

Integrated Medium Term Plan 2022/25

Appendix 5 2023/24 and 2024/25 Developments (indicative)



Page intentionally blank

Appendix 5: 2023/24 and 2024/25 Developments (indicative)

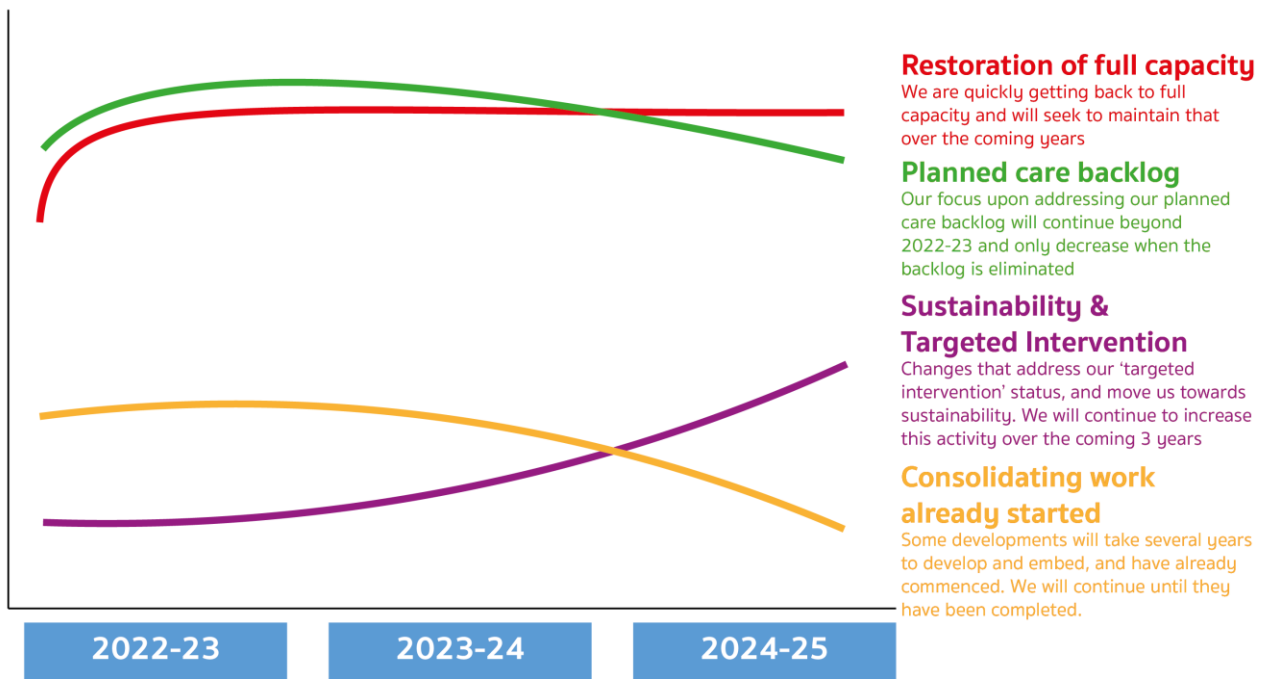
As outlined in the main IMTP document, the Board is focused in 2022/23 on

- A full return of pre-Pandemic core activity
- A continued drive on Recovery, catching up activity delayed as a consequence of COVID-19
- Consolidation of good developmental work already commenced but needing to be progressed and embedded
- Implementing a smaller number of initiatives that are required to be sustainable longer term, supporting us to exit from Targeted Intervention.

As we move into 2023/24 and then to 2024/25 we expect that the balance of these areas of focus will change. This will be contingent upon the course of COVID-19 as we move through the pandemic. In line with other Health Boards our planning assumptions build around maintaining level 1 (below).

Level	Description	Situation	Planning Assumption
0	COVID-19 eliminated	COVID-19 exists but rarely seen	Unlikely to be reached over next three years
1	Low COVID-19	COVID-19 circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)	Following WG guidance assume this level is reached from April 2022
2	Stable COVID-19	Approximates to levels of COVID-19 seen over Autumn/Winter 2021	Robust plans required to implement enhanced Covid measures if required
3	Urgent COVID-19	Rapidly spreading and/or extremely high levels of COVID-19, with high levels of hospitalisation (e.g. emergence of new variant)	Plans for Emergency response

As catch-up of our backlog planned care activity progresses towards completion our greater focus will move further towards building upon the bedrock changes to operate sustainably that we have already started to lay.



Above: The expected shift of balance over the next three years

2023/2024

Our recovery of planned care backlog will continue into 2023/24 in those areas that are particularly challenged, and eliminating this backlog will remain our priority alongside delivering full core services, such that a backlog of demand does not continue to be generated.

As capacity allows, we will increase our emphasis upon embedding the developments commenced in 2022/23 that collectively support us to operate in a sustainable way within our resource allocations.

We will use our 5 Planning Principles to ensure we take every opportunity to structure our services in a sustainable way, medicalising only when necessary, and built upon local engagement and feedback. Supported by our Clinical Services plan, this will ensure we progress in a structured, needs-based way to deliver Ministerial Priorities.

We will continue work seeking to exit from 'Targeted Intervention'.

We will deliver against our savings plan, with the more of those savings being delivered through transformation (as opposed to transactional savings).

Important areas of development in 2022/23 are expected to include:

- Further increased focus upon recognising the social determinants of health and further work to address the overt and hidden variations (inverse care law) that lead to inequity of provision.
- Expansion of prehabilitation services to all cohorts of the population waiting for surgical or medical interventions.
- Expansion of an approach to the commissioning of our services based upon value, outcomes and experience.
- Evolving development of the 'Accelerated Cluster Programme' building incrementally upon the maturity achieved, with increased leadership for local needs-based planning and commissioning
- Progressing of partnership approaches to develop the next generation of 'extra care' and 'intermediate care' housing, supported by an integrated workforce
- Exploration of opportunities to operate pooled revenue budgets with key partners where this would support person-centred care
- Delivery of a primary care estates strategy for North Wales that is fit for the coming decades
- Progression of our Regional Treatment Centre model

Targeted consolidation of core activities in 2022/23 will include:

- Progression against the Targeted Improvement framework
- Ongoing delivery and evolution of key clinical areas such as vascular, mental health and our unscheduled care transformation programme, using the principles of continuous improvement
- Consolidation of our 'home first' model of care, with shared learning from across North Wales
- Building upon the changes in Operating Model implemented in 2021/22 to make sure the model delivers as expected
- Making further inroads into a systematic approach to the delivery of whole system care pathways by introducing further tranches of pathways
- Further growth of our quality improvement and transformation system, working with Improvement Cymru, Institute of Healthcare Improvement, and other continuous improvement specialists such as Toyota and Airbus.
- Continued work on the Wrexham Maelor site to address infrastructure limitations.
- Ensure we are fully prepared for a North Wales Medical and Health Sciences school.

We currently anticipate that the vast majority of our planned care backlog will have been eradicated through a combination of increased activity and more inefficient pathways of care. Evidence of improved experience and outcomes will be objectively demonstrated in terms of feedback, and the proportions of patients offered self-initiated follow-up and remote consultations.

We will again deliver a savings plan, which will now be mostly delivered through transformational, recurrent efficiencies.

We will continue to mature the developments started during 22/23 and 23/24, continually learning and evolving them through learned, real-time experience.

We will prepare to transition to provide a large number of our planned clinical services through a Regional Treatment centre approach, delivered using value-based pathways of care.