NHS
Cheshire and Merseyside

Planning for 2024-25
Developing our Plans

Discussion Document

October 2023

Introduction

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- We have existing, often pre-ICS legacy, approaches being followed to develop our system plans and commissioning intentions
- Despite plans being drawn together into a single document in our 2023-28 Joint Forward Plan we have not previously fully aligned how plans across ICS teams fit together or fully ensured that all plans are closely focused only on our “top priorities”
- We need to republish the Joint Forward Plan in March 2024 reflecting operational and financial planning requirements and reflecting the scope of what we would like to deliver compared to the resources (workforce and finance) available to do this
- We need to agree contracts with providers (NHS and wider) using a consistent approach and methodology
- Having a consistent approach to planning across teams will help us by:
  - Proactively identifying and communicating the totality and alignment of all our plans both internally and externally
  - Prioritising plans and assign financial resources across our system more effectively
  - Provide cross ICB/S visibility of plans reducing duplication in plans and assigning our combined workforce more efficiently
  - Align resources to support public engagement and coproduction contained within plans

What drives our planning priorities

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Delivering the objectives of the C&M HCP Strategy *due to be refreshed by March 2024*

- **Tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles)**
- Improving population health and healthcare
- Enhancing productivity and value for money
- Helping to support broader social and economic development.

Place, Programme and Provider priorities

- Delivery of agreed Place Health and Wellbeing Board Strategy or other Place Partnership local priorities
- Delivery of statutory duty or service at risk e.g. service quality, safety, access, or performance concerns, contract expiring or service fragile
- Financial duties including transformation for value

National NHS planning guidance

- NHS Annual Planning requirements (expected November/December)
- NHS Long Term Plan delivery requirements
- Delivery of national programmes e.g. tobacco dependency, Primary Care Access
- Mandatory service developments e.g. NICE TA

Developing our plans through a consistent approach

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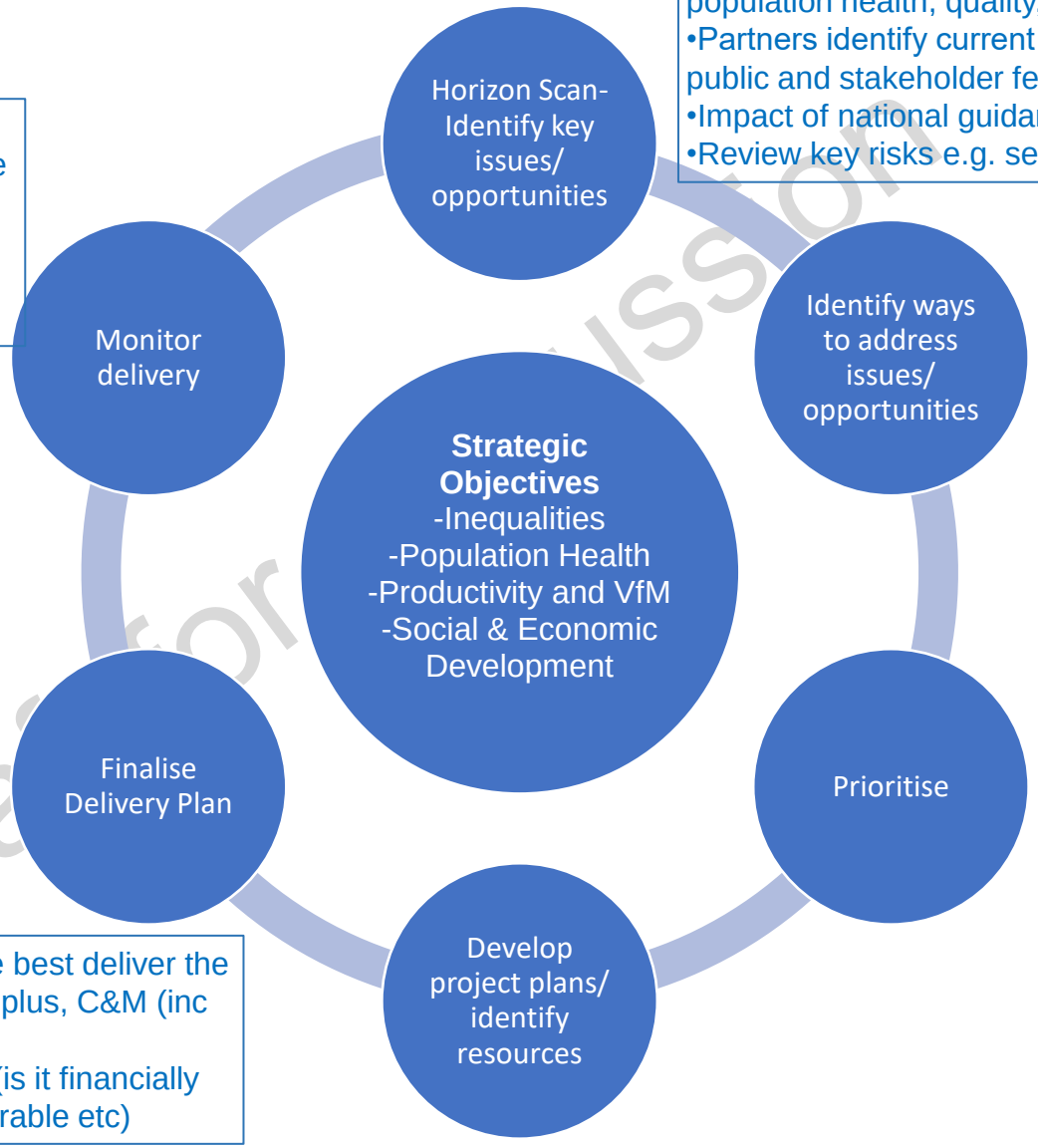
•Delivery against existing strategic priorities/metrics/outcomes (inequalities, population health, quality, performance, workforce, finance etc)
•Partners identify current "issues" needing attention including from providers, public and stakeholder feedback e.g. complaints, Healthwatch intelligence etc
•Impact of national guidance e.g. Operational Planning, NICE etc
•Review key risks e.g. service sustainability, contracts ending, fragiity

Monitor milestones and metrics through relevant Board, programme boards reporting into:
•Board Sub Committee
•Place Partnership Board
•Provider Collaborative Board



•What would address the issues/opportunities
•What are the proposed intentions (projects/contracting/ delivery approach etc)
•Consider in context of the principles and pledges in our Clinical and Care Constitution
•What is approach we wish to take for care outside of C&M e.g. pathway flows between different ICS

Joint Forward Plan
(containing)
•HCP Delivery Plan
•Place Plans x 9
•NHS C&M Delivery Plan (including Operational Plan)

•Is it nationally mandated (statutory compliance/planning guidance/NICE TA)?
•Is it identified as a whole CMHCP priority area?
•Is it a Health and Wellbeing Board/Place Partnership priority?
•Rank using a/the prioritisation matrix

- Who and how can we best deliver the project (Place, Place plus, C&M (inc Collaborative)
- Is the plan feasible? (is it financially affordable, is it deliverable etc)

Helping determine our priorities

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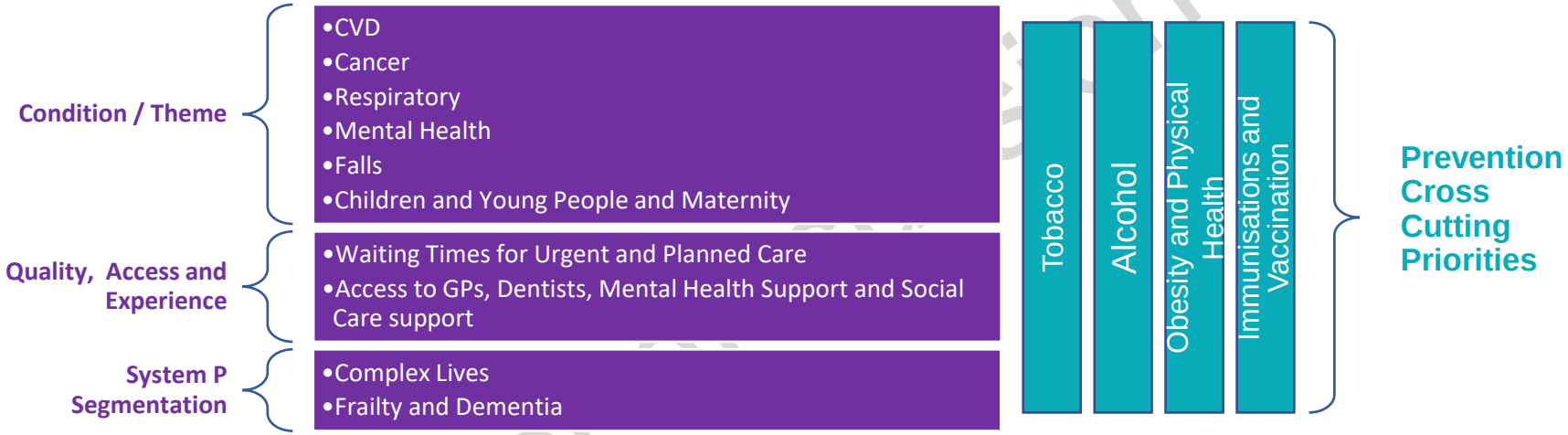
- C&M identified priority areas (where outcomes have been identified as being comparatively poor compared to peer performance and public expectations). These were developed by looking at both C&M collectively and our nine places individually compared to the England average.



- Places may have additional local metrics where their population is materially experiencing worse outcomes as identified through the Joint Strategic Needs Assessment
- There may be additional service pressures which are materially impacting on the outcomes our population are receiving at either a Place, “multi-Place” or whole C&M footprint as identified from public/stakeholder feedback e.g. ADHD services
- Programme delivery against specific area is significantly off track compared to national trajectories/peers
- Transformation of how we are operating can only be achieved through the development plans in key enabler programmes (workforce and OD, digital and data, research and innovation, estates, VCFSE, All Together Fairer etc)

Context and principles of planning

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- We will work to make progress in reducing variation across Cheshire and Merseyside. This includes how we can address inequality in outcomes and increasingly harmonise the services available to our population
- There will not be discretionary growth in the funding available to us.
    - The only way to generate investment in services is through disinvestment in other services offering lower value. Any request for investment will need to be able to demonstrate application of this principle
    - We will empower our Provider Collaboratives and Places to identify and implement opportunities for efficiency including through disinvestment
    - We will review the benefits of previous investments to determine if they are adding sufficient value and where they are not redirect resources
    - We will maximise the benefits from any investment that does exist e.g. Mental Health Investment Standard, Service Development Funding (focus on our priorities by agreeing collectively how best to deliver and then implement this way)
    - We will develop plans as health and care partners to deliver our collective priorities and to maximise the benefits we achieve and get best value for money for the tax-payer (recognising financial challenges apply to all partners)
- Any plans will be developed in line with our Clinical and Care Constitution principles of being developed with our public and clinical and care professionals (see appendix 1)
    - **Quality** (Delivering high quality resilient services through an evidence-based approach)
    - **Collaboration** (Working collaboratively with relentless patient focus)
    - **Health** (Improving Health Outcomes)
    - **Value** (Transformation for Value)
- We will provide a single view of outcomes and intelligence within and across our nine Places to inform planning
- We will support our system by identifying commonality in plans and linking plans together so we can work efficiently at the most appropriate geographic footprint

National NHS guidance

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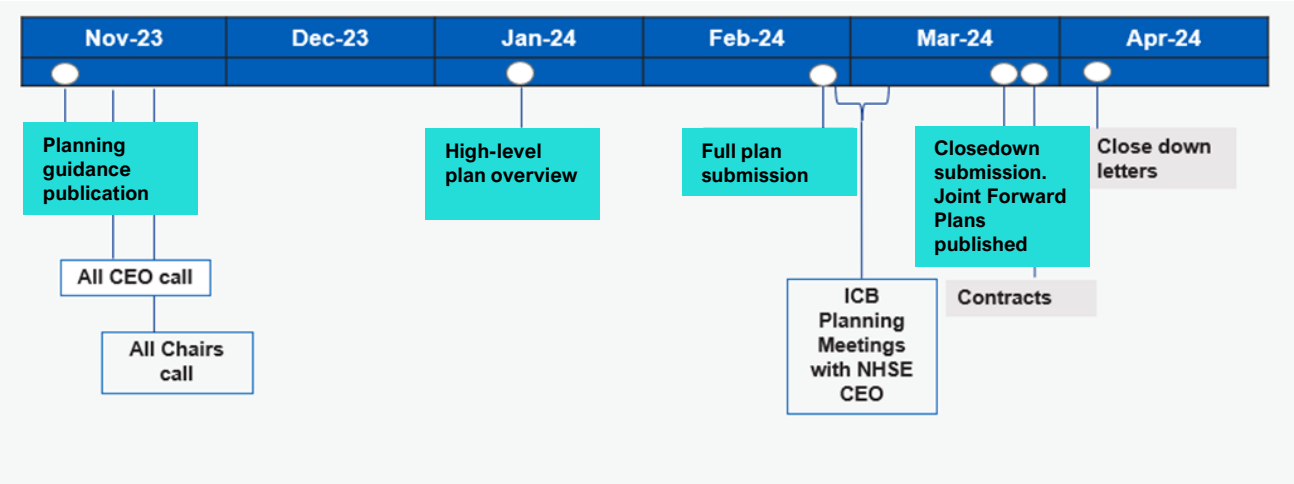
Whilst the national guidance is yet to be finalised the current intelligence indicates:

- Guidance expected early November in relation to continuation of approach from 23-24
- Planning set in context of existing approaches to Five Year Joint Forward Plans and operational plans with the longer term intention of increasingly moving towards shorter operational plans in context of five-year system plans
- Planning should be focussed on local partnerships and improving population health and wellbeing



Expected 2024-25 NHS Planning Guidance content:

- Continued focus on recovery for Urgent care, elective care, cancer and diagnostic, primary and community care
- Delivery Plan for Maternity
- Mental health
- People with a learning disability and autistic people
- Long Term Workforce Plan
- Digital and data
- Effective use of resources
- Prevention and health inequalities

Identifying/developing priorities – who leads?

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Why plan collectively?

Greater visibility and sharing of plans to:

- Avoid duplication of effort in context of <running costs
- Prioritise plans to focus efforts at where greatest need/impact
- Supports spread of good practice, pace of implementation more effectively
- Clarity on plans, what they will deliver, and who is accountable for delivery
- What footprint should plans be set on? Is it best at a Place footprint or are their benefits from economies of scale ?

Place Partnerships

- Activities specific to the Health and Wellbeing Strategy or local Place priority
- Where place-based planning will support integration at place, in line with delegation of ICB resources and delivery of wider ICB/S objectives
- Focus resources most significantly against areas identified on earlier slide and in our Joint Forward Plan 2023-2028 or where additional local health outcomes need additional focus
- Identify opportunities to work across wider footprints when makes sense

Provider Collaboratives

- Programmes where providers are best able to find solutions by working together in improving delivery of strategic objectives (access, quality, performance, efficiency and VfM etc)
- Measure and spread best practice across Providers
- Thematic areas delegated to Collaboratives e.g. mental health, elective recovery etc

C&M Programmes

- Main enabler programmes (workforce and OD, digital, research and innovation, estates etc)
- Clinical Networks and Transformation Programmes – progress against Long Term Plan/Operational Plan requirements
- Focus resources most significantly against areas identified on previous slide and in our Joint Forward Plan 2023-2028
- Where need is consistent across Places deliver “once for all” rather than “as well”

Developing our approach to planning for 2024-25

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Revising our approach:

- The current approaches in developing plans have many benefits in that the people who understand the subject area best in our Places, Collaboratives and Programmes are identifying our plans but we can align and prioritise our plans better
- Use a standard data set to review our priorities by horizon scanning and use “standard templates” to consistently capture intentions/plans and to support comparison, analysis and alignment of proposals
- To complement this approach it is proposed the ICB Executive Team could support this by coordinating a subgroup (working with key support from Transformation, Clinical, enabling programmes, e.g. Workforce, Digital etc, Planning, Strategy and Collaboration and BI Teams) to support the process and make recommendations back to full Executive Team:
    - Review plans in their totality looking for synergies, including requests from providers for material service changes and/or investment etc to provide a consistent response
    - Assess plans against agreed priorities (see slide 5) through “peer challenge” to inform any future financial resource implications and in line with our Clinical and Care Professional Constitution (see appendix 1)
    - Recommend delivery approaches e.g. identify where we can work at scale and reduce duplication of effort by replicating across programmes/multiple Places, look to harmonise good practice across a wider geography
- Produce simplified single page summary versions of our key thematic plans to increase visibility and clarity of our work programmes e.g. Primary Care, Mental Health, Planned Care etc
- Have a clear rationale for our priorities within Plans (at Programme, Place, Collaborative level) including why we are not focusing on some areas immediately e.g. why we aren’t able to immediately resolve a variation in service availability across Places
- The output of this process will then inform our operational and financial plans in support of the NHS England led processes

Key milestones in developing 2024-25 plans

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Theme	Activity	Which Team Leads	Dates
Horizon Scan- Identify outline list of intentions	Produce single version of population health/key intelligence and use standard C&M templates to capture potential schemes •What outcomes/metrics are we going to impact? •Consider financial implications (investment/saving) of this issue/opportunity? •Output of workshop of ICB and NHS Provider Teams to agree 24-25 approaches for contracts	•Place Partnerships x 9 •Provider Collaboratives •Transformation Programmes •ICB Corporate Teams	November/ December
Identify ways to address issues/ opportunities	•How would we approach addressing this issue/challenge? •What timeframe does this issue need addressing over ? •What will be the impact on outcomes/metrics and when?		November/ December
Prioritise	Sense check that the list maps to the organisational priorities (rank the priorities so we can focus on the areas of greatest priority) Consider Health and Wellbeing Strategy (Place), Strategic Objectives, Population Health, Quality and Access priority themes and Operational Planning Guidance		December/ January
Develop project plans/ identify resources	•When final lists of priorities are available map to identify how to deliver most efficiently e.g. single programme to deliver across C&M or through Place x9 •Assess impact of plans onto operational plan trajectories for 2024-25 •Translate final list into contracting plans for 2024-25	•Executive Team •Planning/BI* •Contracts*	31st January
Finalise Delivery Plan	**Publish Joint Forward Plan** • HCP Delivery Plan • 9 x Place Plans • Cheshire and Merseyside ICB Delivery Plan **NHS Operational Plan submissions** Develop, activity and performance submissions, including commentary in line with national/regional requirements	•Strategy and Collaboration •Place x 9 •Planning and Performance	31st March
Monitor delivery	Milestones to be monitored by relevant committee For all intentions plan to include delivery milestones and metrics to track	ICB Board sub committee or Place Partnership Board	30th April

Appendix 1

Our Clinical and Care Constitution

Cheshire and Merseyside Health and Care Partnership

Our Clinical and Care Constitution is a set of principles that underpin all we do. It has been written by clinicians with input from clinical and care colleagues to support Cheshire and Merseyside Integrated Care System (ICS) develop with our partners, an overarching population health approach, driven by the needs of our communities, with a clear focus on addressing health inequalities.

We will

- ✓ Shift the paradigm from reactive to proactive healthcare
- ✓ Integrate clinical and care professionals in decision-making at every level of the ICS, creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities
- ✓ Evidence the return on investment in improving health through measures of both quality and effectiveness
- ✓ Influence the wider determinants of health through collaboration, education and modernisation

Our 4 pledges:

Quality

Delivering high quality resilient services through an evidence-based approach

- All clinical recommendations will be evidenced based.
- We will make consistent use of intelligence to drive and evidence the impact of action.
- Where there are multiple demands, prioritisation will be via a robust, clinically-led methodology based on the principle of proportionate universalism.*
- We will routinely contribute to the evidence base via high quality research.

* The Marmot Review. London: Strategic Review of Health Inequalities in England post-2010; 2010.

Collaboration

Working collaboratively with relentless patient focus

- Collaboration and not competition informs all our endeavours.
- The primary secondary care interface will be actively considered in all our programmes.
- Through relentless patient focus we will eliminate silo working.
- We will empower our population to support our shared goals.
- We will use co-production with patients and the public to develop our plans.
- Where we agree new approaches in any one part of our system, we will ensure that there is no detrimental impact on other stakeholders and the populations they represent.

Health

Improving health outcomes

- The wider determinants of health will be considered in all our programmes and we will promote collaboration with our local authorities.
- Our efforts will improve health, not simply respond to sickness. Prevention is better than cure.
- Our population will be offered equitable and fair access to their services.
- We will train, develop and support our workforce to deliver the highest quality care and services.
- We will support all of our organisations, in every sector, to be safe, effective, caring, responsive and well led.

Value

Transformation for value

- All projects and schemes must evidence their positive impact on health inequalities.
- We will use a consistent improvement methodology.
- As an integrated system, we are all committed to working differently when assured that change adds value to the health and wellbeing of our communities.
- All our work will improve quality, effectiveness and patient experience while ensuring the best use of resources.

Our key enablers

- Wide engagement across health, social care and the voluntary, community, faith and social enterprise sector
- Clinical strategy informed by the richest intelligence and supported by QI methodology
- World-class research and innovation in partnership with our academic institutions
- Clinical and care professional leadership framework with a focus on workforce development