NHS Leicestershire Partnership NHS Trust

Public Trust Board 27th April 2021

Finance/Operational Plan for 2021/22

Purpose of the Report

To update on LPT and LLR Operational/Workforce/Financial Plans for 2021/22.

Analysis of the issue

See report.

Decision required

Approval required.

Governance table

For Board and Board Committees:	Public Trust Board 27th April 2021	
Paper sponsored by:	Sharon Murphy	
Paper authored by:	Anne Senior/Chris Poyser/Nicola Ward	
Date submitted:	23rd April 2021	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Extraordinary SEB 23.04.21	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assured & Approved	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Further update on operational and workforce plans to be provided 21 May 2021.	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	All
Is the decision required consistent with LPT's risk appetite:	NA	
False and misleading information (FOMI) considerations:	NA	
Positive confirmation that the content does not risk the safety of patients or the public	NA	
Equality considerations:	NA	

2021/22 Planning Update
LPT Trust Board
27 April 2021

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Operational Plan

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Operational Planning – LPT /LLR Triangulation

- All operational plans triangulated to confirm alignment to
    - 10 System Expectations/Quintuple Aims/Design Group Priorities
    - SUTG
    - LTP/Planning Guidance
    - LPT priorities reflected in Design Group narrative – work in progress (final draft narrative not yet available)
- Performance consequence – not required for LLR plan, work to confirm impact for final LPT operational plan in progress
- LPT aligned to H1 (April to September) or H2 (October to March) noting MH requirement for a full year plan (April 2021 – March 2022). NB: a number of operational priorities outside of MH will roll across both H1 and H2).

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Operational Planning – Tasks for 6 May 2021

- **Finance (lead Deputy DoF)**
  - Support sign off LPT finance return and embed in system response
  - Finalise and sign off system MHIS return
- **Workforce (lead Head of Workforce Planning)**
  - Finalise LPT draft workforce return and embed in system response (draft)
  - Finalise LPT draft MH specific workforce return and embed in system response (draft)
- **Narrative LLR Plan (lead AD Contracts and Business Development)**
  - Finalise and support LPT sign off LLR narrative (draft)

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LPT, LLR and National Planning Timelines 2021/22 (upcoming key dates in red)

LPT Planning Meetings (replaces Transformation Committee) - review LPT plans/ priorities	Friday 9 April / Friday 7 May / Friday 11 June 2021
System Finance and Workforce Templates 1st draft	w/c 19 April 2021
LPT Exec Team review progress on LLR/ LPT plans	Friday 16 April 2021
Review of final draft LLR plan at SOG	Friday 23 April 2021
LPT SEB : LLR/LPT draft operational and workforce plans; MHIS full year plan (system) Final finance return (LPT and system)	Friday 23 April 2021
System MH finance submission (final) sign off AH/AW	Monday 26 April 2021
LPT Trust Board : LLR/LPT draft operational and workforce plans; MHIS full year plan (system) Final finance return (LPT and system)	Tuesday 27 April 2021
Review of final / draft LLR plan elements at ICS Board	Friday 30 April 2021
Submit draft Trust workforce template to HEE	Friday 30 April 2021
Submissions to NHSEI: Draft operational & workforce plans (system) Final MHIS full year plan (system) Final H1 finance return (system)	Thursday 6 May 2021
LPT Exec Team/FPC Review of final LLR/LPT operational & workforce plans	Friday 21 May / Tuesday 25 May 2021
Optional provider level Finance Return to NHSEI	W/C 24 May 2021
Submit final Trust workforce template to HEE	Friday 28 May 2021
Final operational & workforce plan LLR submission to NHSEI.	Thursday 3 June 2021

Operational Planning Priorities Enabling

- **Contribute to and deliver LLR People Plan**
- **Continued development of staff health and well being hub**
- **Maximising digitalisation**
- **Shared Care Record**
- **Supporting accreditation community teams**
- **Further investment in People's Council to support co-production**
- **Evaluation and further investment in QI**

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Operational Planning Priorities Community Health Services

- **Covid Recovery (H1)**
  - Learning and Consolidation
  - Addressing backlogs (e.g. Continence) – waiting list
- **Ageing Well incl. 2 hr Urgent Community Response (UCR) (H1/H2)**
- **Integrating MSK Therapies (H1/H2)**
- **Transfer of Ward 3 UHL Stroke Rehabilitation to LPT (H1/H2)**
- **Develop Business Cases for**
  - Transforming Community Services
  - Virtual Wards / Tele-health
  - Community Services Redesign (CSR) Phase 2
  - Hinckley Hospital Re-development
  - Covid Rehabilitation
  - Integrated Asthma Service
  - City Falls Prevention

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Operational Planning Priorities Families Children and Young People

- **Covid Recovery to address backlogs (H1)**
  - CAMHS
  - Community Paediatrics
  - Children's Therapies
  - Healthy Together
- **Continue to deliver Covid vaccination programme (H1)**
- **Deliver mental health investment standard (H1/H2)**
  - Establish MH 18-25 offer
  - Expand CYP Eating Disorders Service
  - Implement 24/7 Crisis Intensive Home Treatment Team
  - Expand MHST
  - Mobilise Neurodevelopmental Programme

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Operational Planning Priorities Learning Disabilities

- **Fully mobilise expanded Forensic LD Team (H1)**

- **Fully mobilise specialist autism team (H1)**

- **Progress development of integrated system health and social care collaborative team (H1/H2)**

- **Extend Transforming Care Plans to include children and young people with Autism Spectrum Disorder (ASD) and a Learning Disability (H1/H2)**

Operational Planning Priorities Directorate of Mental Health

- **Covid Recovery (H1) including:**
  - QI programme to tackle extended waits and support transition into new model
- **Undertake SUTG Consultation (H1)**
- **Post-consultation implementation (H1/H2) including:**
  - Investing in 6 new accelerator neighbourhoods
  - Supporting development of provider collaborative structure
  - Supporting new VCS collaborative contract / arrangement
- **Mental Health Practitioners (ARRS) (H1/H2)**
- **Progress business case for elimination of dormitories (H1/H2)**
- **Deliver against 8 Pillars of Equality (H1/H2)**

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Operational Planning System Narrative Response

- **Single system response to NHSE/I - no requirement for organisational narrative**

- **Narrative development led by the nine LLR Design Groups**

- **LPT represented on all Design Groups**

- **Drafts agreed with Design Groups prior to collation into system response.**

- **Draft to be shared with System Operational Group (SOG) Friday 23 April**

- **Draft to be shared with LPT Executive and Trust Board for review.**

- **First submission to NHSE/I Thursday 6 May**

- **Final version to be submitted by Thursday 3 June.**

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Themes

- **9% growth in Scientific Therapeutic and Technical (STT) roles (e.g. psychotherapist, psychologists, MH facilitators)**
- **8% growth in unregistered roles (e.g. HCAs, physio/TO support)**
- **4% growth in registered nursing**
- **4% growth in consultants (some replacing locum use)**
- **1% growth in infrastructure (admin/managerial roles)**
- **Slight increase in bank usage and short term agency use for H1 as a result of expansion of services**
- **No staff group has seen a reduction in w.t.e**

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Next Steps

- **Community Health Services**
  - New investment in Ageing Well (20 w.t.e)
- **Mental Health**
  - Recruitment continuing for 2020/21 MHIS investments (110 w.t.e)

- **Families Children and Young People and Learning Disabilities**
  - Recruitment continuing for 2020/21 MHIS investments (24 w.t.e)

- **Confirm impact of new investment in mental health**

- **Revisit non-mental health services to confirm workforce changes**

- **Align bank and agency workforce and finance assumptions.**

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Financial Plan

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Financial plan - H1 2021/22

- H1 Financial plan shows an I&E break-even position

- The majority of H1 income is based on 20/21 Q3 income, and is higher than we expect future allocations to be

- Q1 budgets previously approved have been adjusted to match H1 plan assumptions and include the additional investment costs agreed on 8th April. An element of these costs are expected to be separately funded by LLR CCGs from H2

- Total H1 expenditure budgets by directorate are presented for approval

Summary H1 Financial Plan

Summary financial plan April 2021 to September 2021	2021/22 H1
EXPENDITURE	**£m**
Expenditure as per original Q1 plan assumptions	(157.21)
Additional costs approved 08/04/21 - system funding expectation H2	(1.62)
Additional costs approved 08/04/21 - internally funded	(1.02)
Covid vaccination costs	(4.89)
TOTAL ESTIMATED EXPENDITURE:	**(164.74)**
INCOME	**£m**
LLR CCG income	137.62
All other income	27.12
TOTAL ESTIMATED INCOME:	**164.74**
NET SURPLUS / DEFICIT:	**0.00**

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H1 Financial Plan – Directorate expenditure budgets

DIRECTORATE	Q1	Q2	H1 budget
Mental Health	(21.08)	(21.81)	(42.89)
Community Health Services	(16.76)	(17.23)	(33.99)
FYPC (Incorporating Healthy Together budgets)	(12.91)	(12.91)	(25.82)
Learning Disabilities	(2.86)	(2.86)	(5.72)
Enabling	(8.46)	(8.55)	(17.01)
Estates	(8.55)	(8.99)	(17.54)
Hosted Services (HIS & 360)	(3.56)	(3.56)	(7.12)
Reserves and unallocated budgets	(4.71)	(5.05)	(9.76)
Covid vaccination costs	(2.89)	(2.00)	(4.89)
TOTAL OPENING EXPENDITURE BUDGET FOR H1	(81.78)	(82.96)	(164.74)

Original Q1 budgets approved in March: (80.65)

Change to Q1 budget*: (1.13)

*Impact of additional investment approved 08/04/21 – initially held in reserves pending allocation to service budgets (includes additional clinical staffing, fire safety measures and medical devices).

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System financial plan - principles

- Organisations will set operational plans (activity, financial and workforce) that are aligned to the operational planning guidance.

- It is expected that organisations will <u>deliver local financial plans to live within Q3 [2020/21] envelopes</u> (plus 0.5% growth).

- Organisational envelopes having been set on Q3 will include a base level of organisation costs in line with 19/20 levels, plus a level of COVID costs that may not be recurrent and a level of activity that was delivered in Q3.

- At organisation and system level we will need to be clear on the capacity and therefore activity this funding delivers including IS.

- Organisations (including Independent Sector (IS) should then set out what additional capacity is available in H1 and at what cost.

- There is likely to be some non-recurrent system headroom and potentially Elective Recovery Funding (ERF).

- System headroom will be held as a contingency at system level and allocated to organisations once costs relating to system priorities have been approved and incurred.

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Mental Health Investment Standard 2021/22

- **As a national requirement, health systems must plan to increase the recurrent investment in mental health services year on year at least in line with overall CCG allocation growth.**

- **For the purposes of calculating MHIS Learning Disability, Autism and Dementia services are excluded.**

- **In addition to MHIS further non recurrent Service Development Funding (SDF) and Spending Review (SR) monies have been allocated to LLR. These are to:**

  - support the response to pressures on Mental Health arising from the Covid pandemic

  - continue the programme of service transformation contained within the NHS Long Term Plan.

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Mental Health Investment Standard 2021/22

LLR Mental Health Expenditure Summary	East Leicestershire and Rutland	Leicester City	West Leicestershire	LLR Total	Total Additional Investments
	£000	£000	£000	£000	
2020/21 LLR CCGs baseline expenditure forecast outturn	41,268	67,461	54,705	163,435	
Increase required in 2021/22	1,806	2,934	2,575	7,315	7,315
2021/22 Targeted Baseline Expenditure	43,074	70,396	57,280	170,750	
%age uplift	4.38%	4.35%	4.71%	4.48%	
Additional Non Recurrent SDF Funding *	3,943	1,807	461	6,211	6,211
Additional Non Recurrent SR Funding	1,056	2,100	1,441	4,597	4,597
2021/22 Overall planned Expenditure Excluding Dementia **	48,073	74,303	59,182	181,558	18,123
SR Funding Relating to Dementia **	123	73	121	317	317
Total Additional Investments including Dementia	6,928	6,914	4,598	18,440	18,440

* The majority of SDF funding has been allocated to CCGs as identified leads for particular service developments and is not a reflection of prioritisation or differential uplifts or Mental Health prevalence for particular populations

** The principle calculation of the Mental Health Investment Standard excludes Dementia services but as an element of SR funding is targeted at Memory Clinic and Dementia Services it is included for completeness.

Mental Health Investment 2021/22

Next steps

- Work ongoing via Mental Health Collaborative and Design Groups to progress MHIS developments and investment plans

- Service plans at varying stages of development so not all investments currently able to be split between LPT and other providers/direct CCG expenditure.

- System plan currently allocates the majority of investment funding to LPT as a proxy but will require review.

- As a result the opening LPT financial plan is likely to operate with a level of residual investment reserve; once finalised this will be re-allocated to relevant providers through CVs enacted by the CCG.

- There is a slippage risk within the MHIS programme – this will be overseen by the system Mental Health Collaborative.