additional resource required to provide optimal IAO provision within BSW [NHS E have given no commitment that additional ring-fenced money will be made available to support enhancements to workforce].	
Finance sign-off	N/A

6	Confirmation of completion of Equalities and Quality Impact Assessment
An Equality Impact Assessment will be undertaken as part of the action planning phase following this review by December 2024.	

7	Communications and Engagement Considerations
NHSE has mandated that the review and developing actions are discussed at a public ICB board by the end of December 2024. 'To support transparency of findings we are asking all reviews to be presented and discussed at your public ICB board meetings alongside an action plan for how you will implement the national guidance.'	

8	Statement on confidentiality of report
The information contained within this report is not commercially or legally sensitive.	

Intensive and Assertive Community Mental Health Rapid Review

1. Introduction

1.1. This paper intends to provide the reader with an overview of the guidance set out to all ICBs, from NHS England with respect of the intensive and assertive community mental health care review. The paper also intends to make clear the reviews findings, as well as the proposed next steps.

1.2. For ease of reference, a link to the national guidance is set out below;

NHS England » Guidance to integrated care boards on intensive and assertive community mental health care

2. Background and wider context

2.1 On 26th July 2024 NHS England issued ICB's with the instruction to review Intensive and Assertive Community Mental Health services [provision]. It is intended that the reviews provide an opportunity to reflect on the community provision in place for people with severe and relapsing mental illness and identify the specific actions services need to take to ensure people are receiving and engaging in the care they need.

2.1. The tragic events that unfolded in Nottingham in 2023 highlight the requirement to for services to engage service users who may pose a patient safety risk (risk to self), or risk to others.

2.2. The guidance supporting the scope of local reviews outlines the priority group of individuals for whom intensive and assertive mental health services may not be meeting all the needs. The group under consideration includes individuals who;

- are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- may not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- have multiple social needs (housing, finance, self-neglect, isolation etc)
- likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- may have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)

- concerns may have been raised by family/carers

2.2 BSW quantification of residents in need of an Intensive and Assertive Outreach level of service response is complex as the cohort characteristics are multi-faceted and as such not information which can be extracted from electronic patient records. Therefore, modelling has been undertaken based upon to the policy guidance, AWP caseload and population health guidance, through this modelling BSW has an estimated 270 – 337 individuals (adults) with this requirement of need.

2.3 OHFT have completed a caseload review, appreciating the profile of need and contextual factors for children and young people are quite different owing to; rarity of psychotic disorders [0.4% for those aged between 4-18] and protective factors regarding parents/carers/corporate parenting, other characteristic details associated with the cohort benefiting from an intensive and assertive outreach offer also differ in those under 18, therefore OHFT purely focused on the rates of those with a psychotic disorder, of which there are approximately six per annum.

2.4 ICBs were requested to rapidly check existing service policies and practice, to ensure that Did not Attends (DNA's) are never used as a reason for discharge for this vulnerable group. ICBs were also required to complete a template submission to NHSE, outlining the findings of the rapid review.

2.5 On 29th August a further letter was received by the ICB requesting the reviews should be presented and discussed at public ICB board meetings alongside associated actions for implementation of the national guidance to support transparency of the findings.

2.6 Appendix 1 presents review methodology set by NHSE.

3. Our findings to date;

3.1 The review (appendix 2) required assessment of local adherence to related:

- policy and legislation,
- adequacy of our pathway for individuals with a psychotic disorder,
- data management,
- medication management,
- risk assessment and safety planning,
- discharge from services
- equality and diversity,
- workforce,

- retrospective review of Serious Incidents, SAR, complaints and compliments of in scope criteria

BSW partners involved in undertaking the review confirmed they were not assured that the services in our area are able to robustly identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up. Improvement actions were therefore set against each area (appendix 3).

4. BSW Mental Health 2024/2025 developments

BSW is in the process of significantly enhancing its service provision, with focus areas intending to enable earlier and timely intervention to evidence-based psychological therapies, and rapid access to urgent and crisis support for those with a more severe requirement for support. In year developments include:

- Commencement of 111-2; providing a direct mental health urgent and crisis support offer 24/7. Live since April 2024.
- Ambulance mental health "control room" – mental health professionals (registered mental health nurses) working as embedded team members within the ambulance control room to advise and manage calls regarding individuals with a suspected or identified mental health need. Expanding from targeted hours of operation to 24/27 in March 2025.
- Complex Emotional Needs and Complex Post Traumatic Distress Disorder primary care therapeutic service. Commencement Q4 24/25.
- Wiltshire secondary care Psychology service workforce enhancement – expanding our service offer to support timely access to specialist evidence based therapeutic interventions. Recruitment Q3/4 24/25

4.1 BSW Mental Health Strategic Commitments 2025-2030

The BSW Mental Health strategy depicts the direction of travel for the commissioning and transformation of services over the next 5 years. The ICB is in the final stages of co-production to finalise a Mental Health strategy that is fit for the future and meets our populations' needs. The findings and actions of this rapid review are aligned to key areas of commitment including:

- Timely access to high quality services; through reduction of waiting lists, and right sizing service provision, directed by population needs, and development through co-production. This includes ensuring that people with severe mental illnesses can access the right support for their needs through out mental health community services.
- Provision of holistic care, support and intervention so people live healthy lives
- Delivery of evidence-based intervention and treatment so people can achieve their goals

5. Impact on resources

5.1 As part of the NHSE review requirement the AWP have set out that additional financial resources required to enable a dedicated Assertive Outreach model across BSW. To date there is no commitment from NHSE that additional financial resources will be made available to enable proposals to progress.

6. Risks

6.1 As set out earlier in this report, NHSE were clear that this review should be completed with candour. In terms of delivery, a further risk should also be noted that if additional financial resource is not obtained, BSW will continue to be without a dedicated clinical Intensive & Assertive outreach model, however the committed improvement actions detailed in this report are not financially dependent (potentially apart from actions 10 and 11).

7. Stakeholder engagement including patient and public consultation

7.1 A stakeholder engagement session was held in September to ensure the views and input from colleagues across Public Health and Mental Health Social Work. A further session with Third Sector commissioned peer support workers was undertaken in October. Representation of the views expressed by these key stakeholders is featured in this report and the review submitted to NHS E.

8. Impact on equalities

8.1 This review has utilised data and intelligence to ensure the experience for people accessing, or known to services is included. We know that different groups of people across our geography experience inequalities in access, experience and outcomes and the action plan associated to this review will seek out opportunities to create greater equality. An Equality Impact Assessment will be completed to support the final action plan.

9. Next steps

9.1 Following submission of the template and findings to NHSE on 30th September 2024, and a resourced action plan submission to NHSE on 8th November 2024, the ICB will continue to progress towards a final action plan, in collaboration with partners. It is recognised that the rapid review was the first step in a continuous process of improvement and transformation. Whilst specific improvements actions are required, the implementation and progress towards delivery of the BSW Mental Health strategy will dictate our direction of travel towards a transformed mental health offer, that meets the needs of our diverse population.

10. Recommendations

10.1 BSW ICB along with BNSSG ICB, AWP and third sector partners to work together to agree a finalised action plan.

10.2 The BSW Mental Health Urgent Care and Crisis forum will oversee this work, which will also align to the 2025-26 planning round.

10.2 Monthly highlight reports to be submitted to the BSW Mental Health Delivery Group [commencing from Dec 2024].

10.3 To engage the ICB Communications team early to ensure there is clear and consistent messaging. Any support and guidance received from NHSE regarding national communications will be acted on.

10.4 To submit a resourced plan to NHSE to outline costs and resources required to enable provision of an Intensive & Assertive Outreach model (by 8th November 2024).

Appendix 1: Review Methodology

To ensure the review was undertaken in line with the guidance issued by NHSE, the following activities were undertaken between July and September 2024;

a) Review of Did Not Attend (DNA) policies

A review of DNA policies was undertaken with AWP, Oxford Health, Bath Mind, Swindon and Gloucestershire Mind, Rethink and Alabare to ensure that DNA's are never used as a reason for discharge for this group of individuals. It was established that the policies and procedures did not use DNA as a reason for discharge. This was confirmed with NHS England on 31st July 2024.

b) BSW, in collaboration with BNSSG ICB developed an organisational and team Self-assessment Tools utilising the NHS Midlands Maturity Tool and NHSE guidance for Intensive and Assertive services. The template was shared for completion by services outlined above.

AWP identified the following internal teams to complete the self-assessment;

Area	Team
BaNES	Intensive Services
	Perinatal Services
	Early Intervention in Psychosis
	CMHT
	PCLS
	Memory Team
	Later Life Therapies
Swindon	Intensive Services
	Perinatal Services
	Early Intervention in Psychosis
	CMHT
	PCLS
	Memory Team
	Later Life Therapies
Wiltshire	Intensive Services
	Perinatal Services
	Early Intervention in Psychosis
	CMHT
	PCLS
	Memory Team
	Later Life Therapies

The ICB held a discussion session with colleagues from Public Health Teams and adult mental health social care teams from across BSW. In addition, the ICB

also held a session with peer support workers (lived experience) from our commissioned community mental health third sector provision. Both of these sessions were held to ensure their feedback is incorporated in the review outcomes and associated action plan.

To ensure there is clarity in the Third Sector Intensive Outreach Offer (non-clinical), an overview of the provision is set out in Appendix 1.

From the information gathered from the self-assessment tools and discussion group, a thematic review was undertaken to establish (in line with the NHSE submission template);

- Assurance that the services in area can identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up.
- Any gaps in services ability to meet the needs of this group.
- Any barriers / challenges to the provision of intensive and assertive community mental health care as described in the national guidance (e.g. workforce, financial, competencies to deliver NICE recommended interventions)
- Specific provision in place relating to:
- Do you have key workers and/or care coordinators in place who can provide continuity of care during periods of service user disengagement?
- Do services involve families and carers?
- Is there a process for long term planning of care?
- Are there clear information sharing protocols in place?
- Are DNA's ever used for this patient group?
- Are discharges overseen by a multi-disciplinary team?

NHSE has advised the review be completed 'thorough frank and honest appraisal of the as is situation with integrity maintained throughout'. Providers have conducted the review in this spirt. Detailed information has been shared by all services, with information inputted into the NHSE template. Our submission is in line with that of BNSSG, covering the AWP footprint. Indications from other regional ICB partners is that their review outcomes are similar.

Whilst the NHSE rapid review scope included people 18yrs +, the ICB has requested review by our CAMHS provider (Oxford Health NHS Foundation Trust). These findings are outlined later in the report.

Owing to the third sector commissioned community mental health services (non-clinical support), BSW ICB has split the 'findings to date' by secondary care (AWP findings) and Third sector (3SA providers).

APPENDIX 2

Intensive and assertive Community Mental Health treatment: ICB review outcome template

Review details - to be completed	
ICB Name	BaNES, Swindon and Wiltshire ICB
Region	South West
Please list the providers in your area, which the review covers	AWP, Bath Mind, Swindon & Glos Mind, Rethink, Alabare
Has system completed a review of its policies and practices in line with national guidance?	Yes
Name of SRO overseeing review	Gordon Muvuti & Georgina Ruddle
Operational lead responsible for completing review	Emily Shepherd
Please provide the email address for the operational lead responsible for completing the review	emily.shepherd1@nhs.net

About this template

NHS Priorities and Operational Planning Guidance 2024/25 required all ICBs to review their community services by Q2 2024/25 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. This template is to be completed by ICBs to provide feedback to NHS England on the outcome of their local reviews.

This template accompanies national guidance to ICBs on Intensive and Assertive Community Mental Health care. The national guidance sets out in detail:
- The characteristics and presentations of individuals in scope
- Themes and lessons for services from previous severe untoward incidents
- The features of intensive and assertive community care
- How ICBs should undertake local reviews
- How ICBs should undertake local reviews

NHS England Regional teams will lead the review of the returns and continue to work with ICBs where gaps in provision have been identified to ensure alignment with national guidance. The National NHS England team will collate national trends from the reviews, use it to inform future policy, as well as communicate the outcomes to the CQC and Department of Health and Social Care.

Reviews should be completed by 30 September 2024, with the outcome of the review communicated to your regional NHS England team. We recognise that this is just the first step, with continued work required to improve the depth of the reviews and develop longer-term action plans to address any gaps in provision.

Intensive and assertive Community Mental Health treatment: ICB review outcome template

NHS England

Purpose of local reviews

The purpose of local reviews is to to ensure appropriate intensive and assertive mental health care and treatment is available to meet the needs and to support the wellbeing of a particular group of people with severe mental health illness. The group under consideration includes individuals who:

- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- Have multiple social needs (housing, finance, self-neglect, isolation etc)
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- Concerns may have been raised by family / carers

Please refer to chapter 2 of the national guidance for a full description of the individuals in scope of this review.

Involvement of all relevant services and stakeholders - to be completed

Which provider organisations were reviewed?	*The following services completed a self-assessment template (the template compiled using the NHSE Midlands maturity Matrix and NHSE national guidance on assertive and intensive mental health). To ensure consistency and collaboration, the template was jointly compiled by BNSSG and BSW ICBs. A version compiled for Secondary Care usage (AWP & Oxford Health) and a Third Sector version (both appended for reference).* *Providers involved (secondary care);* *AWP (CMHT/recovery, EIP, PTS)* *Oxford Health (16-25yr pathway)* *Third Sector;* *Bath Mind (services span intensive outreach, crisis house, Place of Calm, AMH, SMI PHC)* *Alabare (services span crisis house, Place of Calm, AMH)* *Rethink (services span intensive outreach, crisis house, AMH, SMI PHC)* *Swindon and Glos MIND (Place of Calm, AMH, SMI PHC)* *A focus group was undertaken which included all Public Health teams, and all Mental Health Social Work teams across BSW* *A Third Sector Peer support workers session is planned for October 2024 to ensure feedback is included as part of the action planning phase post submission.*

Policies and practices reviewed - to be completed

Reviews should consider all relevant policies and practices that involve delivery of care to individuals in scope (see above). This includes reviewing policies for teams delivering dedicated intensive and assertive community care as well as core community mental health services. ICBs should also review governance, partnership and monitoring arrangements that support the identification of individuals who might need intensive and assertive community care, as well as the capacity of local services to provide appropriate levels of care. This review should clarify that DNAs are never used to discharge this patient group. Consider reviewing local data and intelligence on populations currently accessing services, as well as those who aren't. Local reports on serious incidents, patient experience, and patient complaints and compliments should also be reviewed.

Which of their policies and practices were reviewed?	*Secondary Care services;* *o Care planning - Your Team your conversation , your plan* *o Did not attend (DNA)* *o Trust Supervision and debrief* *o Safeguarding* *o Medication Management* *o Information sharing protocol* *Third Sector Services;* *Care planning - Your Team your conversation , your plan* *o Did not attend (DNA)* *o Trust Supervision and debrief* *o Safeguarding* *o Medication Management* *o Information sharing protocol* *Bath Mind and Rethink are commissioned to provide a non-clinical intensive outreach community service. For clarity, this service is not commissioned specifically to support individuals with a diagnosis (or probable) psychosis, or engagement with hard to reach individuals.*

Outcome of review - to be completed	
Using the information detailed in the national guidance, ICBs are asked to review the policies and practices they have in place to identify and provide appropriate care to people with severe mental illness who might need intensive and assertive community care (as defined in chapter 2). ICBs should use this process to identify gaps and barriers to providing good care as set out in this guidance (e.g. resourcing and workforce challenges) and report these back to NHS England.	
Following your review are you assured that the services in your area are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up?	No
In no, what are gaps in their ability to meet the needs of this group were identified?	*Please see 'BSW IAO Findings to date' attachment and RAG status*
If no, what are the barriers / challenges that were identified to the provision of intensive and assertive community mental health care as described in the national guidance? (e.g. workforce, financial, etc.)	*o Staff capacity across teams (large caseloads)* *o Staff capability (e.g. training for staff to understand psychosis and treatment options* *o Access to psychologically based interventions - skill mix / competency / capacity* *o Dedicated Intensive & Assertive Outreach team* *o Continuity of care challenged by staff resource and capacity* *o System digital solution to support information sharing* *o Integration of care between providers* *o Ensuring learning from reviews, both locally and nationally are implemented across system partners.*
It would be good to understand some of the secific provision in place:	*Do you have key workers and/or care coordinators in place who can provide continuity of care during periods of service user disengagement?* — *Yes* *Do services involve families and carers?* — *Yes* *Is there a process for long term planning of care?* — *Yes* *Are there clear information sharing protocols in place?* — *Yes* *Are DNAs ever used as a reason for discharge for this patient group?* — *Yes* *Are discharges overseen by an multi-disciplinary team?* — *Yes*
What next steps have been identifed to improve care for individuals in scope of the reivew following the completion of your review?	*Action plan in development. Where AWP responses are 'Organisational' these will form one action plan across BNSSG & BSW. Where actions are system/provider specific they will form a locality action plan. Task and Finish Group within AWP already planned to progress actions identified. BSW plan to 'thether' IAO action plan to our MH Strategy implementation plan, ensuring governance through MH Programme Board*
Closing questions	
Thank you for taking the time to support this review. Please return the completed template to your regional NHSE team.	
Following the review were areas of good practice identified that you would like to share, including any innovative approaches or use of digital tools? If yes, please provide details	*o Early Intervention in Psychosis Services (AWP): Teams are resourced to ensure small caseloads and array of interventions to engage and support the needs of people with psychosis* *oThird Sector Intensive Outreach service covering BSW* *o Third sector services employ peer led workforce ensuring equality & diversity* *o SMI PHC support services provided by both Secondary Care and Third Sector increasing uptake of PHC and support to access resultant interventions*
What additional support is required from NHSE to meet the needs of the individuals in scope?	*Action planning will enable further review of this, but clear national guidance and investment to support individuals with a diagnosis of psychosis.*

Appendix 3:

Immediate, short and mid-term actions*;

No.	Action Summary:	Lead	Time
1.	AWP deep dive of individuals that could have been discharged due to service capacity in AWP where some individuals may have been/be discharged from the service if they do not attend appointments. Following completion, quarterly audits to be presented through to the AWP/ICB quality forum.	AWP	Nov 2024
2.	Undertake immediate actions to address key gaps identified through the review: o **Did Not Attend (DNA)**: Establish system to monitor whether patients who Did Not Attend are then discharged. o **Policies:** Ensure that policies: ▪ Reflect the MH Act; Mental Capacity Act; the Human Rights Act; the Care Act; processes where an individual is refusing consent; non-concordance with medication; and Community Treatment Orders. ▪ Include an Equality Impact Assessment (EIA). ▪ Where appropriate, define the roles and responsibilities of non-statutory partners (e.g. VCSE), collaboration with Learning Disability and Autism services, forensic services, links with the Local Authority, emergency services and housing providers. o **Workforce:** Develop a plan to address significant gaps in staff's understanding of psychosis and treatment options. o **Discharge from services:** Ensure compliance in non-agreed discharge and understanding of trends. Including communication with primary care.	AWP	Nov 2024

	o **Medicines Management:** Policy is in place but does not cover non-concordance. Overarching guidance for non-concordance monitoring and management to be written and a process is required to evidence reading of procedures.		
3.	**Assertive Outreach Pathway** o Establish an Assertive Outreach resource for BSW [resource dependent], outlining the support required. This will include an agreed: ▪ Model of care; clarity of roles and responsibilities ▪ Interventions required; ▪ Caseload sizes; ▪ Workforce requirements, including training. o Development of the resource will include a high level of involvement of partners, including people with lived experience. **Broader Pathway improvements** o Mental Health Act application improvements o Engagement with and listening to people/families/carers	ICB / AWP	Dependent on confirmation of additional resource/review of current transformation priorities; submission to NHS E 08/11/2024 Detailed action plan to be produced and commenced Q4 24/25
4.	**Local data & population health management** o Bring different community mental health / Population Health Management data sets together (ICB, AWP, community provision) to support analysis of patient needs / flow. o Undertake an analysis of ethnicity and geographical data for this cohort to ensure equity of access, experience and outcomes.	ICB / AWP	Q1 25/26
5.	**Digital** o Require a shared digital solution across providers to support patient care and integrated working.	ICB / AWP	ICR timeframe dependent – currently TBC

	o Need to display patient history / needs in an easily understandable format to support practitioners. o Require system for people to easily view the services available, e.g. system directory of services.		
6.	**Equality and Diversity** o Utilisation of Patient and Carers Race Equity Framework (PCREF) to provide robust understanding of the needs and context of marginalized communities within BSW, who are disproportionally represented within an Assertive Outreach cohort.	ICB / AWP	Ongoing
7.	**Governance, partnership and monitoring** o Establish governance, partnership and monitoring arrangements that support the identification of people who might need intensive and assertive community care. o Establish multi agency service user solutions forum is required (for those not reaching threshold for MAPPA/ MARAC to include VCSE, Police, GPs, AWP, acutes, Social Care). This will be mapped through the BSW Urgent & Crisis Care forum o Agree approach for shared formulation and language across partners. o Partners need to be clear on key mechanisms to provide robust and integrated support, including MAPPA and MARAC processes.	ICB	Q1 25/26
8.	**Local serious incidents / complaints** o Require improved approach to ensure that recommendations made through serious incidents are well understood by all key system partners, and mechanisms are in place to ensure changes are made.	ICB	Q2 25/26
9.	**Wider transformation** o Outline how developments in BSW (e.g. integrated access, Third sector community provision, AWP core community provision) will focus on meeting the needs of this cohort	AWP / ICB	Q4 24/25

10	**Earlier Intervention** o BSW has a strong service offer regarding its Early Intervention for Psychosis services, with good adherence to NICE quality standards for psychosis and schizophrenia. However, the commissioned model, as per the national standard does not work with those under the age of 14. Presentations under 14 are very rare (less than five in the last two years) however this is a noted gap in provision. To confirm this cohort are supported by CAMHs and are therefore not without appropriate and evidence based service provision. o Action to review need and develop proposal for equitable service offer for those experiencing first episode psychosis under the age of 14.	ICB/ OHFT/ AWP	Dec 2024
11	**Under 18s access to depot /long-acting antipsychotic injection** Child and Adolescent Mental Health Services (CAMHS) does not have an agreed pathway/workforce provision/skill set to access depot injections due to the low numbers. To date when required bespoke pathways are created. Action: development of a standardised depot pathway for CAMHs.	OHFT /ICB	Q1 25/26

* The findings of the AWP self-assessment have been shared through the Trusts' Safety, Effectiveness and Experience Oversight Group (SEEOG), with the contents of the findings endorsed. The SSEOG will provide internal oversight of the programme of work established through the establishment of an action plan.

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	14c
Date of Meeting:	21 November 2024		

Title of Report:	BSW Integrated Care System (ICS) Winter Plan Final Overview
Report Author:	Heather Cooper – Director of Urgent Care and Flow Emma Smith – Lead for Urgent Care
Board / Director Sponsor:	Gill May – Chief Nurse
Appendices:	• Appendix 1 - BSW 2024-25 Winter Plan ICB Final Overview • Appendix 2 - BSW 2024-25 Self-Assessment against Winter Letter • Appendix 3 - Winter Plan ICB Equality Quality Impact Assessment (EQIA)

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	
Wider system	X

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
BSW Urgent Care and Flow Delivery Group	14th Aug 2024	Outline and agree the approach to BSW Winter Plan
BSW ICB Quality and Outcomes Committee	3rd Sep 2024	Information and Assurance
BaNES Health and Wellbeing Board	5th Sep 2024	Information and Assurance

BSW ICB Executive Management Meeting	18th Sep 2024	Information and Assurance
BSW ICB Board	19th Sep 2024	Information and Assurance
BSW UEC Operational	25th Oct 2024	Information and feedback regarding updates for final master plan
Various ICB Programme / Winter Plan leads	25th Oct 2024	Information and feedback regarding updates for final master plan
BSW ICB Informal Executive	4th Nov 2024	Information and Assurance

1	Purpose of this paper

The aim of this paper is to provide a final update and assurance of the BSW Integrated Care System Urgent and Emergency Care (UEC) approach to the Winter plan for 2024-25.

2	Summary of recommendations and any additional actions required

The latest versions of the BSW winter plan and our self-assessment against the 16th September 2024 Winter and H2 letter have been shared with members of the Urgent Care and Flow Delivery Group during September and October.

The feedback on the initial overview from BSW ICB Quality and Outcomes Committee has been actioned and incorporated where possible into the final versions of winter plan.

The self-assessment identified that we have plans in place but there are a number which will be ongoing actions throughout the winter period to maintain patient safety and high-quality care. These actions will sit alongside the actions required from the outputs and recommendations made by the Regional Ambulance Task and Finish group (formal paper still to be shared with systems) and the BSW Rapid Quality Review around ambulance handover delays.

There is a planned H2 and Winter meeting with NHS England on the 18 November 2024 which may identified further support and intervention in BSW over winter.

It should be noted that a System UEC Rapid Review meeting was held on the 11 November 2024, chaired by the ICB CEO with the BSW Hospital Group CEO, Chief Nurses, Medical Directors and Chief Operating Offices in order to learn and reflect from a recent period where the system faced pressures with one Trust declaring a critical incident. The meeting resulted in the identification of some immediate actions that need to be delivered to further support the system this winter. The actions centre on early generation of workforce plans for the Christmas and New Year periods, ensuring senior clinical decision makers are working alongside senior operational leads, a review of the interface between system partners and operational touch points including escalation processes, a review of Mental Health demand capacity to support timely response to referral for assessment of patients in the emergency department, and strengthening of the

seven day flow coverage to ensure utilisation of hospital at home capacity and increase weekend discharge numbers.

Therefore, subject to delivery of the above, this provides further and necessary assurance that the system can further mitigate to avoid the level of escalation the system experienced in October.

3	Legal/regulatory implications

BSW ICB Board is accountable for monitoring overarching system delivery.

NHS England wrote to systems on 16th September 2024, "Winter and H2 Priorities" outlining the steps that NHS England are going to take as well as those expected of Integrated Care Boards and Providers to support the delivery of safe, dignified and high-quality care for patients this winter.

BSW ICS will be meeting with NHS England on 18th November 2024 to review learnings from April to September 2024 and understand the key risks and issues and mitigations being implemented over Winter as part of delivery of the system plans for the remainder of the financial year. As we are currently in Tier 2 for UEC, we may receive additional oversight from the NHSE Regional team over the winter months.

4	Risks

There are some risks that are already on the BSW Corporate Risk Register:

- BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow
- BSW ICB 03 – Ambulance Hospital Handovers
- BSW ICB 06 – Workforce and resilience
- BSW ICB 21 – Elective Care Capacity
- BSW ICB 27 – Community Pharmacy Capacity

The following risks have been identified as part of the initial Winter Planning Process that may have impact on our ability to deliver safe health and care services and achieve operational plan objectives:

- Impact of GP Collective action on urgent care and flow
- Insufficient capacity to delivery operational plans and manage unprecedented surges in demand
- Impact of IP&C on bed closures and workforce
- Lack of delivery or delays in delivery of provider's internal individual improvement programmes
- Agreed allocated funding insufficient to meet the complexity of patient needs in Wiltshire
- Mobilisation of ICBC across the Winter months may impact on provider's capacity and capability to respond in a timely way and make
- NHSE requests for further guidance and or mandating specific changes within timeframes that system is not able to respond to.

5	Quality and resources impact

Please outline any impact on:

- Quality, Patient Experience and Safeguarding: Requirement to monitor and inform Urgent Care and Flow Delivery Group of patient incidents and harm because of the plan. Team to support with any additional EQIAs that may be required if plans change.

- Finance: There are no current requirements identified in this report requiring finance support. But there is potential risk that because of the outputs of the updated demand and capacity modelling once triangulated with existing operational plans and /or continuation of increased demand into UEC that further funding may be required from the system to support opening and staffing of additional escalation beds and additional community capacity to maintain flow and reduce risk of any further patient harm. UEC Finance team aware of current position.

- Workforce: Requirement for the whole system to continue to oversee the delivery of key work programmes and agreed actions that will support the delivery of the winter plan, including support from the Quality team, Finance team, Business Intelligent team to support the Urgent Care and Flow team and Urgent Care and Flow Delivery Board with assurance and progress against plans.

- Sustainability/Green agenda: Not applicable

Finance sign-off	Barry Young, Associate Director of Finance (Wiltshire)

6	Confirmation of completion of Equalities and Quality Impact Assessment

BSW Quality team and members of the UEC team have conducted an initial full Equality and Quality Impact assessment on the winter plan. With the current situation and assessment there were no negative impacts identified. This will be monitored throughout seasonal pressures.

In addition, EQIAs should have been conducted for any specific individual changes in the plan for individual schemes and initiatives as and when required.

7	Communications and Engagement Considerations

There have been no further updates to our existing comms plan ahead of winter and we will continue to proactively collaboratively working with our SW ICB communications teams to share resources, coordinate planned activities and introduce a ‘once and well approach’ where possible as well as continuing to work with our local partners. The local campaign plan has under ‘Help Us, Help You’ has coordinates all the planned regional and local initiatives throughout the year and this winter.

There is no requirement for any public engagement around the winter plan, however the final winter plan will be shared in the BSW ICB Board meetings that are held in public.

8	Statement on confidentiality of report
This version of the report can be shared publicly.	

BSW ICS Winter Plan Final Overview

1. Introduction

1.1. The aim of this paper is to provide a final update to the ICB Board how the BSW Integrated Care System Urgent and Emergency manage and support the delivery of safe and high-quality patient care over the Winter 2024/25 season.

1.2. Our approach has been built on the Operational plan for 2024/24 priorities and the UEC recovery plans but with a specific focus on the winter seasonal period.

1.3. This aligns to NHSE's expectations which were confirmed on the 16th September 2024 letter "Winter and H2 Priorities" to ICBs and providers to support the delivery of safe, dignified and high-quality care for patients this winter.

1.4. We have also considered the outputs from the BSW Rapid Quality Review in October, and the Regional Ambulance Handover Delays task and finish group and looking to implement actions in response to those recommendations.

1.5. The paper also summarises our plans and resilience across all services and the expected governance arrangements.

2. Background and wider context

2.1. NHSE England have confirmed that the delivery priorities for winter remain unchanged from those which were already agreed by the system to achieve the 24/25 priorities and objectives set out in the operational planning guidance.

2.2. For Urgent and Emergency Care, the Year 2 of the Urgent and Emergency Care recovery plan expects systems to continue to build on improvements made in 2023/24 and continue to improve Ambulance response times and A&E wait times. The specific targets are:

- Improve A&E wait times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
- Improve Category 2 response times to an average of 30 minutes across 2024/25.

2.3. NHS England recognises that demand is running above expected levels in the Urgent and Emergency Care pathway, BSW is no exception to this. NHSE expects that systems should have re-confirmed our system's demand and capacity plans to ensure that they are appropriate and taking all possible steps to maintain and improve patient safety and experience as the overriding priority.

2.4. NHS England also highlighted that preventing illness and improving system resilience will be important to maximise the winter vaccination campaign and

that as well as making all possible effort to maximise uptake in all eligible populations, employers should be making every effort to maximise update in patient facing staff for their own health and wellbeing as well as for the resilience of services and for the safety of the people they are caring for.

2.5. There is a master version of the BSW 24/25 Winter plan also outlines all winter seasonal plans and assurances from specific delivery groups and work programmes such as IP&C, Vaccination, Mental Health, Primary Care, Maternity, Children and Young People, Elective Care, Primary Care and EPRR that has been shared across the system partners.

3. Current position

3.1. Updated demand analysis has been shared with UEC partners showing heatmaps of expected demand by week (or month where not available on a weekly breakdown) from October 2024 to March 2025.

3.2. This intelligence suggests that activity is activity in NHS 111 will be the busiest during December and January (which similar to normal patterns when primary care will be closed) whereas activity for ambulance services is likely to be higher October to December.

3.3. For our Acute trusts, activity will be higher October to mid-December and with a stable period over January to early February picture.

3.4. We have been using the latest intelligence from the Australian Respiratory Surveillance Reports to understand potential impacts on acute hospital beds for the system.

3.5. The latest report available (report 14) shows that self-reported respiratory like symptoms have been following the 5-year mean average pattern in 2024. However, the volumes appear to be higher than 2023.

3.6. In terms of admissions to hospital, the number of patients hospitalised in Australia's sentinel hospital-based surveillance with Covid 19 and Influenza reached its peaks in May 2024 and July 2024, for RSV the peak was in April and for those with a general severe acute respiratory infection (SARI) admitted to intensive care remained low and stable. Patients with Covid-19 accounted for most of their SARI admissions into ITU.

3.7. This would suggest that potentially November to February likely to be the most challenging period impact on admissions and potential outbreaks fore in acute and community.

3.8. However, this analysis does not account for any other IP&C related issues such as norovirus and this year we have seen un-usual outbreaks and patterns than previous years. The BSW IP&C teams have refreshed our local Infection Prevention and Control BRAG tool which considers and risks and actions for Winter 2024/25 to support with management of patients and respiratory illnesses.

3.9. The South West Regional Operations Centre have also started to share with the ICB the UKHSA 'Winter 2024/25 Health Threat Assessment' that is sharing the local intelligence on Covid-19, Seasonal Influenza, RSV, Group A Streptococcus (GAS), and Norovirus along with other key information. The expectation that this will be shared on a weekly basis and will be able to be shared with partners to keep up to date with the latest information.

3.10. The Australian data shows that the most vulnerable groups remain the 60 years and over for admissions with SARI, with the age specific mortality rates for Covid-19, Influenza and RSV cases highest amongst those aged 70 years or over.

3.11. The BSW Vaccination programme is now fully operational. The covid and flu eligible programme is being delivered by a combination of PCNs, Community pharmacy and outreach services and targeting the JCVI recommended eligible groups. Housebound and care home visits all planned where supported by the vaccination hub.

3.12. The programme also includes the new RSV programme starting in September 2024 for Over 75s in GP practices and Maternity (which will be delivered mainly via hospitals). This could be a significant impact on RSV admission rates. The seasonal Children's respiratory clinics will be operational by November subject to procurement regulations. These were successful last year in providing additional capacity but will have increased and consistent access routes for healthcare professionals to signpost our populations too.

3.13. The demand analysis will be updated throughout the winter period to utilise the latest data available to forward project any variation from expected demand to inform providers for any corrective action required.

3.14. Our System Coordination Centre (SCC) has become fully embedded in the day-to-day operational basis and further recruitment should be completed to make this fully operational 7-day period over the Winter period from 1st December.

3.15. The SCC team will be expected to lead on the daily oversight of operational pressures and monitor the implementation of new Operational Pressures Escalation Measures (OPEL).

3.16. The national team shared a revised Integrated OPEL framework [1] on 25th October with systems to ensure that patients get the right treatment in a timely manner and support staff within organisations to respond consistently to operational demands. The updated framework will be expanded to include 3 new pillars of Community health service providers, Adult Mental Health service providers, NHS 111 providers. Adding to the existing pillar that is for NHS Acute Trusts.

3.17. For community health and adult mental health service providers, the new framework needs to be in place by the 16th December 2024, and for NHS 111 and the updated NHS Acute providers the new parameters need to be in place by 27th January 2025.

3.18. The combined parameters across providers in each system will inform the aggregated ICS OPEL score and these will be then aggregated back to the regional OPEL and NHS England score. These parameters have been designed to ensure that there is transparency across all levels of the NHS to promote engagement and collaboration between all stakeholders in managing pressures.

3.19. The OPEL scores and parameter information will be available on SHREWD within BSW, and the SCC will be monitoring the positions of providers in real time and the actions that are taking for patient safety. BSW's ICS UEC Escalation plan is being updated to ensure that it reflects all the latest changes and changes within the ICB because of Project Evolve.

3.20. Other SOPs and processes are also being updated ahead of winter, including the mental health escalation process and Directory of Service status change checklist.

3.21. BSW On call's arrangement are also changing out of hours response approach. It will be enhanced from the 4th November to align with an EPRR (Incident response) and SCC (Operational pressure) to provide the right expertise and skills to support operational and incident issues.

3.22. The changes in the SCC in terms of workforce, the implementation of OPEL for Mental Health, Community and NHS 111 parameters and data flows into SHREWD as well as updates in the BSW escalation plan should improve BSW

[1] Available on NHS Futures: Key Documents - Operational Pressures Escalation Levels Framework (National Platform) - FutureNHS Collaboration Platform

position against some of the key themes SCC Maturity Factor index which were rated low or medium in the mid-September self-assessment.

3.23. The Pharmacy First offer has been fully established from Primary Care and NHS 111. To expand this, the BSW Community Pharmacy team are working with our UEC partners to rapidly implement referrals from UTC settings to Pharmacy First services. This is going to be rolled out at RUH first and working with GWH to explore how this can be done from the UTC. This should reduce some of the demand at the front door; and work had already previously happened in the Summer to remove 'repeat prescriptions' from UTC Directory of Service profiles to reduce NHS 111 selecting above local pharmacies.

3.24. BSW's Acute Respiratory Illness hubs (ARIs) for Children have been procured and should be operational from the early November. Lessons have been learnt from last year to ensure a consistent offer and approach and should accept self-referrals, direct booking from GPs, NHS 111 , IUC Clinical Assessment Service, and UTCs/Acute Providers.

3.25. However, it should be noted though that we do not have an all year offer for Acute Respiratory Illness hubs, and adults are currently excluded from our BSW seasonal offer. ARIs are listed as one of the 8/10 high impact UEC interventions and therefore as result this is an area which we are not considered mature on.

3.26. Hospital at Home (Virtual Ward) will be optimising the existing funded capacity to ensure maximum utilisation and also adopting an opt out model for remote monitoring to reduce required face to face activity.

3.27. Integrated Care Coordination service has additional clinical resource at the weekends and the flexibility to increase workforce at short notice if demand increases. This will be particularly relevant when 999 demand is higher.

3.28. The BSW Thrive Board are overseeing a number of improvements this winter, including the expansion of talking therapies, implementation of dedicated mental health transfer of care hub and funded the extension of SWASFT's mental health desk to provide 24/7 cover.

3.29. (Flow programme)

3.30. Each of BSW Acute Trusts have identified a number of plans which includes expansion of workforce too support increased demand and change in processes to improve SDEC, flow and discharge pathways in key areas.

3.31. Partners will also be continuing to work through recommendations made from the regional ambulance task and finish groups once they have been received, as well as the BSW Rapid Quality Review held in October 2024.

3.32. The outputs expected from the task and finish group will be directed around several key products from the 5 workstreams:

- Timely hospital handover SOP
- Holding Handovers
- Right Care ePCR outcomes
- Hospital access and flow standards

3.33. BSW System have already began work planning on adopting a BSW approach the 'Timely Hospital Handover SOP', with rapid task and finish group set up in October and November to look to implement the SOP in phased approach with the ambition to reduce handover delays and improve Cat 2 response times as this remains our biggest risk in BSW. The group will be putting proposals along with an EQIA through the respected provider boards, quality groups and Urgent Care and Flow delivery group to enable implementation late November.

3.34. Reviews of handover escalation processes and sops also came out as a strong theme from the quality rapid review meeting, as well as reviewing the BSW Ethical Framework to support service demand.

3.35. The oversight of the UEC winter performance and plan will be monitored by the monthly Urgent Care and Flow Delivery Group. However, the SCC and the weekly UEC Operational call will be the initial first points of escalation for system partners in to identify immediate challenges with the delivery against our winter mitigations and the identification of mitigations required.

4. Impact on resources

4.1. All partners will still be expected to ensure delivery against their agreed actions in UEC work programmes and any further mitigating actions that are identified and required. With the BSW Urgent Care and Flow Delivery group maintaining oversight of these.

4.2. All other actions including previously identified demand management actions should will be the responsibility of the other BSW Delivery Groups to mitigate where possible any further growth that is likely to impact on the system's ability to achieve required performance.

4.3. Members from the Quality, Finance and BI teams will support BSW Urgent Care and Flow Delivery group with information and intelligence to provide system assurance against our local plans.

4.4. BSW Communication and Engagement team as well as partner communication and engagement teams to support with the delivery of the BSW 'Help Us Help You' campaign.

5. Risks

5.1. There are several risks on the BSW ICB Corporate Risk Register that related to risks identified specifically in the Winter Plan:

- BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow
- BSW ICB 03 – Ambulance Hospital Handovers
- BSW ICB 06 – Workforce and resilience
- BSW ICB 21 – Elective Care Capacity
- BSW ICB 27 – Community Pharmacy Capacity

5.2. There have also been several further additional risks identified within the elements of the initial winter plan that could have an impact on patient harm and poor patient experience and ability to deliver our required operational priorities. These risks need to be thoroughly worked through, and mitigations identified ahead of the final winter plan.

24/25 Winter Plan Risk Areas	Actions and mitigations
• Impact of GP Collective action on Urgent Care and Flow	• Fortnightly BSW BMA GP CA Task and Finish Group • Regular updates to UEC Operational Group
• Insufficient capacity to meet any unprecedented surges in demand	• Daily / Weekly monitoring of activity • Local intelligence and information sharing at UEC Operational Group
• Impact of IP&C on bed closures and workforce	• Updated BSW ICS IP&C BRAG tool to support teams in management of IP&C issues
• Lack of delivery or delays in delivery of provider's internal individual improvement programmes	• Board level oversight of internal UEC programmes of work.
• Agreed allocated funding insufficient to meet the complexity of patient needs in Wiltshire	• In-depth review of spend • Additional processes in place for remainder of year
• Mobilisation of ICBC across the Winter months may impact on	• UCFDG to link in with the ICBC Programme board

provider's capacity and capability to respond in a timely way and make	
• NHSE requests for further guidance and or mandating specific changes within timeframes that system is not able to respond to.	• UEC team expansion should be able to support with requests but risk likely to remain with providers

6. Stakeholder engagement including patient and public consultation

6.1. All BSW system providers have contributed to the development of the Operational plan and subsequent UEC 24/25 work programme.

6.2. Other BSW delivery groups worked with UEC team and sharing their specific winter assurances for the final version of the Winter plan.

6.3. Patient and public consultation was not sought specifically in the development of this initial winter plan.

7. Impact on equalities

7.1. An initial full Equality and Quality impact assessment has been conducted by the BSW Quality team and UEC team members. At this present time no negative impacts have been identified however this will need to be monitored throughout the period.

7.2. EQIAs will have also been conducted for the individual work programmes or initiatives that are underway that have informed our overall UCFDG Delivery programme.

8. Next steps

8.1. BSW Urgent Care and Flow Delivery Group will continue to report directly to Planning and Delivery Exec on progress on the Winter Plan and Performance Metrics.

8.2. The self-assessment identified as system we will continue to need to monitor progress against outstanding actions to maintain patient safety and experience. This will be monitored through the Urgent Care and Flow Delivery group and the System Coordination Centre (SCC).

8.3. The Winter Equality and Quality Impact Assessment will be monitored throughout the winter season and updated as required.

8.4. Representative from BSW ICS will be meeting with NHSE on the 18th November to discuss H2 and Winter, and this is likely to determine need for any further NHSE support and intervention.

8.5. UEC demand and capacity group will continue to monitor projected activity and identify any actions requiring intervention and use information to support with planning post winter season.

8.6. The UEC team will arrange a whole system learning event in early spring to collate learning from this winter season to support planning for 25/26.

9. Recommendations

9.1. The ICB Board is asked to note the report and supporting attachments outlining our plans over winter and the actions that we are taking.

Bath and North East Somerset,
Swindon and Wiltshire Together

BSW Winter Plan – 2024/25

Final overview for BSW ICB Board

V0.4– (see last slide for version control)

24/25 Planning approach

Bath and North East Somerset, Swindon and Wiltshire Together

- The 24/25 priorities and operational planning guidance to set out the key objectives and the priorities for our Integrated Care system throughout the year including the Winter Period.

- In September 2024, Sarah-Jane Marsh, Dr Emily Lawson DBE, Professor Sir Stephen Powis and Duncan Burton wrote a joint letter outlining the operating assumptions expected by ICBs and Providers outlining their expectations for ICBs and providers over winter and as well as NHS England's actions that expected to be taken to support the delivery of safe, dignified and high-quality care for patients over the winter.

- The letter reiterates the expectation that the key objectives are to 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 to deliver the following key performance outcomes:
  - Improving A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4hours in March 2025
  - Improve Category 2 response times to an average of 30 minutes across 2024/25

- In UEC system partners utilised the work of the demand and capacity to develop our local annual plans to support out of hospital capacity and the investment needed to support out of hospital pathways which underpins the planned Urgent Care and Flow Delivery Group 24/25 work plan under ‘Localities’. This involved joint working across the ICB and local authorities to ensure that capacity meets projected demand a supported by the additional investment in the 2024/25 discharge funds and assured through BCF assurance process.

- The plan is monitored monthly by Urgent Care and Flow delivery group and reported directly to the ICB board and System Planning and Delivery Exec meetings to review progress and identify actions to support recover.

- Specific system groups have also initiated meetings to work collectively to develop specific plans for example IP&C group to ensure safe delivery and high-quality care over winter.

- The joint winter letter has provided BSW with a self-assessment of our current plans against each of the key areas to ‘support people to stay well’ and ‘maintain patient safety and experience’. Most of these recommended actions have been completed or there are actions in place to address as part of existing UEC programmes. There are some which do have level of risk associated with them. Most noticeably is achievement around out Ambulance handover delays and ability to deliver the Cat 2 performance.

- An extraordinary Urgent Care and Flow Delivery Group met in October to address the current handover position and system level actions required to reduce handover delays. Several key priorities that have been identified and will be expected to be delivered in conjunction with the recommendations from a regional ambulance handover task and finish group. As well as any learning and changes identified from the BSW Quality Review meeting have been held in October 2024.

Expected Demand over Winter 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

	Oct				Nov				Dec				Jan					Feb				Mar			
	Week Commencing																								
	07/10/2024	14/10/2024	21/10/2024	28/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025	24/02/2025	03/03/2025	10/03/2025	17/03/2025	24/03/2025
Primary Care (In Hours)	545355				546832				548261				549738					551215				552549			
NHS 111 Call	5810	6151	6002	5918	6005	5544	5906	5885	6022	6341	6565	6778	7136	6687	6356	6525	6635	7040	6562	6478	6356	6072	6341	6489	6184
Clinical Assessment Service	2382	2522	2461	2426	2462	2273	2422	2413	2469	2600	2692	2779	2926	2742	2606	2675	2720	2886	2690	2656	2606	2489	2600	2660	2535
Primary Care Out of Hours	500	530	517	510	517	477	509	507	518	546	565	584	614	576	547	562	571	606	565	558	547	523	546	559	532
999 Demand	2968	2925	2859	2816	2811	2828	2854	2889	2935	2966	2937	2859	2767	2606	2605	2668	2727	2738	2716	2708	2739	2786	2806	2774	2704
999 Conveyance	1158	1155	1157	1174	1201	1221	1216	1185	1142	1105	1085	1112	1109	1124	1147	1155	1149	1139	1141	1155	1165	1157	1131	1106	1102
Type 1 attendance (Total at BSW site)	4437	4336	4252	4228	4271	4341	4385	4383	4345	4288	4203	4024	4009	3938	4001	4125	4227	4253	4233	4235	4288	4348	4350	4281	4196
Type 1 attendance (RUH)	2062	2017	1970	1953	1976	2017	2041	2035	2013	1987	1959	1886	1896	1860	1879	1926	1969	1986	1986	1995	2020	2039	2028	1988	1946
Type 1 attendance (GWH)	1259	1232	1216	1216	1229	1243	1251	1253	1253	1246	1219	1149	1128	1102	1125	1170	1203	1206	1194	1193	1213	1235	1239	1222	1201
Type 1 attendance (SFT)	1116	1088	1066	1058	1065	1081	1094	1094	1080	1055	1025	989.4	984.3	976.4	996.4	1029	1055	1061	1053	1046	1055	1073	1082	1071	1048
Type 3 attendance (Total at BSW site)	2524	2423	2345	2358	2450	2450	2512	2535	2581	2575	2584	2551	2554	2494	2509	2533	2624	2618	2643	2483	2590	2540	2603	2636	2739
Type 3 attendance (RUH)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Type 3 attendance (GWH)	1375	1344	1315	1314	1338	1361	1366	1362	1367	1382	1384	1315	1311	1277	1276	1299	1322	1329	1324	1319	1321	1326	1329	1331	1334
Type 3 attendance (SFT)* **	251	201	224	222	340	291	374	369	397	387	382	473	558	469	399	412	445	432	418	358	396	408	412	418	476
Type 3 attendance (Chippenham MIU)*	458	419	374	393	350	378	334	349	352	365	370	371	315	351	395	371	410	399	407	372	401	365	396	391	426
Type 3 attendance (Trowbridge MIU)*	217	238	216	216	207	202	222	241	251	223	227	194	164	191	227	227	215	227	270	211	244	205	229	265	281
Type 3 attendance (Paulton MIU)**	224	221	216	213	215	217	216	214	214	218	221	198	206	206	212	224	232	231	225	222	228	236	237	230	222

*WH&C based on previous year activity ** MAPE is above 10% *** Data taken from Previous Year Daily Sitrep (not ECDS model driven data)

	Oct				Nov				Dec				Jan					Feb				Mar			
	Week Commencing																								
	07/10/2024	14/10/2024	21/10/2024	28/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025	24/02/2025	03/03/2025	10/03/2025	17/03/2025	24/03/2025
Austrialian Surveliance (fortnight) /start date	08/04/2024		22/04/2024		06/05/2024		20/05/2024		03/06/2024		17/06/2024		01/07/2024		15/07/2024		29/07/2024	12/08/2024		26/08/2024		09/09/2024		TBC	
Severe Respiratory Illness Fortnightly change (admitted with SVRI)																									TBC
Severe Respiratory Illness Fortnightly change (direct admit to ITU)																									TBC
Covid 19 Fortnightly change (admitted with Covid 19 YTD)																									TBC
Covid 19 Fortnightly change (direct admit to ITU YTD)																									TBC
Influenza Fortnightly change (admitted with Influenza From Apr)																									TBC
Influenza Fortnightly Change (Direct admit to ITU From Apr)																									TBC

Likely impact on admissions and potential outbreaks

Daily Rhythm, OPEL and Escalation

Bath and North East Somerset, Swindon and Wiltshire Together

Daily Rhythm	Operational Pressures Escalation Levels (OPEL) Framework	Escalation / SOP Processes
• Dedicated team managing the System Coordination Centre will be operational 7 days a week from 1st Dec 2024 • Single point of contact for 'in hours escalation' for system partners • Continual check and challenge with Ambulance queues • Oversight of system and provider OPEL status, actions and escalations • Proactivity utilising UKHSA Intelligence to forward plan system response • Daily BSW Touchpoint calls for system partners and NHSE at 11:30 • Friday morning UEC Operational Group with System Leads • BSW Oncall arrangements enhanced from 4th Nov 2024 with EPRR (Incident response) and SCC (Operational pressure) separated out	• Rollout of the Community and Mental Health Operational Pressures escalation framework – required by 16th Dec 2025 • Rollout of NHS 111 escalation required by 27th Jan 2025 • Revised Acute OPEL escalation framework implemented by 27th Jan 2025	• BSW ICS UEC Escalation Plan being updated and shared with the system. • Updated Mental Health Escalation process to be shared with the system • Hospital Handover Escalation Processes and SOP updated to reflect agreed BSW Timely Handover SOP (rapid release plans) • Revised BSW DoS RAG Change procedure implemented over Winter

Additional capacity and actions over Winter to mitigate demand and risks

Bath and North East Somerset, Swindon and Wiltshire Together

Programme / Provider	Additional Capacity / Actions over Winter
Primary Care	• Primary Care vaccination campaign from Oct 2024 • Full Pharmacy First offer across Winter Period from Primary Care and NHS 111. Begin referrals from MIU and UTC settings. • Pilot independent prescribing in 5 pharmacies as part of national Pathfinder Programme
Children and Young People	• Children's Acute Respiratory Illness Hubs from Oct* to Mar 2024 • Address the outcomes from the Diagnostic visits held in Oct 2024 for CYP emergency department and admission processes
NHS 111 / CAS / Out of Hours	• Enhanced rate overtime and agency capacity to maximize staffing • PPG resilience contact center now live with a positive recruitment trajectory throughout winter period • Enhanced resource allocation during peak periods: Allocating additional resources and staff during known peak periods such as holidays to ensure adequate coverage and service delivery • Vaccination program, proactively support those staff groups at risk to engage in vaccination • Ability to access additional clinicians via agency, both PPG and Medvivo have access to Agency. Medvivo has seen a reduction in Agency spend for clinician workforce over the last 12 months due to a strong recruitment pipeline and contracted ACP's, • Investment in leadership within the Medvivo Call Centre providing strength overnight • Increasing stock of medications and consumables: The meds management team should increase stock of medications and consumables to cover the bank holiday weekend, ensuring that there are sufficient supplies to meet the increased demand
Hospital at Home (Virtual wards)	• Increased utilisation of existing H@H capacity • Opt out model of remote monitoring which will reduce the need for face-to-face visits which will increase visiting capacity
Integrated Care Coordination	• 08:00-23:00 Additional clinical resource at weekends • Adhere to the national SPoA Winter recommendations • Ability to increase workforce (1xACP / 1x GP) at short notice if demand increases • Continue to review opportunities for pathway improvements

Additional capacity and actions over Winter to mitigate demand and risks

Bath and North East Somerset, Swindon and Wiltshire Together

Programme / Provider	Additional Capacity / Actions over Winter
Mental Health	• Expansion of Talking Therapies service (Autumn 2024) • Additional Older Adults AHP recruitment to community teams to support with Dementia Diagnosis rate • Extension of SWASFT's mental health desk overnight from Nov 24 to provide 24/7 cover • Implementation of a Mental health Transfer of Care Hub • Implementation of National MH OPEL metrics and escalation plan • Scoping enhancements to MHL teams: CYP and Adults. Development of system pressures monitoring dashboard – mental health activity pan system, with historic trend insights/data analysis applied. • Oversight: MH Seasonal Pressures Working Group – develop and progress action plan responsively. Oversight- MH Urgent & Crisis Care Forum > MH Delivery Group & Urgent and Flow Delivery Group.
Flow (Acute and Community)	• Focus on Weekend working • Review and focus on Community hospital workstream (Capacity, LOS, Step up) • Focus Acute flow processes • BSW electronic referral form • BSW focus group on delirium pathway

Additional capacity and actions over Winter to mitigate demand and risks

Bath and North East Somerset, Swindon and Wiltshire Together

Programme / Provider	Additional Capacity / Actions over Winter
Ambulance Handovers / Conveyance	• Alignment of Handover Escalation SOPs • BSW Timely Handover Process to be implemented (late Nov) • Improvements in 2 hour UCR DOS profiles to improve Fall referrals
RUH (subject to agreement on 6th Nov)	• Additional cohort area for patients with a DTA • Increased medical staffing for Children's ED, UTC and Rapid assessment • Increase staffing particularly in respiratory staffing at weekends, weekend ward cover, winter support teams and discharge coordinator at weekend • Increase discharge lounge occupancy • IP&C oncall arrangements for weekends and bank holidays
GWH	• IP&C Weekend Cover (Jan-Mar) • Additional Registrar and SHO weekend discharge (Oct – Mar) • Staffing for 11 Winter escalation beds (Jan to Feb) • Clinical Assessment and Treatment Unit Step up project support (Sep – Nov) • Enhanced therapy support for discharge (Jan - Feb) • Nursing support for escalation beds in Paeds Assessment Unity (Oct – Mar) • Additional onsite support for key winter weekends (Nov – Mar)
SFT	• Opportunity to re-locate Nunton infusion unit and Rheumatology infusion clinic to DSU downstairs; expand Medical SDEC • Develop Medical assessment receiving in AMU for GP and ED streaming (to create a protected assessment space) • Targeted focus on individual wards on discharges before midday • Review and refresh Surgery SAU / SDEC footprint • Maximise elective work including weekend activity through Chilmark ward • Theatre productivity group to oversee improvements in productivity and utilisation

Stay Well
#staywellBSW

NHS South West [region]

Hypertension

Check Your Blood Pressure!
Helping to identify and 'treat to target' people with high blood pressure.

Know your numbers week– check your blood pressure events – September.

Outreach events – October / November

Smoking cessation
Helping people to quit smoking for good.

- Stoptober - October
- Wider regional cessation programme – roundtable event on 21 November.

Stay Well
This workstream is using the Gloucester ICB 'Stay Well' branding as the over-arching winter campaign. Shared resources and visual identity which we will localise as #staywellBSW

BSW Together [system]

Self-care
- Healthy living and exercise.
- Vaccinations.
- Good mental health.
- Hand hygiene.
- Keeping a well-stocked medicine. cabinet at home to treat minor illnesses and injuries.

Right service, right time
- NHS App
- NHS 111
- Pharmacy First
- Primary Care
- Urgent Care
- Emergency Care
- Community services

Preventative actions
- Not visiting hospital or a health care setting if you are unwell.
- Cancelling an appointment if you are not able to make it.
- Act FAST - Stroke symptom awareness.

BSW Vaccination programme

Get vaccinated, get winter strong!
- Flu
- Covid

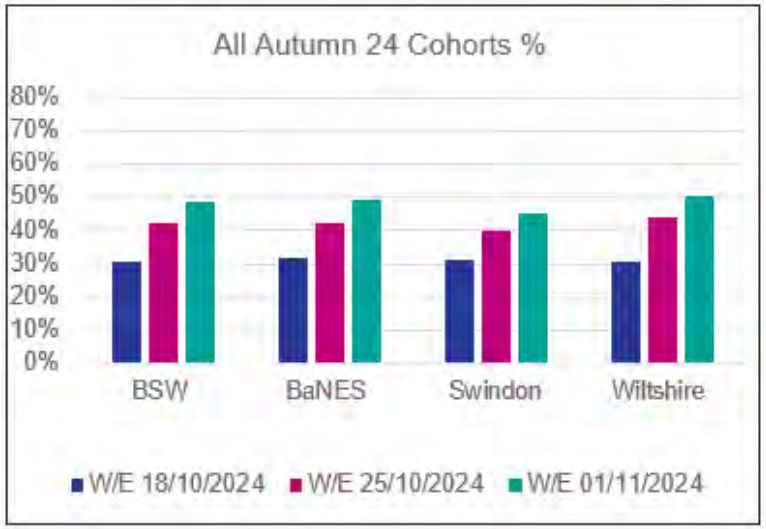
Vaccinations awareness and uptake
- RSV
- Whooping cough
- Measles
- All childhood immunisations
- Vaccine accelerator project will focus separately on raising awareness of the lifecycle of required vaccinations for children and adolescents.

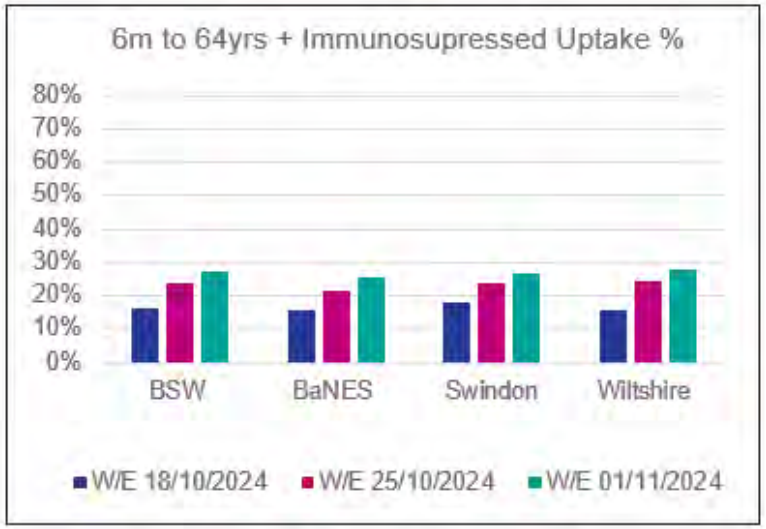
  A new vaccination information portal will be developed and will house resources in different languages and formats (eg easy read).

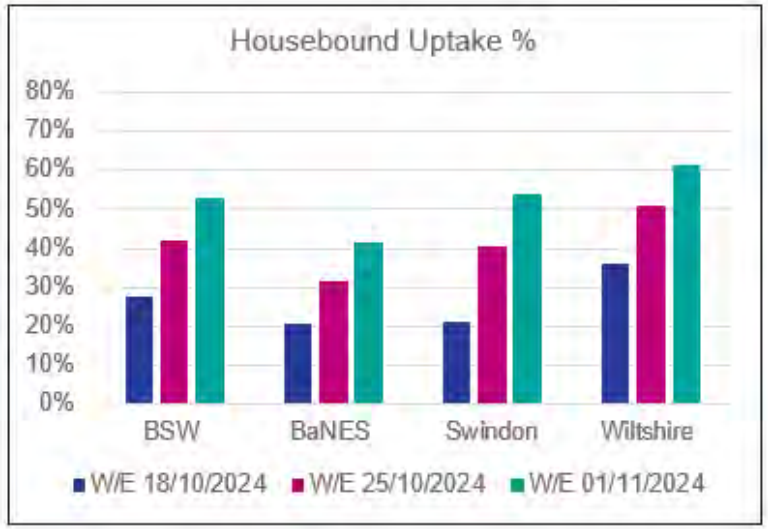
BSW Covid Vaccination Data (TPP as at 001/11/24)

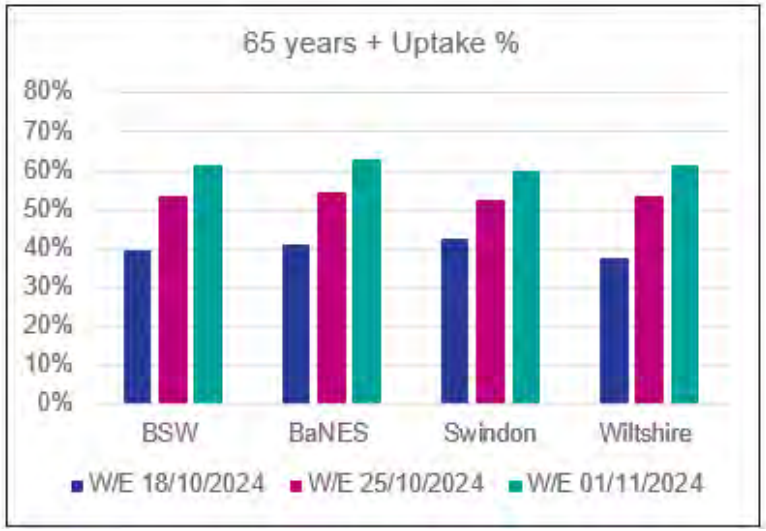
Bath and North East Somerset, Swindon and Wiltshire Together

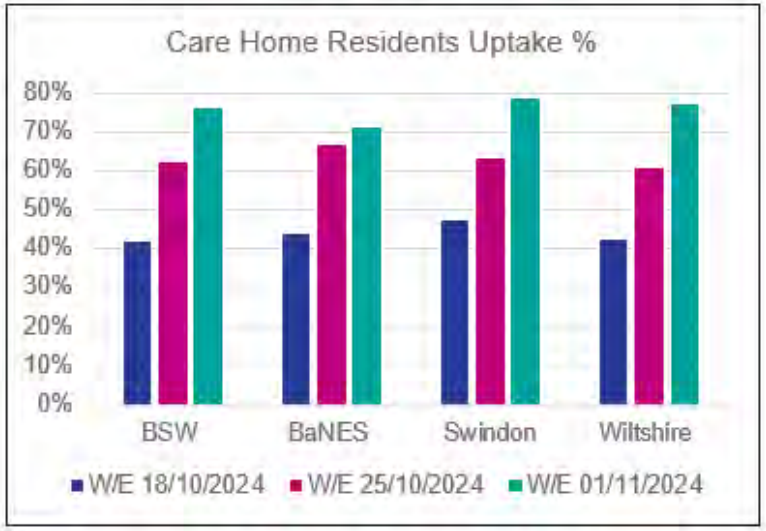
Total Covid Vaccinations – 176,651 (FDP as at 01/11/2024)

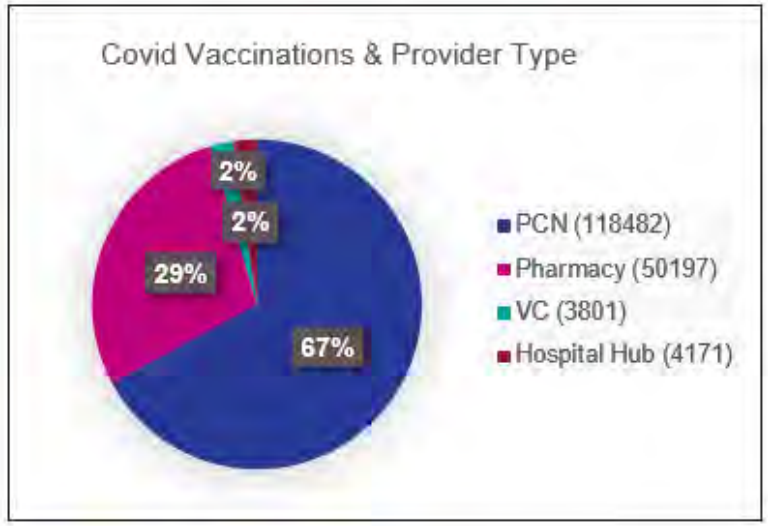






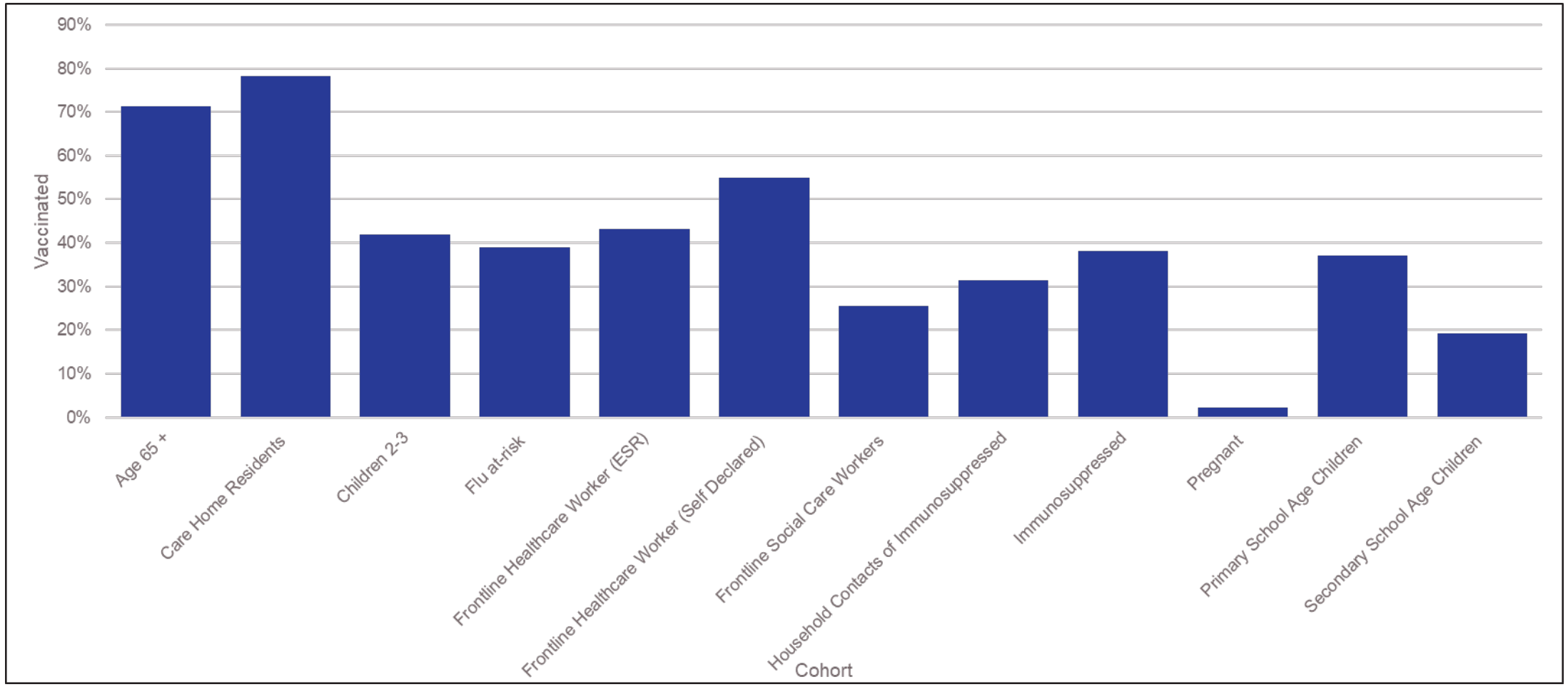






BSW Flu Vaccination Uptake by Cohort (FDP as at 07/11/24)

Bath and North East Somerset, Swindon and Wiltshire Together



Risks

Bath and North East Somerset, Swindon and Wiltshire Together

Risks	Actions and Mitigations
Insufficient capacity for Urgent and Emergency Care and Flow (BSW ICB 01)	• Existing mitigations in place • Demand management actions to be delivered by UCFD and other system delivery groups • D&C modelling refresh with built in links to refresh on a regular basis.
Ambulance Hospital Handovers (BSW ICB 03)	• Existing mitigations in place • Continuation of providers internal improvement plans • Updated versions of the ED Checklist to be rolled out • BSW Rapid Quality Risk Meeting and UCFDG actions to review Timely Handover SOP for BSW
Workforce and resilience (BSW ICB 06)	• Existing mitigations in place, monitored by the Workforce Delivery Group
Elective Care Capacity (BSW ICB 21	• Existing mitigations in place, monitored by the Elective Care Delivery Group • Protected elective capacity
Community Pharmacy Capacity (BSW ICB 27)	• Existing mitigations in place and managed by the Primary Care and Community Delivery group
Impact of GP Collective action on Urgent Care and Flow	• Fortnightly BSW BMA GP CA Task and Finish Group • Regular updates to UEC Operational Group
Insufficient capacity to delivery operational plans and manage unprecedented surges in demand	• Daily / Weekly monitoring of activity • Local intelligence and information sharing at UEC Operational Group
Impact of IP&C on bed closures and workforce	• Updated BSW ICS IP&C BRAG tool to support teams in management of IP&C issues • Monitoring and sharing of local intelligence around surges and potential impacts
Lack of delivery or delays in delivery of provider's internal individual improvement programmes or system plans	• Board level oversight of internal action plans and prioritisation of key actions • Utilisation of any programme slippage funding to make additional improvements over winter
Agreed allocated funding insufficient to meet the complexity of patient needs in Wiltshire	• In-depth review of spend • Additional processes in place for remainder of year
Mobilisation of ICBC across the Winter months may impact on provider's capacity and capability to respond in a timely way and make	• UCFDG to link in with the ICBC Programme board
NHSE requests for further guidance and or mandating specific changes within timeframes that system is not able to respond to for example changes to the Integrated Operational Pressures Framework.	• UEC team expansion should be able to support with requests but risk likely to remain with providers

Version control

Bath and North East Somerset, Swindon and Wiltshire Together

Version number	Date	Initiating author	Updates / Changes made
V0.1	21/10/24	Emma Smith	Final Overview file created based on initial overview v0.3
V0.2	25/10/24	Emma Smith	Removal of appendices, included action slides, updated demand slide, Removed UEC programme of work and demand management slides Inclusion of latest vaccination data Updated comms plans
V0.3	06/11/24	Emma Smith	Additional of RUH Actions Updated flow information
V0.4	08/11/24	Emma Smith	Updated Vaccination slides

Bath and North East Somerset,
Swindon and Wiltshire Together

Winter and H2 Priorities

BSW Self-Assessment against the 16th [illegible] Winter and H2 Priorities

Reference = PRN01454

Supporting people to stay well

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Ensure all relevant organisations receive information as quickly as possible for flu, covid-19 and RSV	NHS England	Complete – information received
Maintain the national booking service, online and through the NHS 119 service for covid and flu (in community settings)	NHS England	Complete – national comms launched with access via 119.
Continue to share communication materials to support local campaigns	NHS England	**Complete –** materials shared
Work with local partners to promote population uptake with a focus on underserved communities and pregnant women	ICB	**On track** - Communications via VCSEs and local authority community partners as well as healthcare providers to reach underserved communities. Specific comms campaign for maternity
Work with primary care providers to ensure good levels of access to vaccinations, ensure that plans reflect the needs of all age groups, including services for children and young people and those who are immunocompromised	ICB	**On track** - BSW Vaccination plan has plans in place to support priority groups and on track to start from 3rd October; with Flu for 2-3 yrs olds and maternity starting in 1st week of September. RSV roll out for maternity and 75-79yr olds with approx 6500 (11% of eligible) within first 3 weeks). First 3 weeks data: • Over 6500 adult vaccinations given by GP practices • Over 300 maternity vaccs given in GP practices • 150 maternity vaccs given by maternity services (although we have figures that are higher than – RUH 140, GWH 203 and SFT 58 this so will query with NHS E)
Work with primary care and other providers, including social care, to maximise uptake in eligible health and care staff	ICB	**On track –** DoH have confirmed that they will continue to support covid and flu vaccinations to Frontline Health and social care workers. Practices are encouraged and supported to vaccine care home staff during care home vaccination visits. Covid and Flu vaccinations are being offered to HSCW at winter preparedness events in BSW.
Ensure their eligible staff groups have easy access to relevant vaccinations from 3rd October and are actively encouraged to take them up, particularly by local clinical leaders	NHS Trusts	**On track -** Providers vaccination plans for staff in place.
Record vaccination events in a timely and accurate way, as in previous campaigns	NHS Trusts	**On track -** All trusts are set up to record vaccinations on RAVS (Record a vaccination service). This system allows them to record COVID-19, Flu, Pertussis and RSV patient and staff vaccinations.
Monitor staff uptake rates and take action accordingly to improve access and confidence	NHS Trusts	**On track -** BSW ICB procured a 3-year contract vaccination track service for trusts to assist with staff vaccination which has proved successfully over the past year as BSW staff vaccinations were the highest in Autumn/Winter 2023 vaccination programme. This contract runs from 2023- 2026.
Ensure staff likely to have contact with eligible members of the public are promoting vaccination uptake routinely	NHS Trusts	**On track -** Trusts have information of all planned community walk-in vaccination clinics in BSW and trust staff to encourage eligible citizens attending outpatients' clinics or appointments how to access these clinics. BSW ICB public facing webpage is regularly updated with vaccination clinic dates and times.

Maintaining patient safety and experience

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Standing up winter operating function from 1st Nov 24: • Providing capabilities 7 days a week, including situational reporting to respond to pressures in live time • Supported by a senior national clinical on-call rota to support local escalations	NHSE	• **Ongoing** – providers will be prepared to respond to 7 day reporting requirements as per previous winters. Further work required to improve real-time reporting into SHREWDs. Review of BSW's Mental Health escalation policy being reviewed and to be addressed as part of Winter response.
Completing a 'Getting It Right First Time' (GIRFT) data-led review of support of all acute sites: • Across all systems, and deploying improvement resources as appropriate, to support implementation of key actions within the UECRP, with a dedicated focus on ensuring patient safety	NHSE	• **Ongoing** – work built within providers own workstreams. ECIST working with GWH w/c 5th October post integrated front door launch. NHSE South West team also contacting Acute partners to work on key areas such as SDEC and Length of Stay.
Convening risk-focused meetings with systems: • To bring together all system partners to share and discuss key risks and work together to agree how these can be mitigated	NHSE	• **Ongoing / RISK –** BSW and South West Cat 2 performance and handover delays remain significant risk and risk summit held on 30th September to discuss and collate outcomes of regional task and finish group. BSW Quality Risk meeting regarding Handovers and Ambulance on 16th October, actions and follow-up review meetings to be sent out. • BSW remain in Tier 2 and will continue to meet with NHSE as required.
Expanding the Operational Pressures Escalation Levels (OPEL) framework: • To mental health, community and 111, and providing a more comprehensive, system-level understanding of pressures	NHSE	• **Ongoing** – NHSE Quality and Performance Committee approved the new Integrated OPEL Framework 2024 to 2026 on 23rd October. Final edits and publication expected imminently with expectations ICS works with providers to implement. Priority to work with Community and Mental Health providers to implement new OPEL framework by 16th December, and for updated Acutes and NHS111 OPEL frameworks to be implemented by 27th January 2025. Vital Hub planning to work with providers from 11th November to establish new data flows to be feed into SHREWD. • **RISK** – Capacity of staff to ensure changes and implementation delivered to national timeframes and time needed to embed the new changes and action cards.
Co-ordinating an exercise to re-confirm capacity plans for this winter which will be regularly monitored	NHSE	• **RISK** – BSW are reviewing D&C assumptions, final outputs confirming if we have sufficient capacity is not available as yet.

Maintaining patient safety and experience

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Running an exercise in September to test preparedness of system coordination centres (SCCs) and clinical oversight for winter, including issuing a new specification to support systems to assess and develop the maturity of SCCs	NHSE	• **Complete** - BSW completed self-assessment on a maturity index on our SCC; output indicates BSW's SCC is 'Mature' meaning that it is highly developed and delivering to a high standard but not considered benchmarkable maturity. Areas requiring improvement identified as digital, communication, ongoing improvement and workforce. Requirement to dedicated SCC team underway to provide 7-day cover.
Continuing the UEC tiering programme to support those systems struggling most to help them to enact their plans	NHSE	• **Ongoing –** BSW UEC remains in Tier 2 and has regular meetings with NHSE colleagues.
Reviewing the updated maturity index scores for UEC high impact interventions with regions and ICBs, to identify further areas for improvement	NHSE	• **Ongoing –** BSW submitted return on 17th September. ARI hubs only for Children and a Winter seasonal service. Awaiting feedback and further direction from NHSE
As part of NHS IMPACT, launching a clinical and operational productivity improvement programme in September: • This will include materials and data for organisations to use, as well as a set of provider-led learning and improvement networks to implement and embed a focused set of actions	NHSE	• **Ongoing –** NHSE have launched IMPACT programme; BSW providers already have improving together strategies in place
Ensure the proactive identification and management of patients with complex needs and long-term conditions so care is optimised ahead of winter: • Primary care and community services should be working with these patients to actively avoid hospital admissions	ICB	• **Ongoing –** Primary and Community Delivery Group (PCDG) four key 24/25 workstreams are focused on: 1. Hypertension (LTC), 2. Obesity and Weight loss, 3. Frailty, 4. Integrated Neighbourhood Teams

Maintaining patient safety and experience

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Provide alternatives to hospital attendance and admission: • Especially for people with complex needs, frail older people, children and young people and patients with mental health issues, who are better service with a community response outside of a hospital setting • This should include ensuring all mental health response vehicles available for use are staffed and, on the road, ahead of winter	ICB	• **Frail Older people** - Integrated Care Coordination in place to support with alternatives. As well as 2-hour Urgent community response in BSW. • **RISK –** lack of alternative services provision 24/7 to divert away from ED, risks around workforce capacity in alternative services to meet demand to support • **CYP** – Youth support workers • **Mental health vehicles** – BSW original planning for 2 vehicles and due to anticipated delays were not due to receive until Q1 25/26 but 1 is ready earlier than expected. Recurrent funding (subject to ROI) for a vehicle to operate 24/7 has been confirmed. **RISK –** ability to mobilise vehicle earlier than next FY is dependent confirmation of local staffing model has not yet been resolved.
Work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow	ICB	• **Ongoing –** Discharge Big room event held in early September with local partners which has identified further actions to be required. Updated D&C • **RISK –** Issue around Wiltshire P1 capacity has already been identified, ongoing discussions around mitigations and resolution.
Assure at board level that a robust winter plan is in place: • the plan should include surge plans, and co-ordinate action across all system partners in real time, both in and out of hours • it should also ensure long patient delays and patient safety issues are reported, including to board level, and actions are taken appropriately, including involving senior clinical decision makers	ICB	• **Ongoing –** Overview of Initial Winter plan going to BSW Board in September and final version and assurance of plan to be shared in November which should cover surge response and action. • **Ongoing –** Patient delays and safety issues should be reported monthly to Urgent Care and Flow Delivery, Quality and Outcomes Committee as well as ICB Board.
Make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system	ICB	• **In place/ on track** – Senior Clinical leadership provided by BSW ICB's Chief Nurse, and Deputy Chief Medical Officer with direct links to Nursing and Medical director networks. On a day-to-day basis, BSW ICB's Director of Urgent Care and Flow and Associate Director for Patient Flow provide senior clinical leadership to the SCC Lead and SCC advisor team. Changes to BSW's oncall rota team will strengthen clinical/operational oncall provision.

Maintaining patient safety and experience

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Review the 10 high-impact interventions for UEC (https://www.england.nhs.uk/long-read/uec-recovery -plan-delivery -and- improvement-support/#annex-a-10-high-impact-interventions) published last year to ensure progress has been made: • systems have been asked to repeat the self-assessment exercise undertaken last year, review the output, consider any further actions required, and report these back through regions	ICB	• **Complete –** BSW completed self-assessment on a maturity index on the UEC High Impact interventions in September. Awaiting feedback from region. Whilst there are individual provider variations, overall, for 9 of the 10 areas BSW's average score is 'Mature'. • **RISK -** However Acute Respiratory Illness has scored 'Progressing Maturity" for winter but it is a limited seasonal offer to Children and Young People respiratory clinics and no offer for adults or all year-round provision.
Review general and acute core and escalation bed capacity plans: • with board assurance on delivery by the peak winter period	NHS Trusts	• **Ongoing –** Updated D&C modelling around bed predictions being tested with the BI leads at the acute . Shared with BSW D&C group ahead of October meeting, and further work identified and prioritised for phase 2. • **RISK –** Bed Occupancy rates higher that initially predicted with extra bed spaces being used on a regular basis.
Review and test full capacity plans: • this should be in advance of winter • in line with our letter of 24 June 2024, this should include ensuring care outside of a normal cubical or ward environment is not normalized; it is only used in periods of elevated pressure; it is always escalated to an appropriate member of the executive and at system level; and it is used for the minimum amount of time possible	NHS Trusts	• **Ongoing / RISK –** Linked to D&C work above. Further work required to enhance local SOPs and escalation procedures, in particularly to improve response to surge and risk of handover delays. Risk around capacity and response to demand locally to use of escalation beds in pressure needs and ability to de-escalate in a timely way.

Maintaining patient safety and experience

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Ensure the fundamental standards of care (https://www.cqc.org.uk/about- us/fundamental-standards) are always in place in all settings: • particularly in periods of full capacity when patients might be in the wrong place for their care • if caring for patients in temporary escalation spaces, do so in accordance with the principles for providing safe and good quality care in temporary escalation spaces (https://www.england.nhs.uk/long-read/principles-for-providing-safe-and-good-quality -care-in-temporary - escalation-spaces/)	NHS Trusts	• **Ongoing –** review of local SOPs, escalation plans in conjunction with BSW quality review. BSW Ethical decisions framework. EQIA process as part of reviewing winter plan initiated with ongoing reviews over the seasonal period.
Ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow: • including taking risk-based decisions to ensure ED crowding is minimized and ambulances are released in a timely way	NHS Trusts	• **Ongoing -** review of local SOPs, escalation plans in conjunction with BSW quality review. BSW Ethical decisions framework. EQIA process as part of reviewing winter plan initiated with ongoing reviews over the seasonal period.
Ensure plans are in place to maximize patient flow throughout the hospital, 7 days per week: • with appropriate front door streaming, senior decision-making, regular board and ward rounds throughout the day, and timely discharge, regardless of the pathway through which a patient is leaving hospital or a community bedded facility	NHS Trusts	• **Ongoing –** Individual trust action plans and outcomes from the big room flow event to be worked through over Winter period to support discharge over the weekend. **RISK**– lack of alternative services 24/7 to prevent re-direction and **risk** that alternatives bedded down impacting ability to stream

Additional optimisation of evidence-based guidance

Bath and North East Somerset, Swindon and Wiltshire Together

Action	Responsibility	BSW Position
Same day emergency care service specification • (https://www.england.nhs.uk/publication/same-day -emergency -care-service- specification/)	ICB / Providers	• **Ongoing -** BSW Acute providers were asked to complete a self-assessment in September against the minimum and improving criteria. UEC team need to collate answers and review gaps share back with UCFDG.
Single point of access hubs • (https://www.england.nhs.uk/publication/single- point-of-access-guidance/)	ICB / Providers	• **Ongoing –** SPoA is mature, and we are one of the national leading SPoA sites. BSW ICC Steering and the 'Clinical and Operational' groups provides integrated development, and discussion ensures that we have stakeholder representation across community and acute partners. Further plans to expand working relationships with Hospital at Home; challenges with visibility of provider
Virtual wards operational framework • (https://www.england.nhs.uk/publication/virtual-wards-operational- framework/)	ICB / Providers	• **Ongoing –** BSW Providers completed a self-assessment against numerous KLOEs in early Oct. Following submission, the collated BSW response has been shared with the BSW Virtual Wards Steering and COG groups to reassess against areas of variation and identify the 3 key areas to collectively drive improvements on. • **Risk** – Utilisation rates in the current service models varies and activity is under expected plan.

APPENDIX 3

Full Equality & Quality Impact Assessment (EQIA)
Quality focused

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Date of Initial Assessment:	03/10/2024	
Next Review Due By:	dd/mm/yyyy	
Organisation	BSW ICB	
Directorate:	Urgent and Emergency Care	
Project Name:	Winter Plan 24/25	
Project Lead:	Emma Smith	
Project value if applicable:	N/A	
Sign-Off	**Signature (e-signatures accepted if supported by e-trail)**	**Date**
Executive	Heather Cooper Director for Urgent Care and Flow	dd/mm/yyyy
Panel or Committee		dd/mm/yyyy
Board		dd/mm/yyyy

ICB Risk Scoring Matrix

Impact	Likelihood 1 Rare (will probably never happen/ recur)	2 Unlikely (not expected to happen but possible)	3 Possible (might happen / recur occasionally)	4 Likely (will probably happen / recur, but it is not persisting)	5 Almost certain (will most likely happen / recur, possibly frequently)
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

The risk scores translate into risk grades:

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15+	Extreme risk

	INDICATORS (Add more rows as required so each impact is individually stated)	Description of impact of Improvement/Risk	State Positive, Negative or Neutral Impact	Risk score for negative impacts only: Impact	Likelihood	Overall Score	List mitigating actions for negative impacts and describe quality indicator/monitoring arrangements
DUTY OF QUALITY	**What impact does the service have on the Trust's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitutions in areas such as:**						
	What is the potential impact on partner organisations and shared risk? Does the service rely on others services to deliver care?	The winter plan relies on all partner organizations within the system. All services work alongside and in collaboration with other system partners supporting true integrated working across the wider system for UEC to sustain services over the winter period.	Positive			0	
	Outline core clinical quality indicators, performance metrics and patient outcome measures in place to review impact on quality improvements and expected impact on these measures.	Provider and system level performance against agreed indicators will be reported and monitored monthly through the Urgent Care and Flow Delivery Group. Assurance will be provided from this group to the ICB Board.	Positive			0	
	What will the impact of this project be on the organisation's duty to safeguard children, young people and adults?	As a provider of NHS services, the Provider(s) are required to comply with legislation and statutory guidance, this includes, but is not limited to, the following which will be contract monitored by the ICB Safeguarding teams: • Children Act, 1989 and 2004. • Children and Social Work Act, 2017 • Care Act, 2014 • Working Together to Safeguard Children, 2018. • CQC Fundamental Standards; Outcome 13. • Health and Social Care Act, 2008 (Regulated Activities) Regulations, 2014. • Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2019) • Safeguarding Adults: Roles and Competencies First edition, August 2018 • Safeguarding CLA: Roles and Competencies for Health Care Staff, December 2020 • Prevent: Training and Competencies Framework, October 2017 England and Wales • Modern Slavery Act, 2015 • Counter Terrorism and Security Act, 2015 • Care Act, 2014 • Statutory guidance under the Care Act 'Care and support statutory guidance updated March 2020' • Mental Health Act • Mental Capacity Act, 2005 • Mental Capacity Amendment Bill, 2018 • NICE public health guideline on 'Domestic violence and abuse: how services can respond effectively' (PH50), February 2014 • NICE guideline Decision-making and mental capacity (NG108), October 2018 • Safeguarding Vulnerable Groups Act (SVGA), 2006 • Domestic Violence, Crime and Victims (Amendment) Act, 2012 • Domestic Violence, Crime and Victims Act, 2004 • Domestic Abuse Act, 2021 • The Serious Violence Duty ('the duty') was legislated for as part of the Police, Crime, Sentencing, and Courts (PCSC) Act, 2022 and received Royal Assent on 29th April 2022 As a result, the impact is neutral on the basis that there is no change to the statutory and regulatory function of Providers to safeguard children, young people and adults. However, the ICBC programme, including the negotiation and contract phase, enables opportunities to enhance and develop the model of care, built on best practices that deliver against these	Neutral			0	
PATIENT EXPERIENCE	**Identify what impact the project is likely to have on self reported experience of patients, their carers and service users?** Response to national/local surveys/complaints/PALS/incidents/privacy and dignity.	The plan has been developed to reduce the impact on services over the winter period on patients/service users and the population by ensuring that the increased activity is mitigated as far as practically possible to reduce the direct impact on patients/service users. Metrix such as PALS and FFT numbers will be monitored by the ICB quality team to identify any themes or trends that emerge during the winter period.	Positive			0	
	What will be the impact on patient choice, access to services or care?	The impact of winter period could reduce the options for patients/service users and the population. The aim of the winter plan is to ensuring that the increased activity is mitigated as far as practically possible through service and activity planning to reduce the impact on patients/service users. There will be more awareness of other options for treatment and support for patients that will be publicised with the new communication plan #helpushelpyou. This will cover areas such as prevention, self-care, availability of health and care services and when to use them appropriately.	Neutral			0	
	Is there a need for Patient & public consultation as per Section 242(1B) of the NHS Act 2006, as amended by the Local Government and Public Involvement in Health Act 2007	Not required for this	Neutral			0	
PATIENT SAFETY	**What is the impact on patient safety and quality e.g. incidents, IP&C, medicines safety etc? Will there be an improvement in safety and quality?**	The plan will support providers to ensure the safety for patients, there will also be individual plans within providers to ensure that services remain safe for patients/service users during this time, with issues bring escalated and recorded on DATIX/LFPSE as required.	Positive			0	
	What will be the impact on regulation e.g. CQC.	No impact to the regulation of individual providers as all are required to be registered with CQC.	Neutral			0	
	What will be the impact on clinical workforce capability care and skills?	All providers have a safe staffing model able to meet patient need and service demand. Current and expected vacancies within providers will be a factor in service provision. Seasonal staff sickness absence will need to be managed through an adaptive workforce plan for business continuity.	Positive			0	
CLINICAL EFFECTIVENESS	**What will be the impact on the implementation of evidence based practice?** For example alignment to NICE guidance/professional body/clinical standards.	The plan has been developed to support services over the winter period of hight activity and pressure to allow the continuation of effective patient care to support evidence based practice and care. The mitigations support the continued delivery of clinically effective services that are able to follow best practice.	Positive			0	
	What will the impact be on reducing variations in care?	The plan has been developed to support the continuation of service provision and limit any inequity that winter period may result in through demand and capacity planning.	Positive			0	
	What impact does this project have in ensuring that best practice care is delivered in the most cost effective way?	The plan has been developed to support the system during a seasonal period of hight activity and pressure to allow the continuation of effective patient care to support evidence based practice and care. The mitigations support the continued delivery of clinically effective services that are able to follow best practice.	Positive			0	
RESPONSIVE	**What will the impact be on supporting people to live and stay well, supporting shared decision making & self management? Are there any disadvantages as a result of this project?**	The plan is to ensure that the needs of the population continue to be met during the winter period by reducing the impact of winter period on patients/service users. There will be more awareness of other options for treatment and support for patients that will be publicised with the new communication plan #helpushelpyou. This will cover areas such as prevention, self-care, availability of health and care services and when to use them appropriately.	Positive			0	
	What will be the impact that the project has to tackle health inequalities; focusing resources where they are needed most?	UEC system partners have utilised demand and capacity work to develop local annual plans to support out of hospital capacity and the investment needed to support out of hospital pathways which underpins the planned Urgent Care and Flow Delivery Group 24/25 work plan. This involved joint working across the ICB and local authorities to ensure that capacity meets projected demand a supported by the additional investment in the 2024/25 discharge funds and assured through BCF assurance process.	Positive			0	
EQUALITY, DIVERSITY & INCLUSION	**Equality & Diversity : Is there a potential equality impact on the nine protected characteristic groups as follows:** Any identified concerns must be escalated to the Executive lead for further review	All providers are duty bound to comply with The Public Sector Equality Duty requirements. The ICB/S Inequalities Group holds oversight assurance of the delivery of the Duty and the Core20+5 to meet BSW population specific needs, with equity of access and quality assured care delivery identified as a priority across BSW. One of the main purposes of the ICS is to reduce inequalities in outcomes, experience and access. Although BSW is more affluent than the national average ICB footprint, it is recognised that there is an unequal distribution of wealth across the system and there are pockets of deprivation.	Neutral				
	Race People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	None	Neutral				
	Sex This is when you are treated differently because of your sex, in certain situations covered by the Equality Act 2010. The treatment could be a one-off action or could be caused by a rule or policy.	None	Neutral				
	Disability Disability as defined by the Equality Act: Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	None	Neutral				
	Age For most purposes, ages are categorised as under 18, 18-65 and 65+ . Assessment must be given to specific ages when identified.	The CYP paediatric plan that is under development will support CYP further during winter period.	Positive				
	Maternity & Pregnancy Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	None	Neutral				
	Religion or Belief This is when you are treated differently because of your religion or belief, or lack of religion or belief, in one of the situations covered by the Equality Act.	None	Neutral				
	Gender Reassignment People of different genders, consider men, women, gender fluid and non binary people. Also consider those who have undergone or undergoing gender reassignment*. *NB gender reassignment is anyone who is proposing to, starts, is going through or has gone through the process of changing their gender identity with or without medical procedures. Usually referred to as trans or transgender	None	Neutral				
	Marriage & Civil Partnerships Including same sex couples. This is when you are treated differently because you are married or in a civil partnership.	None	Neutral				
	Sexual Orientation This is when you are treated differently because of your sexual orientation in one of the situations that are covered by the Equality Act.	None	Neutral				

Extraordinary Panel Required?	Executive:	Date of Panel	Panel Outcome
No			

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14d
Date of Meeting:	21 November 2024		

Title of Report:	Primary Care Access Recovery Plan (PCARP) – System Level Access Improvement Plan Progress Update Report
Report Author:	Jo Cullen – Director Primary Care Louise Tapper - Head of Primary Care Delivery With contributions from identified workstream leads
Board / Director Sponsor:	Gordon Muvuti - Executive Director Place Swindon, Executive Director Mental Health and BSW ICB Executive Lead for Primary Care
Appendices:	None

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICB NHS organisations only	X
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	X

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	X
2. Fairer health and wellbeing outcomes	X
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Quality & Outcomes Committee	5 November 2024	Discussion & Input of Draft Version
BSW Primary Care Executive Group	7th November 2024	Discussion & Input of Draft Version

1	Purpose of this paper

Primary Care Access Recovery Plan (PCARP) - System Level Access Improvement Plan Update

This Primary Care Access Recovery Plan for BSW has been developed following the publication of NHSE guidance in May 2023 outlining the requirements for ICB's to develop system-level access improvement plans (System Delivery Plan) and has been led by the BSW ICB Primary Care team working with all the GP practices across BSW and with system partners. In April 2024, NHSE published an update and actions for PCARP in 2024/25 focussing on realising the benefits to patients and staff from the foundations already built within the four priority areas.

As required by NHSE, ICB's reported to ICB Board in November 2023, May 2024 and ICB's are required to report progress bi-annually. This document provides an update on progress against the national actions and local system delivery plan.

The Board is now asked to note the update.

Primary Care Access Recovery Plan (PCARP) – national ambitions

The Primary Care Access Recovery Plan (PCARP)[1] forms part of the operational planning guidance[2]. The PCARP supports all three elements of the Fuller Stocktake[3] vision and the development of Integrated Neighbourhood Teams but focusses on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

The PCARP seeks to support recovery by focussing on four key areas:

[1] NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25
[2] NHS England » 2024/25 priorities and operational planning guidance
[3] https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

PCARP Areas of Focus	
Area	**Focus**
Empower Patients	• Improving information and NHS App functionality • Increasing self-directed care where clinically appropriate • Expanding community pharmacy services
Modern General Practice	• Implementing 'Modern General Practice Access' • Better digital telephony • Faster navigation, assessment and response
Build Capacity	• Larger multidisciplinary teams • More new doctors • Retention and return of experienced GP's. • Higher priority for primary care in housing developments
Cut Bureaucracy	• Improving the primary – secondary care interface • Building on the 'Bureaucracy Busting Concordat'

Progress within the second year of PCARP

BSW has made good progress with the delivery of the Primary Care Access Recovery Plan (PCARP) and is in a strong position regionally. Our headlines of achievement within the report are:

- Second highest ICB in South West for % Face to Face primary care appointments being offered
- Third highest ICB in South West for Appointments within 14 days
- Third highest GP staff FTE per weighted 10,000 patients
- Second highest % P9 Patient Registrations via NHS App
- Second highest % practices with prospective records access enabled
- First highest ICB in South West % of practices offering patients to book / cancel appointments online
- Telephony project is ending with the majority of practices on a cloud solution that meets the national specification
- All but two practices are live with the 'Register with a GP surgery' pathway
- 0.5% reduction in 'Did Not Attend' primary care appointments from October 2023 to August 2024, equivalent to 2,400 appointments per month

Remaining six months of PCARP

As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB. The PCARP Programme Trajectories and Next Steps will enable progress to continue with system partners.

2	Summary of recommendations and any additional actions required

The Board is required:

- To note the contents of this update report.
- To consider how key ambitions can be supported by wider system partners.
- To be cognisant of the need to support what is an expanding, and system critical, primary care transformation programme.

The update report will be assessed by NHSE against the guidance note issued to ICBs in July 2023. NHS England » Primary care access improvement plans – briefing note for system-level plans

3	Legal/regulatory implications

Requirement from NHSE that updates to the System Level Access Improvement Plan is taken to the ICB's Public Board bi-annually for the duration of the two year programme.

4	Risks

Risks to delivery are reported through the Primary Care Operational Group, and into the Primary Care Executive Group for escalation.
The main risks to delivery include.

- Workforce and capacity to deliver.
- Practice and PCN leadership and resilience
- ICB Primary Care and enabling team capacity
- Ongoing and concurrent demands on Primary Care and Collective Action
- System-wide support to achieve self-referrals and the primary / secondary care interface requirements of the programme.

5	Quality and resources impact

Please outline any impact on:
Quality, Patient Experience and Safeguarding: An EQIA is required as part of the plan.
Finance: The funding is provided by NHSE as part of the SDF allocation for Primary Care, and specific programme allocations, content of the finance section has been discussed with Finance.
Workforce: Funded expansion of the workforce is included within the plan.
Sustainability/Green agenda: Will be woven into the plan as appropriate (but not specifically mentioned in this plan as not on the NHSE checklist).

Finance sign-off	Steve Collins

6	Confirmation of completion of Equalities and Quality Impact Assessment
EQIA is required as part of the plan.	

7	Communications and Engagement Considerations
The BSW ICB Communications team have contributed to the plan. National communications resources are provided from NHSE.	

8	Statement on confidentiality of report
The final version of this update report is required to be made public.	

NHS
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Integrated Care Board

BSW Primary Care Access Recovery Plan (PCARP)

System Level Access Improvement Plan

Progress Update Report for 21st November 2024 ICB Board

Timeline and Approach

NHS
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Integrated Care Board

- In May 2023, the two-year Delivery Plan for Recovering Access to Primary Care (PCARP) was published by NHSE, outlining the requirements for ICB's to develop system-level access improvement plans (System Delivery Plan'). In April 2024, NHSE published an update and actions for PCARP in 2024/25 focussing on realising the benefits to patients and staff from the foundations already built within the four priority areas.

  As required by NHSE, ICB's reported to ICB Board in November 2023 and May 2024, and ICB's are required to report progress bi-annually.

  This document will provide an update on progress against the national actions and local system delivery plan.

  November 2024 submission governance timeline:

Governance Milestone	Date
BSW ICB Quality & Outcomes Committee	5.11.24
Primary Care Executive Committee	7.11.24
BSW ICB Board	21.11.24

- A key element of the governance around the Primary Care Access Recovery Plan (PCARP), and instrumental in securing the progress made to date, is the transparent and collaborative approach taken with BSW's Primary Care Access Recovery Working Group members, Wessex Local Medical Committee and Primary Care Network (PCN) and General Practice colleagues.

The Importance of Primary Care

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Primary Care is rightly seen as the bedrock of the NHS, with Primary Care services dealing with around 90% of patient contacts.

The Kings Fund's February 2024 report, "Making care closer to home a reality" states:
"The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable."

NHS Confederation research with Carnall Farrar 'Creating better health value: understanding the economic impact of NHS spending by care setting' published August 2023 states:
"We need to invest in the Out of Hospital Care system in order to create savings."

National Context

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- BSW ICB Board were presented with the BSW ICB System Level Access Improvement Plan in November 2023 and an update paper setting out progress in May 2024. These papers set a context of general practice being busier than ever, and the increased activity being set against a background of diminishing patient satisfaction with general practice. With demand on general practice growing and record numbers of appointments being delivered, The *Delivery plan for recovering access to primary care* was developed to look at ways to improve patient experience when it comes to accessing services, as well as making a difference for those working within general practice.
- The plan centres on four key areas to support recovery (see next slide):
- On 9 April 2024, the letter *Delivery plan for recovering access to primary care: update and actions for 2024/25* was published. This set out the areas for renewed focus for 2024/25:
    - Growing use of the NHS app, both in terms of records access and ordering repeat prescriptions
    - Increasing referrals to Pharmacy First
    - Delivery of the 2024/25 Capacity & Access Payment requirements
        - Digital telephony solution implemented, including call back functionality
        - Online consultation is available for patients to make administrative and clinical requests at least for the duration of core hours o
        - Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access
    - Expansion of online registration service to all practices by 31 December 2024
    - Continued focus on Primary/Secondary care interface
    - Further increase in self-referrals
    - Integrated Care Boards will need to strengthen locally owned delivery of transformation support, with continued national support this year as part of a transition to a system-owned delivery model.

Reminder: Key ambitions of the Primary Care Access Recovery Plan (PCARP)

NHS
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Integrated Care Board

1. **To make it easier for patients to contact their practice** and;

2. **For patient requests to be managed on the same day**, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service

PCARP is split into 4 areas:

Area	Focus
Empower Patients	• improving information and **NHS App** functionality • increasing self-directed care where clinically appropriate • increasing the number of **self-referral** options, guided by clinical advice • expanding **community pharmacy** services
Modern General Practice	• better digital **(cloud based)** telephony • simpler **online consultation**, booking and messaging • faster navigation, assessment and response
Build Capacity	• larger **multidisciplinary** teams • more new doctors • **retention and return** of experienced GPs • higher priority for primary care in housing developments
Cut Bureaucracy	• improving the **primary-secondary care interface** • building on the Bureaucracy Busting Concordat

Local Context: Increased Demand in BSW – Case for Change

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Integrated Care Board

- 6% Population growth in 15 years
- 35% Growth in the over 60 population
- £5mil Per year cost pressure on acute ‘activity’ through demographics alone
- 115 Additional acute bed demand in 5 years driven by demographic changes
- 57% Increase in adults over 65 requiring care in 15 years
- 12–18-Year-olds are our biggest children’s cohort. They are the Covid generation who will transition to adulthood in the next 5 years
- 3,000 Children and Young people with 2 or more long-term conditions
- 300% Increase in Neurodiversity caseloads in some parts of BSW during the pandemic
- 33% Of year 6 children in BSW are overweight or obese

Progress: Headlines

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Headlines

- Second highest ICB in South West for % Face to Face primary care appointments being offered
- Third highest ICB in South West for Appointments within 14 days
- Third highest GP staff FTE per weighted 10,000 patients
- Second highest % P9 Patient Registrations via NHS App
- Second highest % practices with prospective records access enabled
- First highest ICB in South West % of practices offering patients to book / cancel appointments online
- Telephony project is coming to a close with the majority of practices on a cloud solution that meets the national specification
- All but two practices are live with the 'Register with a GP surgery' pathway
- 0.5% reduction in 'Did Not Attend' primary care appointments from October 2023 to August 2024, equivalent to 2,400 appointments per month

Our Strengths	Our challenges
Good starting point on access – BSW compares well to other areas.	Variation exists within access, which we need to address.
Good progress made on workforce in terms of Additional Roles Reimbursement Scheme (ARRS) and recruitment and retention schemes.	Impact of ARRS roles on core practice staff and wider system.
Good relationships with primary care providers.	Capacity to maintain relationship and develop Primary Care Provider Collaboratives.
BSW has led the way in digital innovation through the online consultation and prospective records support,	Ensuring digital tools are properly embedded in practice access models. Need for whole system interoperability.
Ability to secure and maximise funding opportunities at short notice.	Primary Care access to, and reliance on, non-recurrent funding pots. This inhibits long term change. Need to invest in out of hospital care.
Assessment of resilience of practices in place.	Capacity and funding to support proactively rather than in crisis. Currently no local at scale provider alternative emerging.

Progress: Patient experience of contact – Update on GP Patient Survey 2024

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- The GP Patient Survey (GPPS) is an annual England-wide survey about patients' experiences of their GP practice and is administered by Ipsos on behalf of NHS England.
- In BSW ICB, 26,156 questionnaires were sent out, and 9,949 were returned completed. This represents a response rate of 38%.
- The GPPS survey states that the 2024 results are not comparable with previous years because a) of changes to the survey to ensure it continued to reflect how primary care services are delivered and how patients experience them and b) the methodology of the survey was changed to an 'online first' approach.
- The survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. The survey also provides data at PCN, ICS and National level.
- The GPPS can be used as an ICB comparison, and a PCN comparison to identify best practice and areas for improvement.

GPPS 2024 Highlights for BSW – Often ahead of national average, but opportunity for improvement

80%	74%	55%	50%	72%	67%
said their overall experience of their GP practice was good		said it was easy to contact their GP practice on the phone		said their overall experience of contacting their GP practice was good	
95%	92%	50%	48%	95% less than 2 days	93% less than 2 days
said they had confidence and trust in the healthcare professional at their last appointment		said it was easy to contact their GP practice using their practice website		said they knew how soon what the next step would be, the last time they contacted their practice	
93%	90%	47%	45%	86%	83%
said their needs were met at their last appointment		said it was easy to contact their GP practice using the NHS App		said they knew the next step in dealing with their request	
Key: BSW ICB % National Average %					

Progress: Modern General Practice – PCN's

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously

- PCN Capacity and Access Improvement Plans (CAIP) all submitted within timescales.
- CAIP plans approved via panel approval process including external stakeholders, health watch, Local Medical Committee.
- CAIP's covered three overarching areas relating to
    1) Patient Experience of contacting the practice
        1) Patient Engagement
        2) General Practice Patient Survey and local surveys for practice feedback
        3) Digital Inclusion programmes
    2) Ease of access and demand management
        1) Offer New Appointment types
        2) Promotion of Community Pharmacy Services
        3) Promotion of self-referrals
    3) Accuracy of Recording in appointment books
        1) Data Audits and rota alignment
        2) Capturing all appointment slot types
        3) Mapping all categories of appointment types
- Use of the NHS App four functions captured (see digital slide).
- Practices and PCN's would work towards implementing Modern General Practice Access Model.
- To build capacity, PCN Additional Roles Reimbursement Scheme (ARRS) and workforce plans completed, plus retention offers being taken up.
- National GPIP and Training offers being available to practices and PCN's.
- Practice feedback to support cutting interface bureaucracy welcomed and incorporated into primary / secondary interface developments.

Where we are now – November 2024

- Update of the uptake of the national support offers to PCN's and Practices:

NHSE Support Offer	Take up of Programmes in BSW ICB
Universal	Offered national webinars to all practices & PCN's. At least 14 practices attended Demand and Capacity Webinars. Recordings still available to Practices and PCN's.
Practice Level Support (General Practice Improvement Programme)	15 Practices have been through the programme in 23/24. 3 more are signed up and one extending in 24/25. Some practices have had a follow-on support programme. The majority of sessions have been delivered face to face with a trained Quality Improvement Practitioner from the national providers facilitating. BSW ICB Primary Care Team have supported the Practices on the programme through attending the group feedback sessions.
Digital Transformation Leads Development Programme	No local option made available therefore no attendance from BSW (nearest courses Birmingham / London).
Care Navigation Training	70.8% practices completed,, this offer is now via e-learning.
Local Support Level Framework	Offered to all PCN's and Practices to identify support needs. Delivered Action Learning Set with all PCN's.

- ARRS Roles Utilisation at 98%
- NHS App four functions well used (see separate digital slide)
- PCN Clinical Director's working with Deputy Chief Medical Officer to cut interface bureaucracy.
- Two local Clinical Peer Ambassadors are involved in the National Programme and BSW ICB will support the Clinical Peer Ambassadors locally through drawing up a framework wi9ch is consistent in how to engage and offer support, as well as identifying feedback and areas of focus and best practice.

Progress: Modern General Practice – PCN's

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- **What we said previously**

- Support practices and PCN's in delivering their Capacity and Access Improvement Plans (CAIP's)through:
- Webinars and Action Learning Sets
- Drop-in sessions with relation to the PCARP
- Signposting and facilitating peer to peer support
- Signposting to experts (internal stakeholders) for support with specific subject matters (e.g., Cloud Based Telephony, digital App, workforce, communications)
- Support though GP and Admin Fellows through the BSW Training Hub with the e-consultation roll-out
- Promotion of national offers
- Enabling the Directory of Service Team to develop a unique Directory of service with each practice and which practices will be able to maintain themselves which will enable Care Navigators to have information to hand when signposting patients appropriately (MiDOS).
- Power BI Support Tool to enable understanding of practice capacity and use of the capacity and GPAD data, along with action learning sets and 1:1 support.
- Sharing of all learning.

- Plan (CAIP) progress reviews.
- Friends and Family Test reporting and capturing patient feedback.
- General Practice Access Data (GPAD) – support to ensure coding is as consistent and accurate as possible to ensure all appointment activity is being captured appropriately.

Where we are now – November 2024

- 100% of the Capacity and Access Improvement payments made available to Primary Care Networks (PCN) based on meeting national criteria. Primary Care Network Clinical Directors have submitted declarations when the network has met any or all of the three requirements:
  - Better digital telephony
  - Simpler online requests
  - Faster Care Navigation, assessment & response

As at end of October 2024, 9 Primary Care Networks have submitted a full declaration and 5 PCN's have submitted a declaration for 2 of the requirements. BSW ICB has approved and processed payment for all of these.

- Second year Transition Support and Transformation Funding rolled out to 100% of practices to support PCN plans for their Modern General Practice Journey.

- GPAD assurance process – through CAIP 100% PCNs confirmed self-certification of accurate recording of all appointments and compliance with GPAD.

- Practices committed to providing an outcome at first point of contact.

- Update of Friends and Family Test Reporting (NHSE Data):

Uptake of FFT Reported by BSW Practices	Start Feb-23	Aug-24
Total Population of BSW	990,575	1,007,111
Total number of FFT responses	5,417	17,978
% of population responded	0.55%	1.80%
Total number of practices	89	86
Number of practices displaying no data	67	27
Number of practices displaying data	22	59
% of positive responses	96%	94%
% negative responses	2%	3%
% neither positive or negative or don't know	2%	3%

Progress: Modern General Practice - Digital

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously:

- 23 out of 88 practices were on analogue telephone systems, with ICB working through NHSE Priority list.
- Online consultation, messaging and booking functionality is in place across some BSW PCN's through different systems. A handful of PCN's provided their online consultation rate per 1000 population, however late in 2023 it is expected that this metric will be published by NHSE as the data companies are being requested to upload patient data usage by practice.
- We have received notification from NHE England regarding the new "Digital Pathway Framework, which is currently anticipated to provide an additional 93 pence per patient for practices to fund "high quality digital tools". Until we receive further clarity this is very difficult to develop detailed plans.
- The ICB has confirmed that it will reimburse on-line consultation products used by practices up to a certain level during 2023/24 as from 204/25 this funding will be available through PCARP, however we are waiting for the delayed NHSE framework on digital pathways to be ready for use. Our clinical system user group is supporting PCN's in choosing the right product for them.
- As the digital tools become available the ICB will support practices in embedding the tools; work and transform to provide modern general practice and review online consultation rates against age and deprivation markers to ensure that the tools are being accessed appropriately.
- A review of Practice websites recently undertaken by the BaNES, Swindon and Wiltshire Healthwatch's, and the helpful observations are being used by PCN's within their CAIP plans.

Where we are now – November 2024

Cloud Based Telephony

- All BSW practices have a cloud telephony solution or had opportunity to upgrade.
- NHSE South West Dashboard Nov'24, 94% BSW ICB Practices are on CBT, with the remaining practices signed up to transition from Analogue to CBT.
- We have been working with additional practices to provide more upgrade opportunities to meet the national specification

Digital Pathway Framework

- New process for 2024-25 advised by NHSE, due to the national digital pathway framework indefinite delay. The revised maximum 76 pence per patient will be used within the new guidance, ICB IT liaising with practices to develop a locally procured plan. Future funding is unknown at this stage.

Digital Registrations

- 85 out of 87 practices have opted in to receive digital registrations.
- Full integration with SystmOne expected by March 2025
- We are encouraging the two remaining practices to sign up.

Websites

- 5 Practices and 1 PCN in BSW are participating in the NHSE standardised website project who are live and a further 10 have signed up and awaiting deployment.
- There is now further funding to allow more PCNs/practices to join for 2025

Full Record Access via Online Services (as at 31/04/2024)

- All BSW practices able to offer full prospective record access to patients via Online Services.
- At 77 of 84 practices, 90% of those with online services accounts can access their full medical record. Plan in place for remaining practices to work through safeguarding concerns. The slight percentage drop is due to practice mergers

Primary Care Digital Maturity Assessment

- This PCARP plan has been aligned to the Primary Care Digital Maturity Assessment.

Diversion to NHS 111

- ICB Digital and Primary Care team are supporting practices prioritised using GPAD, POMI and NHS 111 data to identify areas of greatest support needs.

Progress: Modern General Practice - Digital App

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously

- NHS App – position against each of **4 App functions** for patients:

PCARP Requirement	Position in BSW ICB of 4 NHS App Functions
Apply system changes or manually update patient settings to provide prospective record access to all patients.	84% of BSW practices enabled for prospective (future) full record access with 74 out of 88 practices currently live. We are on course to have all practices enabled by the NHSE timeline of 31st October 2023.
Ensure directly bookable appointments are available online.	98% of BSW practices (86 out of 88 practices) have had patients booked appointments via the NHS app.
Secure NHS App messaging to patients where practices have the technology to do so in place.	BSW ICB funding AccuRx till April 2025 then hoped System One can send messages directly to the NHS App. Ability of AccuRx to provide feature only made available during September 2023, ICB encouraging all practices to use.
Encourage patients to order repeat medications via app supported by comms toolkit.	This is offered and is being used by patients in 100% of practices.

Where we are now

- NHS App – position against each of **4 App functions** for patients:

PCARP	Position in BSW ICB
Apply system changes or manually update patient settings to provide prospective record access to all patients	100% of practices
Ensure directly bookable appointments are available online	100% of Practices
Secure NHS app messaging to patients where practices have the technology to do so	This is currently available via accuRx and is coming soon to SystmOne. The SMS fallback has been increased to 24 hours for the original 3 hours if notification in the app not read
Encourage patients to order repeat medication via app supported by comms toolkit	100% of practices

NHS App (data up to 31/09/2024)

- All BSW practices offer services via the NHS App.
- 3.9 registrations per 1000 GP population. The national average was 3.9 SW average was 3.9.
- 773 app logins per 1000 GP population, the 4th highest in the country. The national average was 702, SW average was 770.
- 4.6K appointments booked; 95K repeat prescriptions ordered;351K record views.
- BSW continues to actively encourage practices to promote the NHS App, through communications toolkit and with updates shared at regular meetings.

Progress: Self-Referral

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously

- Baseline submission completed to NHSE.
- Complexity of 3 different providers for each self-referral pathway (falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services) as set out in 2023/24 operational planning guidance, therefore 21 services across 10 different provider organisations.
- Self-referral Working Group comprising acute, community and primary care commissioners and Local Medical Committee.
- Service reviews taking place across all self-referral pathways, with only Community Musculoskeletal Services Self-referral was available in all three localities.

Where we are now – November 2024

- New Integrated Community Based Care contract awarded – mobilisation in progress. Ensuring that self-referral pathways are in place is a key requirement within the contract.
- Self- assessment completed against all 7 pathways with self-referral pathways available in over half. Continue to expand the 7 self-referral pathways Also noting operational planning action to expand direct access where GP involvement is not clinically necessary.
- Business case in development for BSW Weight Management pathway, which will include a Single Point Of Access with self- referral mechanism included.
- Senior Responsible Officer, Operational and Business Intelligence leads identified and engaged in the South West Self-Referral Workstream.
- Responding to NHSE focus on data capture through Commissioning Datasets to demonstrate achievement of regional self-referral target of 50% increase in referral activity data.
- Achievements identified through regional ‘deep dive’ focussing on data quality and ensuring that the self-referrals per month that are not currently being captured on the Community Services Dataset (CSDS) are feeding into the data.
- Working with the new service provider to improve the quality of data captured through the CSDS.
- Developed BSW Community services waiting list report for adults and children, understanding comparisons in witing times will drive the work on self-referral pathways.
- Developing communications page for General Practice for all available pathways.

Community Pharmacy Progress (1)

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we have said previously

- Instigate Community Pharmacy Operational Group including system partners e.g., CP Avon, CP Swindon & Wilts, Public Health, finance, digital etc.
- Recruitment of an ICB System Chief Pharmacist, who will be the lead for Delegated or transferred responsibilities for commissioning, including any delegated or transferred responsibilities for the community pharmacy contractual framework.
- Ensure appropriate representation of community pharmacy within ICB and system infrastructure e.g., Primary Care Collaboratives.
- Ensure community pharmacy priorities are embedded in system strategies and implementation plans.
- Identify Community Pharmacy PCN leads with protected time to engage with GP practices to improve integrated working and increased access for patients to services
- Understand integrated working between PCNs and community pharmacies in line with PCN DES. Explore and develop a plan (with PCN Leads) to improve integrated working with community pharmacy.
- Assess impact of pharmacy closures and changes of hours and revision of unplanned closure policy
- Participation in IP Pathfinder Programme

Workforce:

- Agree Initial Education and Training Standards of Pharmacists reforms (IETP) cross-sector training models ready for submission to Oriel.
- University events to support Oriel preferencing.
- Establish social media to support careers engagement.
- Ongoing schools' careers engagement.
- Pharmacy technician pre-registration training (PTPT) bid submission
- Explore the development of a model to map community pharmacy capacity, access and activity that can be used to identify areas of greatest need.

Community Pharmacy Progress (2)

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Where we are now: November 2024

- Community Pharmacy Operational Group meets monthly and reports to Primary Care Executive Group. It includes system partners and is chaired by the ICS Chief Pharmacist, supported by the Head of POD and CPCL.
- Community Pharmacy is part of Implementation Plan, financial recovery plans (e.g. MTFP) and primary care strategies.
- Community Pharmacy PCN Leads identified for nearly all PCNs. A PCN/CP Development Day was held on 11.09.24, attended by over 100 delegates. The event achieved exceptional engagement, especially in a large rural ICB, with attendees eager to collaborate despite challenges like system interoperability and service inconsistency. A solution-focused mindset was evident, and PCN Leads facilitated productive strategic workshops. Participants appreciated insights from various partnerships, and ICB Director of Primary Care and LMC Medical Director set a strong vision for collaboration. Progress will be measured through lead reporting and through services activity data.
- CP is becoming more part of Neighbourhood Partnerships, with CP supporting BP Checks at Salisbury Livestock Market as part of a pilot.
- PowerBI dashboards have been developed to support implementation of Pharmacy First.
- 100% of pharmacies signed up for Minor Illness/Pathways, providing c 5500 consults per month
- 83% of pharmacies are signed up for Contraception. Supplies are growing month on month
- 94% of pharmacies are signed up for BP Service; on average 3300 BP & ABPM checks are happening monthly.
- Contracts are in place for 5 IP Pathfinder sites. Clinical supervision has been arranged through Medvivo. We are awaiting national IT solution in order to go live. Antimicrobial stewardship will be part of usual ICB governance processes.
- Work ongoing with South West Collaborative Commissioning Hub to assess impact of pharmacy closures and changes of hours, as well as Quality and Safety Governance and assurance processes

Workforce:

- 2023 CP Workforce survey shows an improving picture in terms of CP pharmacist vacancy rate, number of trainee pharmacist and number of IPs
- Successfully delivered ‘Teach & Treat’ with Medvivo, training pharmacist independent prescribers
- 75 training places into Oriel for 25/26 for the system, of which 44 are split places (primary care / community pharmacy) with DPPs allocated to support independent prescribing competences.
- Developing a single lead employer model for Trainees to support primary care, along with evaluation
- Repeat events at Reading, Cardiff and Bath Universities have taken place, We have seen a positive impact with trainees choosing BSW after these events
- Our Trainee pharmacists are running very active Instagram and X accounts @BSWTrainees and @BSWPharmTeam
- Have had three summer placement students on gold scholarships mentor scheme at Bath University to support work on Inclusive Pharmacy Practice and Comms & Engagement/
- Attended multiple schools and careers events and Linked in with regional leads for careers events
- In the most recent round of PTPT bids we have had 19 pharmacies put in EOI for 32 places, which is a significant increase
- Development of a workforce metrics PowerBI dashboard
- Development of MPharm Student/Community Pharmacy BP Clinics to provide clinical placement experience and tackle health inequalities.

Progress: Workforce

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- **What we have previously achieved**

- BSW Primary Care Team and Training Hub working with practices and PCN's to maximise the ARRS offers and ensure support packages in place to upskill and retain ARRS practitioners.
- BSW Training Hub working in collaboration to develop system wide plans which challenge, build, develop and strengthen the primary care workforce. Deliverables against this plan include (not exhaustive); a variety of GP retention schemes; advance practice financial sponsorship; mentoring supply in support of number of learners; learning organisational approvals to maximise placements and support supply of workforce as well as a variety of health and wellbeing offers.
- BSW Training Hub trialling recruitment of a legacy nurse which could be expanded to other practitioners to aid retention, plus implementing a project for administration fellows (first in the South West) to support the PCARP workstream of roll out of e-consultations and care navigation.
- The Training Hub and three near-peer fellows to support international medical graduates training; obtaining roles; and focusing on retention in BSW Primary Care.

- **Where we are now – November 2024**

- Primary Care Team are linking in with NHSE Strategic Workforce Team to progress with the next stage of the PCARP strategy.
- Further workforce solutions available via working in partnership with BSW Training Hub, including some upskilling in administration to support those with care navigation responsibilities.
- Advanced Practice Primary Care lead has ensured promotion and access to funding for AP upskilling in the system in line with demand.
- ARRS roles utilisation is at 98%. As an ICB our PCNs are on track to spend c.£21.196m of the originally estimated £21.712m.
- General Practice Nurse pipeline is robust, and supply of newly qualified nurses wishing to be GPN's in BSW is higher than vacancies available.
- Digital Fellows project (GP and Administrators) has concluded following supporting practices engage with the digital strategy and has left legacy reference documents via resources on website, Teamnet, & newsletters.
- 93% of uptake on places on the previous national Care Navigation Training.
- Near peer fellowships will be offered again by NHSE in 2025 to provide continued support of international medical graduates (IMG's) for qualifying and obtaining roles in BSW as part of capacity
- Newly Qualified GP scheme remains in place to support BSW GPs

Progress: Primary / Secondary Care Interface

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously

- Establish agreed set of principles through an agreed policy document ‘BSW Primary and Secondary Care: Excellence in Partnership Working’.
- To ensure principles are communicated and embedded across organisations (including all clinicians operating on the ground), and to therefore ensure that the associated benefits are realised in primary and secondary care, a robust implementation plan will be developed, through locality engagement, that will require sign up from all stakeholders.
- Ongoing monitoring of adherence to principles designed to ensure system effectiveness and efficiency as well as clear routes for prompt escalation will also be established.

Where we are now – November 2024

- The development of the ‘BSW Primary and Secondary Care: Excellence in Partnership Working’ document has been signed off by the ICB, the three local Acute Trusts, and the Local Medical Committee. The principle has been widely welcomed across both primary and secondary care. It is, however, important to recognise that its sign off across provider organisations represents the starting point on this journey and that it is only with continued collaboration and effort over a prolonged period on both sides of the interface, that the key benefits of this work will be realised.
- The leadership required to achieve associated behavioural changes rests with medical directors across the ICS but also with local leadership and collaboration at place.
- Interface leads identified from each organisation with responsibility for implementing and embedding principles and providing forum for monitoring and escalation.
- ICB Primary Care Medical Director chairing regular meetings with secondary care leads and PCN Clinical Directors to assess implementation and identify ongoing issues that need addressing.
- Electronic feedback mechanism being explored with Governance colleagues.
- The NHSE Primary – Secondary Care Interface Assessment is being completed by the three Acute Trusts and Primary Care Clinical Directors. Actions being taken forward.
- BSW ICB System is fully engaged with the Red Tape Challenge led by Dr Claire Fuller for NHSE.

Progress: Communication Strategy

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously

The communications strategy produced by the ICB aims to not only raise awareness of the key issues outlined in the national Primary Care Access Recovery Plan, but to also shine a light on what is happening across primary care in Bath and North East Somerset, Swindon and Wiltshire.

- The activities referenced in the plan will take place throughout the autumn and winter of 2023, as well as the early part of 2024.
- Wherever possible, all local activity will seek to tie-in with the messages being shared by NHS England as part of its larger national primary care campaign. National assets, such as those created for websites and social media, will also be employed to help reinforce local campaign messages.
- Activity is expected to be prolonged and will stretch across many months. Given the extended duration, the campaign will have a number of key focus areas, including:
  - Did not attend
  - While you wait
  - Enhanced access
  - Don't Put it Off
  - Digital GP access
  - Wider practice team
  - Alternatives to primary care
- All local communications plan actions as well as the national communications resources will be shared with local stakeholders such as Healthwatch, the Voluntary Sector and the Local Medical Committee & Patient Participation Group's.

Where we are now – November 2024

- Maintaining the awareness of both the pressures within primary care through both opportunistic and strategic public messages through all media forms across Bath and North East Somerset, Swindon and Wiltshire.
- Utilised the national messaging shared from NHSE to bring to a local level through the use of the assets created for websites and social media to reinforce local campaign messages.
- Specific programme setting up a local steering group with primary care representatives from across BSW to work with the ICB Communications and Engagement team to develop a suite of new assets targeting patients for use on practice channels to tackle the issue of Did – Not – attends (DNAs). The assets contained posters, email and SMS messages and drew on published behaviour change research to introduce new ways to nuance practice messages to tackle the DNA problems. The toolkit was also supported by a media release which was picked up by several outlets. Key objectives addressed were:
  - Raise awareness of the thousands of general practice team appointments being wasted every month across BSW.
  - Understand the drivers to DNA and tackle the barriers and motivations.
  - Remind people of the importance of cancelling or changing their appointment time if they no longer need it or can no longer make it.
  - Highlight a connection between missed appointments and ongoing challenges with capacity for appointments.
  - Raise awareness of the method(s) that patients can use to cancel or amend appointments at their local GP practice.
  - Normalise the appropriate behaviour of cancelling appointments when need be.
- 'Wider practice team' and 'Alternatives to primary care' communications programmes have also been updated and released.

PCARP Finance Update

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Funding Stream	What is it	Value	How we are applying it?
Investment and Impact Fund National Capacity and Access Support	Paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 23/24 financial year	Average size PCN receives £11,500 per month	Unconditional funding paid monthly.
Investment and Impact Fund Local Capacity and Access Improvement Payment	Paid to PCNs based on PCN Clinical Director declarations in line with national guidance. (see slide 9)	Average PCN receives £56,000 per year	All PCN's have met the criteria to support their Modern General Practice journey and have received funding.
Transition Cover and Transformation Support Funding	To support practices to make the change to a modern general practice access model	Average PCN receives £13.5k over two years. £677k received by BSW for each year.	All PCN's have met the criteria to support their Modern General Practice journey for the second year's funding.
Digital Telephony	To support transition of practices to Cloud Based Telephony Systems	For BSW £729k received	Allocation committed for those practices on NHSE lists for all phases, to move to Cloud Based Telephony.
Online Consultation tools – Digital Pathway Framework	Funding tools via Digital Pathway Framework	For BSW 93p per patient received (now 76p in 2024).	Awaiting national framework publication.
Primary Care / System Development Funding	Primary Care / System Development Funding	General ICB Transformation Funding	PCN Leadership; Flexible Staff Pools; Training Hub; Resilience.

Update: Aligning funding streams to maximise opportunities in the delivery of Modern General Practice

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- The ICB Primary Care Finance Strategy seeks to ensure that all national and discretionary funding streams have been invested in accordance with the national guidance and aligned where possible to initiatives linked to delivery of the overarching Primary Care Access Recovery Plan (PCARP) agenda. For example, project lines funded through this year's System Development Funding are directly linked to the priority areas of PCARP. This is demonstrated in the supporting table on the previous slide. We have ensured that no funding stream duplicates existing renumerated programmes of work or core contractual requirements. The new funding streams are therefore providing new and additional activity.
- The Primary Care finance team manages the allocations received ensuring that payments are made to practices and Primary Care Networks (PCN's) in accordance with the guidance. We have made specific arrangements to ensure that resources reach providers as early as possible and have spent all resources in year. We have made payments to all practices for the Transition Cover and Transformation stream to ensure practices are fully supported, based on practices and PCN's declaration on their journey towards Modern General Practice, as PCARP is a two-year programme. Where we identify practices with particular access or resilience challenges, we expect, encourage and support them to use that funding in a way that best meets their particular need to address their particular challenge. E.g. actively signposting to General Practice Improvement Programme (GPIP) support offers, inclusion in Cloud Based Telephony transition, additional business/project management support.
- The ICB gains assurance via submitted evidence from PCNs and practices, which is checked and monitored in accordance with guidance and local plans. The ICB engages with the local PCARP Working Group and the Primary Care Operational Group which also includes Local Medical Committee representatives on these plans to ensure they are developed collaboratively and are deliverable.
- We seek to align all areas of primary care commissioned activity and spend to achieve our strategic objectives to leverage the maximum value from the entirety of primary care resources.
- Looking forward to the 2025/26 financial year, as well as continuing to ensure national funding streams are spent appropriately , promptly and efficiently, the ICB will also fully consider the use of any discretionary funds that are made available within 2025/26 to invest in the development and transformation required to move towards a greater level of at scale delivery, again ensuring we maximise the opportunities available withing the funding we receive.

Progress: Trajectories

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

What we said previously

- The ICB is developing a Primary Care Quality Dashboard which will include a number of access measures and deliverables under PCARP included in its strategic metrics, the dashboard will be received by the Primary Care Operational Group on a bimonthly basis.

Where we are now – November 2024

- BSW ICB uses the newly developed NHSE South West PCARP dashboard. the BSW ICB Business Intelligence Team is reviewing the potential for a local dashboard to support reporting and governance arrangements.
- BSW ICB has a trajectory plan for the whole of the PCARP programme with key indicators and milestones over the two-year programme, updated to reflect national changes.

Summary of PCARP Programme Trajectory			
Improvements in PCARP areas	**Measures**	**Update November 2024**	**Plan 24-25**
PCN Modern General Practice			
• Patient experience of contact: • GPPS • F&F	• Improvement trend on GPPS on 2022-23 • Sign up and publish FFT	• GPPS 2023 analysis when published • 41% improvement publishing FFT	• Share GPPS analysis and improvements. • 100% FFT publishing.
• Ease of access & demand management: • Cloud Based Telephony • Features of CBT	• 100% move to CBT • Comparison of call wait times across PCN • Sharing of best practice/protocols	• 91% practices on CBT • Awaiting national statistics from suppliers • CBT User Working Group set up	• 100% practices with CBT solution when national framework available • Analyse CBT statistics
• Accuracy of recording in appointment books: • GPAD	• Record all appointments in appointment books in line with agreed definition of an appointment. • Improve the accuracy of appointment recording by referring to existing guidance. • Improve the use of GPAD to differentiate urgent from routine	• 100% PCN's GPAD compliance & self-certification of accurate appointment recording • Practices & PCN's mapping IIF indicator for two-week appointment: NHSE advised 4 exception codes not used 23/24.	• Continue with Action Learning Sets and sharing best practice on accurate appointment recording. • Include exceptions in 24/25
Workforce			
• General Practice able to offer improved multi-disciplinary care through employment of additional ARRS roles	• All PCN's to have maximised their utilisation of the ARRS scheme with target of 90% take-up of new ARRS roles by March 2024	• 98% Utilisation of ARRS roles March 2024	• Continue ARRS utilisation within NHSE scheme guidance during 24-25
Pharmacy			
• Recover pharmacy activity	• 90% community pharmacies supply prescription-only medicines for seven common conditions by March 2024	• 99% Community Pharmacies signed up to Pharmacy First Scheme.	• Utilise NHSE data when published to understand and progress.
Self - Referrals			
• 7 national self-referral pathways • Expand for locally decided pathways	• All pathways in place • New pathways developed	• Self-assessment completed. Datasets analysis 50% increase in self-referral activity data.	• Increase self-referrals for all services where clinically appropriate.
Primary – Secondary Interface (April 2024)			
• NHSE Primary – secondary Interface Assessment for Acute Trusts April 2024	• Established Process for all 4 Interface areas	• Self- Assessments submitted to NHSE. • Locally agreed supportive KLOE's being developed..	• Review Secondary Care self-assessments. Implement change.

Next Steps

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Workstream	Key areas to progress over next 6 months	Target date
Digital	Continue Implementation plan for Cloud Based Telephony. Continuation of NHS App promotion ICS wide review via clinical systems user group of digital tools once NHSE PCARP Digital funding process is fully known.	Ongoing 2024/25 Ongoing 2024/25 Tbc NHSE
Pharmacy	Complete Pharmacy Strategy. Ensure all community pharmacies opted in to provide Pharmacy First achieve minimum number of monthly clinical pathways consultation.	Q3 & Q4 2024 December 2024
Communications	Continue communications campaign to promote Pharmacy First, NHS App and Additional Roles Reimbursement Scheme (ARRS) role that is local and targeted.	Ongoing 2024/25
Transformation	Assess and sign-off applications from practices to access 24/25 CAIP funding as PCN declarations are received. Continue information capture realised through implementation of plans. Use opportunity to glean points of learning and best practice for wider sharing. Continue local action learning sets for all areas of transformation which PCN's request discussion to share learning and best practice across the BSW patch. BSW ICB Primary Care Team piloting with NHSE 'Co-producing the future' team Service Level Framework	Ongoing 2024/25 Ongoing 2024 Ongoing 2024/25 Q3 & Q4 2024/25
Self-referral	Working with new ICBC service provider to improve the quality of data captured through Community Services Dataset (CDCS). Working with new ICBC service provider to increase the number of self-referral pathways. Develop Information Sheets and Directory of Service information for primary care to access.	Dec 2024 Dec 2024 Dec 2024
Primary / Secondary Interface	'BSW Primary and Secondary Care: Excellence in Partnership Working' document to continue to be the basis of discussions. Establish digital monitoring of feedback with this way of working. Work on actions raised through the completed Primary – Secondary Care Interface Assessments from the three Acute Trusts and Primary Care Clinical Directors as discussed through the regular interface meetings.	On-going 2024/25 Q4 2024/25 May 2024 April 2024
Workforce	Operational Plan submission. ARRS year-end assessment and reporting, and preparation for new financial year. BSW Training Hub – continue to support current training offers supporting retention / well-being across staff groups .	April 2024 Q3 & Q4 2024/25 Q3 & Q4 2024/25

Conclusion

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

- BSW has made good progress with the delivery of the Primary Care Access Recovery Plan (PCARP) during the first year of the programme and is in a strong position regionally.
- As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as the first step of developing the ICB Primary Care Strategy.
- Recommendation of Board:
  - To note the contents of this report.
  - To consider how key ambitions can be supported by wider system partners.
  - To be cognisant of the need to support what is an expanding, and system critical, primary care transformation programme.