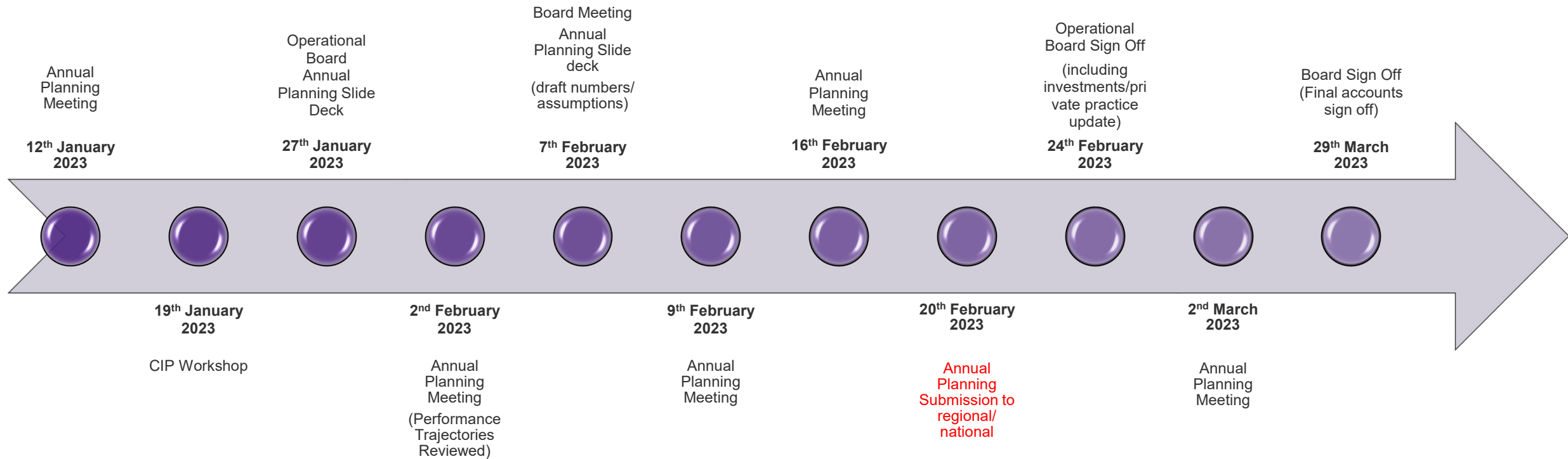


# 2023/24 Planning Guidance Key Points

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Council of Governors

# Annual Planning Timeline



# 2023-24 Priorities and Operational Planning Guidance

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## Key Objectives for 2023/24:

- *Recover core services and productivity*
- Improve ambulance response and A&E waiting times
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice.
- *Make progress in delivering the key ambitions in the Long Term Plan (LTP)*
- *Continue transforming the NHS for the future.*

# National NHS Objectives

## Key Objectives for LHCH to consider

- **Elective care** – no patient waiting >65 weeks by March 2024 unless patient choice and deliver system specific activity target.
- **Cancer** – Continue to reduce patients waiting over 62 days, meet faster cancer diagnosis target, and increase early detection of cancers in line with NHS LTP ambition by 2028.
- **Diagnostics** – by March 2025, 95% of test performed within 6 weeks and deliver activity levels to support elective and cancer backlogs.
- **Use of Resource** – Deliver a balanced net system financial position.
- **Workforce** - Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise.
- **People with a Learning disabilities/Autistic** - reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults
- **Prevention and Health Inequalities** - Increase the percentage of patients aged between 25 and 84 years with a CVD (cardiovascular disease) risk score greater than 20 percent on lipid lowering therapies to 60%. Continue to address health inequalities and deliver on the Core20PLUS5 approach

National NHS objectives 2023/24

Area	Objective
Recovering our core services and improving productivity	<b>Urgent and emergency care*</b> Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 Reduce adult general and acute (G&A) bed occupancy to 92% or below
	<b>Community health services</b> Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	<b>Primary care*</b> Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	<b>Elective care</b> Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) Deliver the system- specific activity target (agreed through the operational planning process)
	<b>Cancer</b> Continue to reduce the number of patients waiting over 62 days Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	<b>Diagnostics</b> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	<b>Maternity*</b> Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury Increase fill rates against funded establishment for maternity staff
	<b>Use of resources</b> Deliver a balanced net system financial position for 2023/24
	<b>Workforce</b> Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	<b>Mental health</b> Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) Increase the number of adults and older adults accessing IAPT treatment Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services Work towards eliminating inappropriate adult acute out of area placements Recover the dementia diagnosis rate to 66.7% Improve access to perinatal mental health services
	<b>People with a learning disability and autistic people</b> Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	<b>Prevention and health inequalities</b> Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% Continue to address health inequalities and deliver on the Core20PLUS5 approach

\*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;

# Integrated Care System (ICS) finance business rules

- Each ICS and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:
  - Local **capital** resource use **does not exceed the limit** set by NHS England
  - Local **revenue** resource use **does not exceed the limit** set by NHS England
- ICBs also have a duty to **deliver financial balance** individually
- Each ICS should ensure it does **not exceed the running cost allocation** limit
- System plans should show how **financial risks will be managed**.
- Prior years **under and overspends**
  - Cumulative system overspends will be subject to repayment
  - Access to any historical surplus for non-recurrent expenditure must be approved nationally

# Revenue finance and contracting guidance for 2023/24

## Planning

- Integrated care systems (ICSs) will continue to be the key unit for financial planning purposes
- Trusts required to submit plans aligned to system
- Plan to reduce agency expenditure to 3.7% of pay bill

## Funding

- ICS's will receive recurrent funding to recognise:
  - Baseline reset
  - Demographic growth & inflationary impacts
  - Efficiency requirement and convergence
  - Additional capacity funding
  - COVID related enduring service requirements
  - Service Development Fund (SDF) to support long-term plan priorities

# Revenue finance and contracting guidance for 2023/24 (DRAFT)

## **Elective Recovery Funding (ERF)**

- Allocated to ICS's on a fair shares basis
- Activity targets set based on 2019-20 plus stretch target
- Flow to providers based on Aligned Payment Incentive (API) contract (Fixed & Variable elements)

## **Contracts**

- API comprises fixed (all services except elective) and variable element (elective to be paid @100% tariff)
- Specialised integration will be through joint committees of NHSE & ICS's
- CQUIN (Commissioning for Quality and Innovation) will apply in 2023/24 (smaller number of schemes, less administrative burden)

## **Other Funding**

- Capacity funding (winter beds initiatives made recurrent)
- Education & Training – continue with current tariff approach