



AGENDA ITEM

7.1

CTM BOARD

**UPDATE REGARDING THE APPROACH TO DEVELOPING
THE HEALTH BOARD INTEGRATED MEDIUM TERM PLAN
2021-24**

Date of meeting	28/01/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Chris Coslett, Interim Assistant Director of Planning
Presented by	Clare Williams, Director of Planning and Performance
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Management Board	27/01/2021	ENDORSED FOR APPROVAL

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
CSG	Clinical Service Group
IMTP	Integrated Medium Term Plan
WG	Welsh Government
HEIW	Health Education and Improvement Wales
ATMPS	Advanced Therapy Medicinal Products
CAMHS	Child and Adolescent Mental Health Service

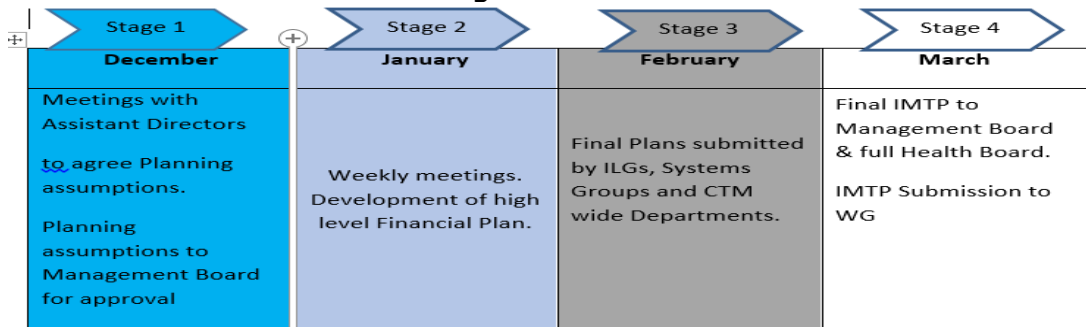


1. SITUATION/BACKGROUND

- 1.1 Papers have previously been presented to the Board on the proposed approach to developing the 2021-24 IMTP and updates on the work undertaken to date. This paper provides an update on the work taken since these papers and the further actions required.
- 1.2 Since the last paper, the WG guidance has now been received. This is attached as appendix 1. Whilst this does not change the approach, it is helpful as a guide in terms of areas to focus on and what the expectations are. Some key points to highlight from this-
- The guidance sets out a requirement to submit a Board approved 1 year plan with the following focus: 'It requires organisations to set out over the course of 2021-22 how they will manage to balance the needs of their populations, both for COVID-19 and non COVID-19 activity and seek to minimise harm, building back stronger with a route map that leads to recovery and reconstruction.' The decision was taken at a previous Management Board the Health Board's plan should incorporate a 3 year focus and that remains the approach.
 - The ministerial priorities remain unchanged for 2020/21 (Reducing Health Inequalities, Primary Care, Mental Health, Timely Access to Care, Prevention), noting the additional importance of the 4 harms related to COVID.
 - Welsh Government will review plans using the framework as the main criteria, along with other evidence.
- 1.3 Following discussion at Management Board on 16th December and receipt of the WG guidance, the internal Health Board IMTP guidance was issued to ILGs on the 22nd December 2020 (**see Appendix 2**). This guidance set out the planning assumptions underpinning the development of the plan as well as the specific requirements from the Integrated Locality Groups (ILGs) and Clinical Service Groups (CSGs).
- 1.4 The agreed approach seeks to minimise the impact on the operational/ clinical teams, given the pressures of the COVID response, and the guidance therefore sets out a requirement for narrative templates from ILGs only, with CSGs only required to submit the summary templates (see appendix 3).
- 1.5 The guidance incorporates the priorities for the organisation, which have been rolled over from the 2020/23 IMTP and updated where appropriate to reflect the current position, set out under the context of the Health Board's four strategic priorities.



1.6 A detailed timeline is included in the guidance and is also summarised as follows, with a more detailed Gant chart also developed and monitored within the Planning team-



1.7 Weekly meetings with representation from Finance, Performance and Information, Workforce and OD, Planned Care and ILG Planners are in place to continue to refine the approach to the development of the plan, identifying priorities and opportunities. Of note, it was proposed at the first weekly meeting in early January, that to reduce the requirements on the operational/ clinical teams, that demand and capacity would be undertaken centrally by the Information team, developing scenarios based on derived demand and historic activity levels both pre and during COVID. Due to a number of pressures on the Information team the target for completion is 12th February however as individual services are completed these will be made available.

1.8 As a further action arising from this group, a series of information requirements has been drafted by the Director of Finance that are required to inform the development of the financial plan and these will be need to be progressed with the Director leads identified for each area (**see Appendix 4**). This follows receipt of the draft Welsh Government budget for 2021/22 and budget allocation letter for the Health Board. The key points to note from these are as follows:-

- £420m increased allocation for health and social care out of a total budget increase of £749m. There is a separate allocation of £777m for Covid, only £77m has been allocated as yet.
- Of the £420m to health and social care, £140m has been allocated to Health Boards and Trusts, and £35m to social care and child care.
- Of the £140m allocated to Health Boards, the general allocation to CTM is £18.1m, of which £1.1m is already committed to top-slicing for paramedic banding and NHS111.
- The remaining £245m is not allocated, and is being held for known or potential costs around pay awards, clinical training posts, Advanced Therapy Medicinal Products (ATMPs), new digital costs within the new digital health authority, and WG development priorities such as in mental health and CAMHS.

- 1.9 The key implication of the £18.1m general allocation to CTM are as follows:-
- It is in line with what we would expect in a normal year; and broadly covers 'normal' demand and cost increases when supplemented by a basic level of savings of c 1.5% (c £17m)
 - It does not therefore cover the recurrent deficit brought forward from 20/21 of c £26.5m (either the £13.4m planned deficit or the extra £13.1m from low 20/21 savings)
 - It does not cover Covid costs (but note the cross WG remaining budget of £672m to be allocated)
 - There is no specific provision set aside for planned care/diagnostic recovery (but this is a WG priority)
 - Any other specific commitments or priority areas for WG are likely to be funded from the £245m not yet allocated.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Due to a number of factors, the IMTP planning process has started later than in previous years which means that timeframes for completion are significantly compressed. As a further impact on this, due to the high impact of COVID at the present time, it was agreed that operational/ clinical teams should not be required to work on this during January, with ILG and CSG returns due by the end of February. This further compresses the time available to collate their returns and complete the plan and makes it essential that deadlines for submission are met.
- 2.2 The high-level Health Board priorities are set out in the local planning guidance against the four strategic priorities (**Appendix 2**). However, it would be useful if prior to the ILGs developing and submitting their plans by the end of February that the Board could prioritise the service developments that they would seek progression on during 2021-22, including Major Trauma, Contact Ahead and the continuation and expansion of schemes within the Regional Partnership Board's Transformation Programme.
- 2.3 There are a number of enabler work-streams that it would also be useful to prioritise ahead of February to inform the ILGs developing plans, including further roll-out of a number of Digital Enablers, Value Based Health Care work-stream and the Improvement Programmes of work.



- 2.4 Discussions regarding planned care recovery are underway however given the scale of the challenge and the ongoing uncertainty regarding the COVID position, it is not clear how much detail will be available to inform the IMTP. Clarity around how much detail the Board would look to provide in the IMTP as well as what the Health Board is looking to achieve in 2021-22 is essential given the impact that this will have on ILG/ CSG plans as well as the financial plan. In the Q3/Q4 Plan submitted to Welsh Government, the aim was to recurrently treat patients within the urgent categories 1-3, is this aim continuing to be worked to in 2021-22?
- 2.5 It would be useful to establish if the Board wishes the services/ teams to be proactive in working up a number of business cases that can be presented to Welsh Government to maximise opportunities for identified streams of funding for these, as occurred for Endoscopy. There are a number of Welsh Government priority areas that we are aware of including Eye Care Digitisation and Heart Failure. It is understood that WG are arranging Integrated Planning and Delivery meetings around mid-end February.
- 2.6 The WG guidance confirms that a minimum data set will be required, in line with the quarterly planning process during 2020/21. It is understood that this will be received in early February and that there will be no further requirements for templates for workforce and finance in addition to this MDS.
- 2.7 The implications of the WG budget and allocation letter need to be worked through in developing the initial financial plan e.g.-
- How the recurrent deficit brought forward is addressed in 2021/22. Depending on level of cost pressures and new commitments made, an initial view is that break-even against the budget would require the savings originally planned for 2021/22(23.1m) to be delivered, plus 'catch-up' of the 2020/21 savings target (13.1m); less a contribution from one-off cost reductions (£2.5m), giving a total of £33m).
 - Developing costed Covid plans and planned care/diagnostic recovery plans, which we can then share with WG policy leads and WG finance, and iterate these to get to deliverable and fundable plans. It will be important that these plans are developed with a value lens, reflect new pathway and service model opportunities, utilise to best effect the resources we already have in our base budget.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 3.1 As highlighted above, the timeframes for completion of the plan are significantly compressed and this is further compounded by the current pressures arising from COVID and the limited time that ILG and CSGs therefore have to focus on this. The MDS is also yet to be received from WG and this will likely have significant requirements for a number of teams in order to complete.
- 3.2 The move to the new locality based organisational structure since the submission of the previous plan creates challenge in identifying progress against priorities, as many leads and structures have since changed. The required focus on COVID has also impacted on this and it is likely that a number of previous priorities will be re-focussed and rolled over into next year's plan. The further changes to structures e.g. with hosted services now planned for February may add additional complexity to the process. This will be managed through close working and communication with the operational/ clinical teams.
- 3.3 The key implications of the WG budget outlined in 2.7 above require early consideration alongside prioritisation of service developments and enablers. The detailed requirements for the development of the financial plan (**see Appendix 4**) include several significant pieces of work with challenging deadlines for delivery. These include the development of COVID Test Trace and Protect (TTP) and vaccination plans for 2021/22, planned care recovery plans, workforce plans etc. These are critical work streams for the IMTP; however delivery within the required timescales is expected to be challenging. These discussions will be progressed directly with the identified Executive Leads.
- 3.4 As highlighted above, the planned care recovery programme is a critical element of the IMTP and clarity is required as to what is anticipated to be available and by when to inform the IMTP. Also a steer on the objectives of the planned care recovery programme i.e. to manage all urgent patients within the specified timeframes of categories 1-3 will help to inform the ILG submissions.
- 3.5 As noted above, the plan will be developed against a number of assumptions relating to the impact of COVID during 2021/22 and will therefore need to remain fluid as the situation continues to evolve. This requirement is recognised in the WG guidance.



4. IMPACT ASSESSMENT

Quality/ Safety/ Patient Experience implications	Yes (Please see detail below)
	Our plans for the planning and delivery of health and care services will be considered within the overriding WG ethical values and principles for healthcare delivery framework; Values Based Healthcare; and the Health Board Quality and Safety Framework to ensure the delivery of safe, timely, effective, efficient, equitable and person-centred services.
Related Health and Care standard(s)	Choose an item.
	The development and implementation of the IMTP consistent with/meets all the themes outlined in the Health & Care Standards for NHS Wales.
Equality impact assessment completed	No (Include further detail below)
	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health
	Provide high quality, evidence based, and accessible care
	Ensure sustainability in all that we do, economically, environmentally and socially
	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATIONS

The Health Board is asked to:

- **APPROVE** the planning guidance and planning assumptions as set out in the IMTP guidance (appendix 2).
- **REVIEW** the actions for prioritising the service developments and enabling work that are sought to be progressed in 2021-22



- **REVIEW** the actions assigned to Executive Leads in order to establish a high-level Financial Plan by the end of January
- **REVIEW** the request for a steer on the Planned Care recovery objectives that can be shared with ILGs to inform the development of their plans in readiness for submission at the end of February
- **NOTE** the progress to date in progressing the development of the plan and the planned next steps for delivery