NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE Board of Directors (Public Board)	MEETING DATE 25/01/2022

TITLE of PAPER	An overview of the 22/23 Priorities and Operational Planning Guidance.	PAPER REF	TB21.068
KEY PRIORITIES	Deliver the best possible response for each patient, first time Be a respected and influential system partner, nationally, regionally and at place		
PURPOSE OF THE PAPER	The purpose of the paper is to provide an overview of 2022/23 Priorities and Operational Planning Guidance.		

For Approval	☐	For Assurance	☒
For Decision	☐	Discussion/Information	☒

AUTHOR / LEAD	Arifa Chakera Associate Director of Planning and Development Brian Ladd – Head of Contracting	ACCOUNTABLE DIRECTOR	Rod Barnes Chief Executive Officer Kathryn Vause Executive Director of Finance

DISCUSSED AT / INFORMED BY – include date(s) as Summary update at TMG 05.01.2022

PREVIOUSLY AGREED AT:	Committee/Group: N/A	Date:

RECOMMENDATION(S)	It is recommended that the Board of Directors note: • The provisional timeline and requirements for the Trust's operational plan response. • 2022/23 Priorities and Operational Planning Guidance • Initial feedback on 2022/23 financial framework (full publication expected in late January) • 2022/23 National Tariff Payment System – consultation notice • NHS Standard Contract 2022/23 – Draft Technical Guidance

RISK ASSESSMENT	Yes	No
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Equality Impact Assessment - *[New]* *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☒	☐
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☐	☒

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	4: Responsive 5: Well led
NHSI Single Oversight Framework **Choose a THEME(s)**	1. All

For Discussion: 2022/23 National Priorities and Operational Planning Guidance

1. PURPOSE/AIM

1.1 To provide an overview of the recently published national planning guidance for 2022/23, including:

- 2022/23 Priorities and Operational Planning Guidance
- Initial feedback on 2022/23 financial framework (full publication expected in late January)
- 2022/23 National Tariff Payment System – consultation notice
- NHS Standard Contract 2022/23 – Draft Technical Guidance

1.2 To provide an update on the provisional timeline for the 22/23 Operational and Business Planning submission

2. BACKGROUND

2.1 On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The priorities included in the document set out the task for the next financial year. Our ability to fully realise the objectives set out in this document is linked to the ongoing level of healthcare demand from COVID-19. Given the immediate priorities and anticipated pressures, it has been acknowledged that the specific planning requirements and the timetable for submission are being reviewed.

2.2 The planning guidance sets out the requirements for plans to be developed and submitted from each ICS; YAS will submit an organisational response to WY&H ICS, as our lead ICS, for inclusion in their wider submission

2.3 The 10 priorities and objectives for 2022/23 set out in the planning guidance are based on COVID-19 returning to a low level.

A. Investing in the workforce and strengthening a compassionate and inclusive culture.
B. Delivering the NHS COVID-19 vaccination programme.
C. Tackling the elective backlog.
D. Improving the responsiveness of urgent and emergency care and community care.
E. Improving timely access to primary care.
F. Improving mental health services and services for people with a learning disability and/or autistic people.
G. Developing approach to population health management, prevent ill-health, and address health inequalities.
H. Exploiting the potential of digital technologies.
I. Moving back to and beyond pre-pandemic levels of productivity.
J. Establishing ICBs and enabling collaborative system working.

2.4 The table below provides an overview of the 22/23 priorities and operational guidance with key points highlighted. The finance and contracting guidance has not yet been formally issued.

Further details will be provided through discussion NHS E /I and our ICS partners. Full planning guidance document is available here

Priority	22/23 Key Actions
A. **Invest in our workforce –** with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care	• Improve retention through NHS People promise • Supporting Health and wellbeing of our staff • Reduction of sickness and reviewing the cause of absence. • Improve the Black, Asian and minority ethnic disparity ratio • Implement plans to promote equality across all protected characteristics. • Promote new ways of working including rotation work, volunteer support, multi-disciplinary teams • Promote international recruitment • Strengthen careers through training and expand apprenticeship • Aim to align workforce plans at whole system level
B. **Respond to COVID-19 ever more effectively –** delivering the NHS COVID vaccination programme and meeting the needs of patients with COVID-19	• Prioritise new Covid-19 treatment which reduce the risk of hospitalisation and death • (cancer) is missing from hereEstablishing clear referrals to the specialist post-COVID clinics and paediatric hubs to assess, diagnose and help people recover from long COVID. £90 million has been allocated for this.
C. **Deliver significantly more elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards	• Every system is required to develop an elective care recovery plan for 2022/23, setting out how the first full year of longer-term recovery plans will be achieved. • Target for 2022/23 to deliver over 10% more elective activity than before the pandemic and reduce long waits. And to deliver around 30% more elective activity by 2024/25. • Focus on Cancer – continue the outstanding work on the post-pandemic cancer recovery objectives set out in the 2021/22 H2 planning • Diagnostics - increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23 to support these ambitions and meet local need • Reducing outpatieny follow ups by 25% Expand Remote access, aiming for 25%; move to Patient initiated follow-up pathways (5% of all Outpatients by march) • Continuing progress towards LTP commitments • New system focus on Maternity improvement – Ockenden review. Funding of c£93 million to

Priority	22/23 Key Actions
	support the implementation of Ockenden actions through investment in workforce will go into baselines from 2022/23. • £1.5 billion of capital above that funded within core envelopes has been made available to the NHS over three years to support new surgical hubs, increased bed capacity and equipment to help elective services recover

D. Improve the responsiveness of urgent and emergency care and community care – keeping patients safe and offering the right care, at the right time, in the right setting	• Supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.
	• Reduce inappriate attendance to EDs
	• Reduce 12-hour waits in EDs towards zero and no more than 2 per cent.
	• Improve against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards
	• Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards:
	  ○ eliminating handover delays of over 60 minutes
	  ○ 95 per cent of handovers take place within 30 minutes
	  ○ 65 per cent of handovers take place within 15 minutes
	• Continuation of the UEC 10 Point Action Recovery Plan
	  ○ Increasing capacity within NHS 111 to meet demand and clinical capacity to support decision making > 15% of all calls
	  ○ Full range of service profiled in the Directory of Service
	  ○ Adopting the new regional/national route calling technology
	  ○ Expanding UTC provision

D2. Transform and build community services' capacity to deliver more care at home and improve hospital discharge	• Virtual wards – Systems are asked to complete comprehensive development of virtual wards by December 2023 • Urgent community response – Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance. • Increase the number of referrals to UCRs from all key routes, with a focus on UEC, 111 and 999, and increase care contacts • Hospital discharge – As outlined in the H2 2021/22 planning guidance, the additional funding for the

Priority	22/23 Key Actions
	Hospital Discharge Programme will end in March 2022 • Digital – ensure providers of community health services, including ICS-commissioned independent providers, can access the local care shared record as a priority in 2022/23, to enable urgent care response and virtual wards.
E. **Improve timely access to primary care –** maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level**.**	• To drive the transfer of lower acuity care from general practice to community pharmacy through the Community Pharmacist Consultation Service, supported by the corresponding Investment and Impact Fund indicator for PCNs • Systems will need to implement revised arrangements for enhanced access delivered through PCNs from October 2022; and support practices and PCNs to work towards every patient having the right to digital-first primary care by 2023/24. • For dental services, the focus is on maximising clinically appropriate activity in the face of ongoing IPC measures, and targeting capacity to meet urgent care demand, minimise deterioration in oral health and reduce health inequalities • Integrated care boards will be the delegated commissioners for primary medical services and, in some cases, also dental, community pharmacy and optometry services during 2022/23. • Continued Focus on expanding primary care capacity through Additional Roles Reimbursement Scheme (ARRS)
F. **Grow and improve mental health services and services for people with a learning disability and/or autistic people -**	F1: Expand and improve mental health services access and provision of all ages. • Maintaining continued growth in mental health investment to transform and expand community health services and improve access • The Mental Health Investment Standard remains mandatory. In addition, systems should develop a mental health workforce plan to 2023/24
G. **Continue to develop our approach to population health management, prevent ill-health and address health inequalities**	• Using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities • By April 2023, every system should have in place the capability required for population health management, including access and use of appropriate data on underserved communities. • Preventative services should focus on socio-economically deprived populations and certain ethnic minority groups that experience poorer health outcomes. • ICSs will take a lead role in tackling health inequalities by building on the Core20PLUS5 approach introduced in 2021/22.

Priority	22/23 Key Actions

H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes	• In line with LTP plans to meet core digitisation by March 2025, systems should report progress against their first year's priorities as set out in the Frontline Digitisation minimum viable product, to be published 31 December, by March 2022.
	• A digitised, interoperable and connected health and care system is a key enabler of delivering more effective, integrated care. Timeline by March 2023, all systems within a Shared Care Record collaborative can exchange information across the whole collaborative, with a view to national exchange by March 2024.
	• The ambition is for the NHS e-Referral Service (e-RS) to become an any-to-any health sector triage, referral and booking system by 2025.
	• Costed three-year digital investment plans should be finalised by June 2022 in line with What Good Looks Like (WGLL). This should include provisions
	    ○ for robust cyber security across the system.
	    ○ reflect ambitions to consolidate purchasing and deployment of digital capabilities
	    ○ Digital to support the net Zero Agenda
	• £250 million will initially be allocated to systems for 2022/23 while they develop their digital investment plans.

I. Make the most effective use of our resources - moving back to and beyond pre-pandemic levels of productivity when the context allows this	• 2022/23 Financial Framework continues to support a system-based approach to planning and delivery along existing ICS footprints. • End of the interim covid financial regime, returning to locally agreed payment flows and full year NHS contracts (supported by transitional payment rules) • Systems to begin transition from pandemic funding levels back towards population based (fair shares) financial allocations – multi-year process. • National planning priorities assume that COVID-19 will return to a low level; system focus on restoring services and reducing the COVID backlogs. • Considerable growth in the funding available to systems through the Elective Recovery Fund (ERF) • Significant reduction in COVID-19 allocations to systems – with this funding redistributed to support elective recovery • Final technical guidance and submission templates expected to be published in January 2022.
J. Establish ICBs and collaborative system working	• There is a new target date of 1 July 2022 for new statutory arrangements for ICSs to take effect and ICBs to be established. All implementation timelines will be adjusted with an extended preparatory phase from 1 April 2022 to 1 July 2022. • During Q4 2021/22, NHSEI will consult a small number of CCGs on changes to their boundaries

Priority	22/23 Key Actions
	to come into effect from 1 April 2022. Arrangements for people affected will be discussed directly with the relevant CCG and designate ICB leaders.

2.5 NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on the objectives set out in the recent letter, 'Preparing the NHS for the potential impact of the Omicron variant'. The planning timetable and submission deadlines will therefore be extended to the end of April 2022 and draft plans will be due in mid-March.

The operational plan timeline below supports the submission of a draft plan for early-March, pending formal confirmation of the NHSE/I timescales.

Date	System Milestones	YAS Internal Processes
24 Dec	Publication of NHS Planning Guidance	Review of the Business Plan & Expectation
5 Jan		Established the Business Planning working group TMG Update on 22/23 Priorities and Opertional Planning Guidance
Jan (TBC)	Templates for completion issued Additional guidance issued – finance, narrative template, timelines.	
25 Jan		Trust Board update on planning guidance and timelines
Early Feb		TEG Review of Planning Assumptions for 22/23
March (TBC)		TEG/TMG /Board Review and agree the draft submission • Assumptions • Activity and performance • Workforce • Narrative • Finance plan
March (TBC)	Draft Finance submission to the ICS	
March (TBC)	YAS Draft submissions to ICS: • Activity and performance • Workforce • Narrative	
April (TBC)		TEG / TMG and Trust Board Review / Approval of final planning submissions to ICS

Date	System Milestones	YAS Internal Processes
April	System (ICS) submissions to NHSI/E	

2.5 A Business Planning Group has been established to bring stakeholders across the Trust together in developing the draft. The first meeting was on 5 January 22, with preparatory work underway in gathering information for the submission, based on continuing service and agreed developments from 21/22 into the new financial year. In addition, regular meetings have been established with West Yorkshire ICS as the Lead Commissioner and NHSE/I to develop clear plans.

2.6 As part of the continuation of the H2 Business Planning process, the Planning & Development team will work collaboratively with directorates across the Trust and support the planning requirements of the Integrated Care Partnership via the Integrated Commissioning Framework (ICF). This will ensure that YAS remains and is seen as a key partner within Yorkshire and Humber system in developing the 22/23 joint system plans.

3. Updated Finance and Contracting Guidance

The 2022/23 Financial Framework has yet to be published, however NHSI/E have shared a draft which indicates the following:

The NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery along existing ICS footprints. National planning priorities assume that COVID-19 will return to a low level and systems can make significant progress in the first part of 2022/23 in restoring services and reducing the COVID backlogs. Therefore, the financial framework includes:

- Considerable growth in the funding available to systems through the Elective Recovery Fund (ERF)
- Significant reduction in COVID-19 allocations to systems – with this funding redistributed to support elective recovery
- End of the interim COVID financial regime, returning to locally agreed payment flows and full year NHS contracts (supported by transitional payment rules)

3.1 2022/23 Financial Framework

The new national financial framework continues to support collaboration across Integrated Care Systems, as well as the ongoing transition from Clinical Commissioning Groups to Integrated Commissioning Boards (ICBs). The key elements of the 2022/23 financial framework are:

- **Transition back to Population-based (Fair Shares) Financial Allocations** – a multi-year transition from current system revenue envelopes to fair share population-based allocations. In addition to a general efficiency requirement, systems will receive a 'convergence adjustment' to bring them gradually towards their fair share of NHS resources. This will mean a 'tougher ask' for systems currently consuming more than their population-based fair share.

- **System and ICB financial balance** – The Health and Care Bill sets the requirement that ICBs and Trusts are held collectively responsible for their use of revenue and capital resources. Each ICB and its partner Trusts will have a financial objective to deliver a financially balanced system, namely a duty on breakeven.

- **Contracts and payments** – a return to local ownership for payment flows under simplified rules and reinstatement of NHS Contracts between commissioners and NHS Trusts.

- **Additional revenue and capital funding** to support systems to tackle the elective backlog and deliver the Long Term Plan (LTP).

- **Increased clarity and certainty over capital allocations**, with multi-year operational capital allocations set at ICB level.

For each ICB revenue allocations will be made available for 2022/23 and capital allocations for three years to 2024/25. Remaining two-year revenue allocations to 2024/25 are expected to be issued in the first half of 2022/23 to assist with longer term planning.

3.2 Key Developments & Impacts

National Inflation & Efficiency factors

The Draft financial framework has been accompanied by the publication of the annual consultations on the National Tariff Payment System and the NHS standard contract, both of which will allow the Trust to provide input into the commissioning processes for 2022/23.

Under the 22/23 Tariff Guidance, a national cost uplift factor of 2.8% is being proposed, set against a national efficiency factor of 1.1%, giving a net inflationary uplift of 1.7% for the coming year. However this remains subject to consultation, and does not reflect the differential impact of pay awards on specific sectors – notably Ambulance services, nor does it reflect the impact of the pandemic on service costs. Both of these elements are highlighted in guidance for local consideration and agreement.

Low Value Activity (LVA) Payments

Under the interim covid regime, non-contract activity (e.g. extra-contractual journeys) between Trusts and commissioners was estimated at the start of each funding period and included within Trust block payments. This reduced system bureaucracy in processing and approving individual payments, but was less responsive to shifts in activity flows, creating cost pressures in some areas.

A simplified set of rules of is being introduced in 2022/23 that seeks to retain the benefits of the interim approach to low volume/non-contract activity. Through their host ICB, Trusts will receive an annual Low volume Activity Payment – set nationally based on a three-year average finance payment data (increased in line with allocation growth). This will replace the need for separate invoicing for most low volume activity flows between Trusts and commissioners. The initial schedule of LVA payment values has not yet been published by NHS England, and the specific arrangements for ambulance services and PTS are still to be confirmed.

Elective Recovery Fund (ERF)
An expanded Elective Recovery Fund (£2.3bn) is being made available to systems in 22/23 to drive the recovery of elective activity. This is allocated to systems on a fair shares basis. Provider access to ERF is currently based on delivery of elective activity stretch targets. Whilst ERF is intended to support the entire elective pathway – including transport, there is no clear route in the draft guidance for Ambulance Trusts/PTS providers to access ERF funding.

The Trust has requested nationally that this be addressed in the final version of the Financial Framework. Discussions are underway through the ICF Finance Group and ICS DoFs to ensure that the Trust is included in any ICB decision making processes to allocate ERF.

Contracts
NHS Contracts are to be reinstated for 2022/23. There is currently a national expectation that signed full-year contracts will be in place between commissioners and NHS Trusts before the end of March. A consultation is currently underway on the draft 2022/23 NHS Standard Contract – responses due 28th January.

Contract financial baselines are to be based on annualised H2 contract values, with adjustments for inflation, demand growth and service changes to be agreed via local negotiation and in accordance with national guidance. 2022/23 Contracts for all NHS services (with exception of primary care) will be on an aligned payment and incentive (API) model. For A&E/999 this will mean a continuation of the pre-pandemic arrangements of agreeing a fixed block income for an agreed activity plan and performance standards. Existing multi-year contracts for IUC/NHS111 and PTS will be reinstated, with 2022/23 contract discussions focused on updating these agreements to reflect the current system context, financial framework and national guidance expectations.

Capital Planning
Three-year ICB capital allocations will bepublished. Additional revenue funding (non-recurrent) is also being made available to systems to support short-term revenue implications of capital investment. Targeted Investment Fund (TIF) for capital developments to support elective recovery will continue beyond 22/23- further 3 year allocations published.

Covid Costs
Costs associated with vaccination and staff testing will continue to be directly funded by NHS England (in addition to system Covid funding). PPE will continue to be centrally prcured (to 2023).

IUC/NHS111
National funding to continue (non-recurrently) in 2022/23 to support ongoing demand pressures on NHS111 (£50m nationally for 22/23; compared to £75m nationally in H2 21/22). ICB/System level allocations for this funding are not yet confirmed.

Mental Health
System level Mental Health Investment Scheme (MHIS) trajectories remain in place to guide system investment in 22/23 and 23/24. NHS England to continue to monitor

achievement of investment targets and delivery of NHS Long Term Plan outputs. Systems are now advised to treat MHIS investments as recurrent beyond 23/24.

Wider system impacts

Funding for the existing Hospital Discharge Programme will cease from March (this provided funding to systems to support increased costs to manage/facilitate discharges during the pandemic (rehab/reablement, dedicated discharge facilities for covid + patients) . However additional funding is now being made available to systems to support the commissioning of additional community bed bases (+40-50 beds per 100k population).

Alongside the development of additional community bed bases, systems are receiving additional revenue and capital funding to develop Community Diagnostic Centres (CDCs) in 2022/23.

4. NEXT STEPS

4.1 The Trust remains engaged with local ICSs within the Y&H catchment and part of the formal planning group within WY&H ICS.

4.2 Financial Planning process to commence in conjunction with the Trust Business Planning Group and ICS stakeholders.

4.3 Contract development to progress jointly with ICS commissioners through the ICF Governance Structure – coordinated through the ICF Finance & Business Groups.

5. RECOMMENDATIONS

5.1 It is recommended that the Board of Directors note:

- The provisional timeline and requirements for the Trust’s operational plan response.
- 2022/23 Priorities and Operational Planning Guidance
- Initial feedback on 2022/23 financial framework (full publication expected in late January)
- 2022/23 National Tariff Payment System – consultation notice
- NHS Standard Contract 2022/23 – Draft Technical Guidance

6. APPENDICES

Appendix 1 Overview presentation
Appendix 2 – WY&H Initial Presentation.