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H2 Planning and the development of a Multi-Year Recovery Plan
Joint Health and Social Care Overview and Scrutiny Committee
2 December 2021

Paul Athey, Chief Finance Officer

Purpose

- To provide the committee with an update on the latest position for the H2 (Q3-Q4 2021/22) Plan and the approach to the development of the ICS Multi-Year System Recovery Plan

- To provide the committee with oversight on the risks and mitigating actions

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Context

- A shadow ICS is in place for BSol to support collaboration and integration across health and care
- We are working together as a system to respond to the challenges as we recover from COVID
- Planning this year is in two parts to enable systems to respond to the challenges and needs of COVID
  - H1 covers Q1 and Q2 – submitted in June
  - H2 covering Q3 and Q4 – submitted in November
- Nationally, COVID has had an impact on waiting times. As a result, all ICSs have been asked to develop an system wide recovery plan to get back on track. In BSol, we are also planning for beyond 2021/22 with a multi-year recovery plan
- National funding has been available through the Targeted Investment Fund and Winter Monies to help systems manage pressures and recover

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H2 summary of national priorities

WORKFORCE

Staffing to **support elective recovery**

Move towards **system workforce planning** in readiness for Integrated Care Boards

RESTORING AND INCREASING ACCESS TO PRIMARY CARE SERVICES

Prioritise local investment and support for GPs including recruitment and retention

Provide access to pre-pandemic appointment levels, including face to face care

ELECTIVE RECOVERY

Eliminate **104 week waits**

Reduce or hold number of patients waiting over 52 weeks

Stabilise waiting lists around Sept 2021 levels

Optimise Advice and Guidance and grow remote outpatients

Implement **patient initiated follow-up** for 5 major specialties

Accelerate rapid diagnostic centres to achieve 50% conversion

Return 62 day waits to Feb 2020 levels

Ensure **75% of patients will have cancer ruled out or diagnosed within 28 days of referral**

TRANSFORM COMMUNITY, URGENT AND EMERGENCY CARE AND IMPROVE DISCHARGE

Increase levels of discharge and reduce length of stay for over 21 days

Continue providing **2 hour community response teams** 8am-8pm, 7 days per week

Reduce number and duration **ambulance handover delays**

Eliminate 12 hour waits in ED

H2 key risks and mitigations

The key risk is on addressing elective waiting times – specifically:

- Stabilising waiting lists at the September 2021 level
- Reducing or holding the numbers of people waiting 52 weeks
- Returning people waiting 62 days or more to February 2020 levels
- Ensuring sufficient workforce availability to support our elective recovery (and reduce waiting lists)
- Putting in place patient initiated follow up in at least 5 outpatient specialties

Mitigations include:

- Maximising our theatre capacity and allocation across the system
- Maintaining a ‘green’ site focused on critical care, supported by ITU expansion and ward expansion at UHB in Q3
- Reviewing patient waiting lists and prioritising these based on harm reviews and level of need
- International recruitment for critical care and theatre nurses plus bank staff and locum support for specialties
- Securing independent sector capacity nationally and locally
- Delivering ‘Super Saturdays’ to deliver high volumes of activity to reduce the waiting list
- Reviewing how patient initiated follow-up is working in the four areas where it is already live (dermatology, musculo-skeletal, endocrinology, gastroenterology). Work is in progress for cancer services

Elective recovery challenges

Factors that could affect our elective recovery are:

- Rising COVID rates - this will create pressures in ITU and high dependency units and result in redeployment of staff
- Staff sickness
- Winter pressures impacting on flow and bed availability
- Managing widening inequalities linked to increased demand for care and widening health inequalities
- Construction delays which impact upon capacity expansion

These factors are being managed as far as possible with mitigations in place.

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H2 Financial Planning – 2021/22

H2 Financial Planning

- The H2 (Half 2 – October 21 to March 22) allocation for Birmingham and Solihull was £1.22bn, £23.3m higher than the equivalent allocation for H1.
- BSol ICS is able to access a range of other funding sources outside of core allocations:
  - Hospital Discharge Programme
  - Primary Care Winter Access Funding
  - Targeted Investment Funding
  - Service Development Funding (SDF)
  - Elective Recovery Funding (including "underwriting scheme")
  - Centrally funded COVID schemes (e.g. vaccination programme)
- **All BSol NHS organisations, and the system in total, are planning for a breakeven position for 21/22.**

H2 System Allocation Changes	£000
Core allocation growth	£11,688
Growth - other allocations	£3,216
Funding for H1 pay award backpay	£15,965
System efficiency target	(£10,455)
Covid funding clawback	(£4,840)
Provider income loss funding clawback	(£1,317)
System Capacity Funding	£9,018
TOTAL	**£23,275**

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Additional funding for development, recovery and winter pressures

Hospital Discharge Programme

- £11.6m, funding various schemes introduced as part of the COVID response and excess costs of existing discharge pathways. This funding will cease on 31 March 2022.

Primary Care Winter Access Funding

- Potential £5.9m (subject to NHSEI approval), funding primary care surge capacity, oximetry at home and at-scale models for expanded GP access.

Targeted Investment Fund

- £13.4m revenue and £16.8m capital supporting various elective recovery schemes:
  - Capacity expansion programme at Queen Elizabeth Hospital (QEH), Birmingham Heartlands Hospital (BHH) and Good Hope Hospital (GHH)
  - Enhanced perioperative care units at QEH and Solihull Hospital
  - Respiratory support units at QEH, BHH and GHH
  - Digital transformation at UHB, ROH and across primary care

Elective Recovery Funding

- BSol does not expect to meet the threshold for access to Elective Recovery Funding , however conversations are ongoing regarding the potential underwriting of the marginal cost of planned activity increases in H2.

H2 system efficiency schemes

- £10.4m of targeted efficiency required, in addition to the efficiency requirement implicit within provider inflation funding
- £3.3m of commissioner-led efficiency schemes identified to date:
  - £1.0m - Continuing Healthcare – Reestablishment of initial assessments within 4-week funded window
  - £0.8m – Prescribing schemes – Cost effectiveness, waste reduction schemes and medication reviews, primarily through the Primary Care universal offer
  - £0.6m – Functional Mental Health packages – Focused review of high cost packages
  - £0.5m – Enhanced Assessment Beds - Consolidation of contracts for non-NHS enhanced assessment beds to improve utilisation as part of the interim stages of the Early Intervention Pathway 2 bed strategy
  - £0.4m (non-rec) – Vacancies on CCG running costs
- Provider schemes still being finalised – will update at JHOSC meeting

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Multi-Year Recovery Plan

Multi-year recovery plan

- **Context** - given COVID, it will take time to recover and address our performance challenges
- **Aims -** The multi-year recovery plan will bring the system together to plan for the next 4 years - transformation and sustainability is key
- **Locally driven** - The plan is locally driven (i.e. this is not a national requirement). It gives BSol the opportunity to bring together our collective assets so we can improve services and outcomes
- **Content -** the plan will include:
  - A detailed case for the first 2 years will cover waiting times, diagnostics, ambulance handovers and inequalities
  - How we will address and reduce waiting times for patients - through increased capacity and expansion to our workforce either through planned or emergency treatment
  - How we streamline access to elective and urgent and emergency care over the next 4 years for our patients
  - The case for further system investment to fund the additional capacity required
  - Timelines for when we expect waiting times to be in line with national requirements
  - How we mainstream best practice and innovation
  - Proposals for permanent service changes or site reconfigurations to enable timely access to care

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Next steps

- 26/11/21 - Multi-year recovery plan to submitted to NHSEI
- December – Discussions between system partners and NHSEI to refine plans
- December-March
  - Implementation and delivery of H2 priorities
  - 2022/23 planning
  - Reviewing proposed permanent service changes

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Questions

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