North Central London Integrated Care System

NCL ICS Financial Review

JHOSC meeting 30th Sept 2022

16th September 2022

Summary of main points

North Central London Integrated Care System

1. ICBs have a duty to lead collaborative working across the ICS. ICSs are local health and care and local councils to work in joined-up ways. ICBs are responsible for allocating NHS budget and commissioning services.
2. NCL is a complex health and care economy with 10 major providers with a combined income of around £5bn, two NWL providers running two boroughs' community services, five local authorities and 33 primary care networks.
3. The NCL system has been working collaboratively on financial issues for a number of years and can point to a number of successes.
4. There are arrangements in place to support financial governance in the ICS.
5. We have agreed the following top priorities for NCL's financial strategy, underpinned by principles for how we will work together.
6. The NCL NHS providers receive income from a number of sources. The system is a net importer of activity and this is clear from the size of the provider income (£5.3bn) compared to the NCL ICB budget for its population of £3.2bn.
7. NCL is a complex health economy with a variety of types and sizes of providers.
8. The strategy for the ICB is to spend a greater proportion of the budget on pro-active and preventative and out of hospital services in order to require less hospital provision.
9. There have been a number of changes to the NHS financial regime in response to the pandemic which has supported the local financial position. However, as we come out of this period we face many financial challenges.
10. In 21/22 NCL delivered a large surplus due to a number of highly unusual issues. The ICS worked together to submit a balanced plan for 22/23, however it contains a large level of financial risk.
11. In order to support sustainability with more pro-active, preventative and out of hospital care we are planning to increase investment in population health management, projects to address health inequalities, community services and mental health.
12. Next steps include the forecasting and management of 22/23, planning for 23/24 and beyond, distributing the ICS capital funding for 23/24-24/25 and the refresh of the ICS Financial Strategy.

ICBs & ICSs

North Central London Integrated Care System

ICSs are local health and care and local councils to work in joined-up ways. ICBs are responsible for allocating NHS budget and commissioning services.

ICS

- North Central London is made up of five boroughs – Barnet, Camden, Enfield, Haringey and Islington, with around 1.6 million residents living here.
- North Central London Integrated Care System (NCL ICS) brings together local health and care organisations and local councils to work in joined-up ways to improve health outcomes for residents and tackle inequalities that currently exist.

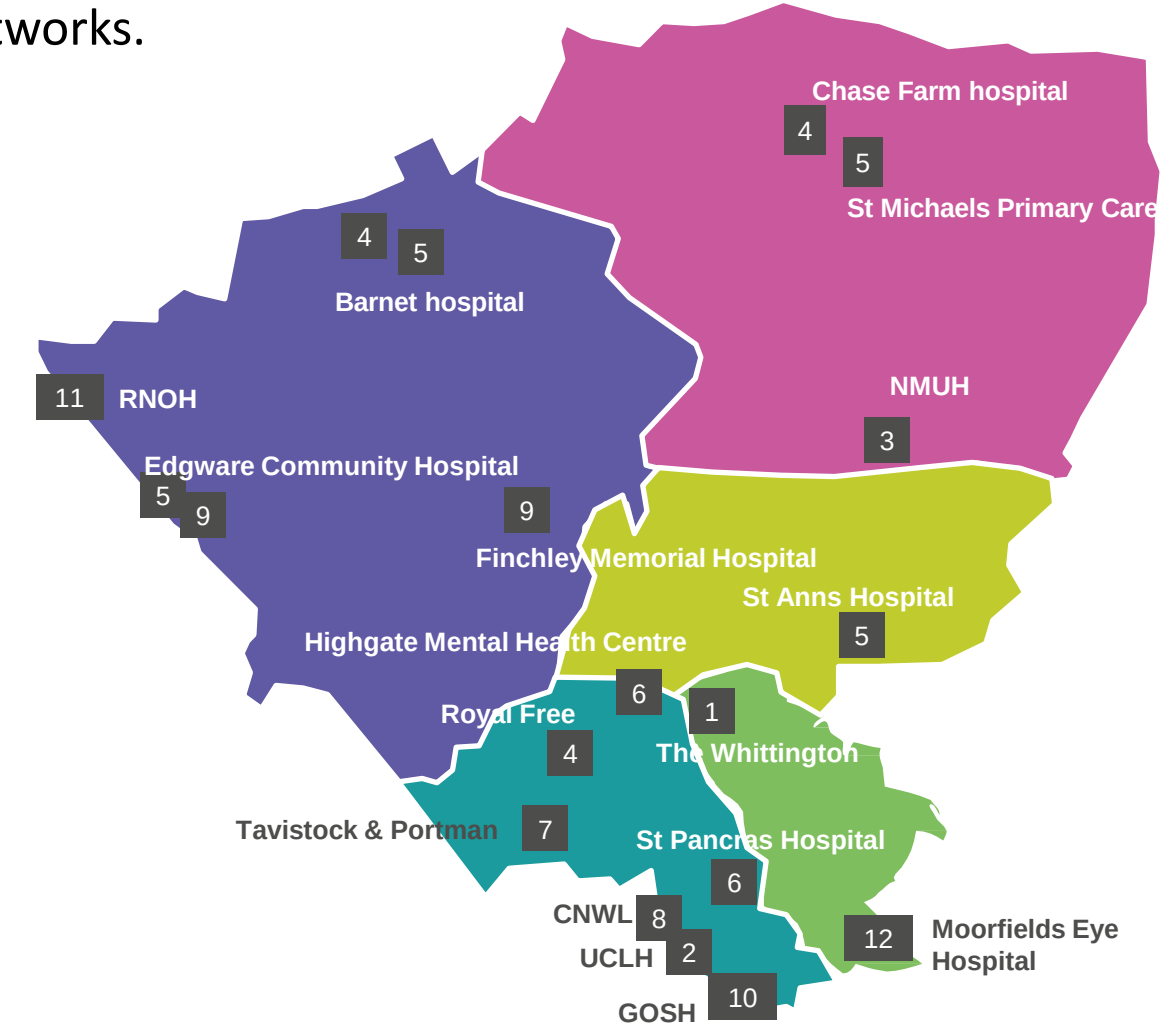
ICB

- The NHS North Central London Integrated Care Board (ICB) is responsible for allocating NHS budget and commissions services. ICBs are a key change in the Health and Care Bill, and have replaced Clinical Commissioning Groups. These changes came into effect on 1 July 2022.
- Integrated Care Boards are a statutory NHS organisations responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
- NCL ICB will build on existing commitments, programmes and ambitions. The principles informing the work of the ICB are:
    - **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
    - **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
    - **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
    - **Learning as a system:** We have learnt a lot as a system throughout both our response to COVID-19 and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
    - **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

The NCL Integrated Care System

North Central London Integrated Care System

NCL is a complex health and care economy with 10 major providers with a combined income of around £5bn, two NWL providers running two boroughs' community services, five local authorities and 33 primary care networks.



NHS Providers

1. Whittington Health NHS Trust
2. University College London Hospitals NHS Foundation Trust (UCLH)
3. North Middlesex University Hospital NHS Trust (NMUH)
4. The Royal Free London NHS Foundation Trust
5. Barnet, Enfield and Haringey Mental Health NHS Trust
6. Camden and Islington NHS Foundation Trust
7. Tavistock and Portman NHS Foundation Trust
8. Central and North West London NHS Foundation Trust (CNWL)
9. Central London Community Healthcare NHS Trust (CLCH)
10. Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)
11. Royal National Orthopaedic Hospital (RNOH)
12. Moorfields Eye Hospital NHS Foundation Trust

Finance System working

North Central London Integrated Care System

The NCL system has been working collaboratively on financial issues for a number of years and can point to a number of successes, including:

- Clear financial principles agreed by all Boards, including viewing every financial decision from a system (not organisation) perspective.
- Successful agreement of deployment of Covid funding throughout 2021/22 and into 2022/23.
- Agreed approach to 2022/23 contracts.
- Community services and mental health reviews have been undertaken.
- CFO group, chaired by ICS finance lead, in place fortnightly and making decisions on behalf of the system.
- System Management Board, chaired by CEO designate, meet fortnightly.
- System capital allocation process agreed 20/21 to 22/23.
- Health inequalities fund in place in 2021/22 for most deprived wards and boroughs and 2022/23.
- North London shared service set up, initially focussed on shared recruitment across NCL.
- Orthopaedic hubs established with increasing productivity, and new surgical and bed capacity open.
- Investment of funding into wider system to support elective recovery.
- UCL health alliance of all providers (including primary care) established with chair/CEO in post.

With the establishment of the ICB, the arrangements in place to support the financial governance in the ICS include:

- ICB Board and Finance Committee.
- System management Board meets monthly on system Financial Recovery.
- Continuation of ICS CFO group.
- Establishment of system financial recovery groups.
- Dedicated finance staff supporting the system financial strategy, transformation projects, planning and monitoring.

Overall financial strategy and vision

North Central London Integrated Care System

We have agreed the following top priorities for NCL's financial strategy, underpinned by principles for how we will work together.

1. We are focussed on improving the health of the population in North Central London within our available resources
2. We will address health inequalities across the sector and within our boroughs as a priority
3. We will maximise what we do locally in North Central London

The way we work

- We will focus on the benefit to the system, not on the impact to the individual organisation
- We will ensure no individual organisation loses out for doing something in the benefit of the wider system
- Strong clinical and operational engagement in everything we do
- Close working with primary care and with local authority partners
- Shared acknowledgement that system working will be required to address the challenges we face
- We will be open and transparent with each other, sharing data and financial information
- We will implement joint planning and more standardised processes across the system
- We will hold each other individually and jointly accountable for system sustainability
- We will focus on reducing the cost of service delivery, not income generation

NCL Provider Funding Profile (22/23)

North Central London Integrated Care System

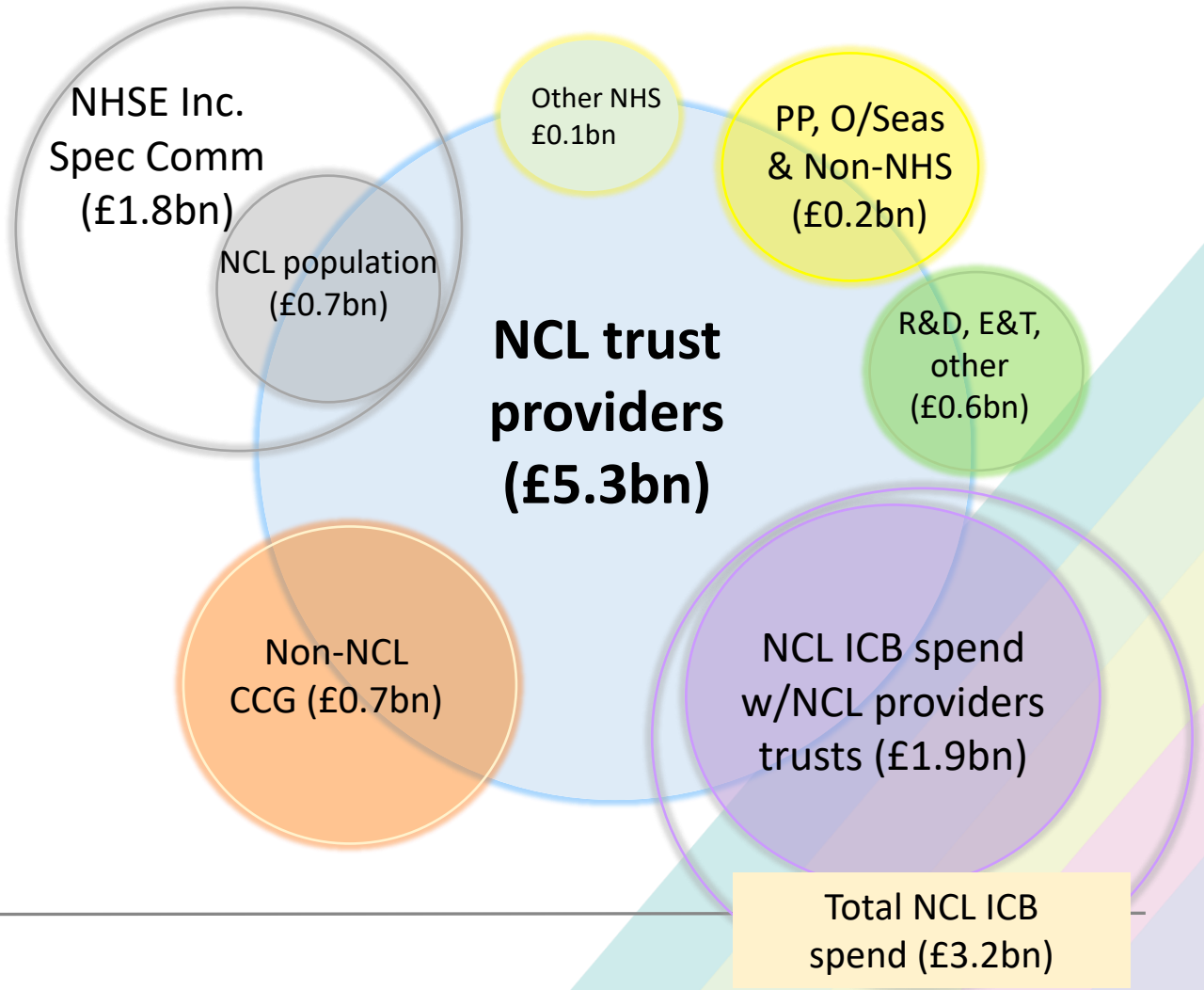
The NCL NHS providers receive income from a number of sources. The system is a net importer of activity and this is clear from the size of the provider income (£5.3bn) compared to the NCL ICB budget for its population of £3.2bn.

The total planned income for the 10 NCL trust providers is c£5.3bn.

Of this broadly c£2.6m is spent on NCL patients with c£1.9bn is received from NCL ICB (for services formerly commissioned by NCL CCG) and c£0.7bn from NHSE for Specialist services.

The balance is for treating non-NCL patients (c£1.8bn) and other patient care (c£0.3bn) and non-patient care income (c£0.6bn).

There is a more detail at a trust level on the following slide that demonstrates the extent to which trust provide local services for NCL patients and the extent to which they provide specialist services (a proportion of which is for NCL patients).



Providers in NCL ICS

North Central London Integrated Care System

NCL is a complex health economy with a variety of types and sizes of providers, including three single speciality providers and a large component of specialist services.

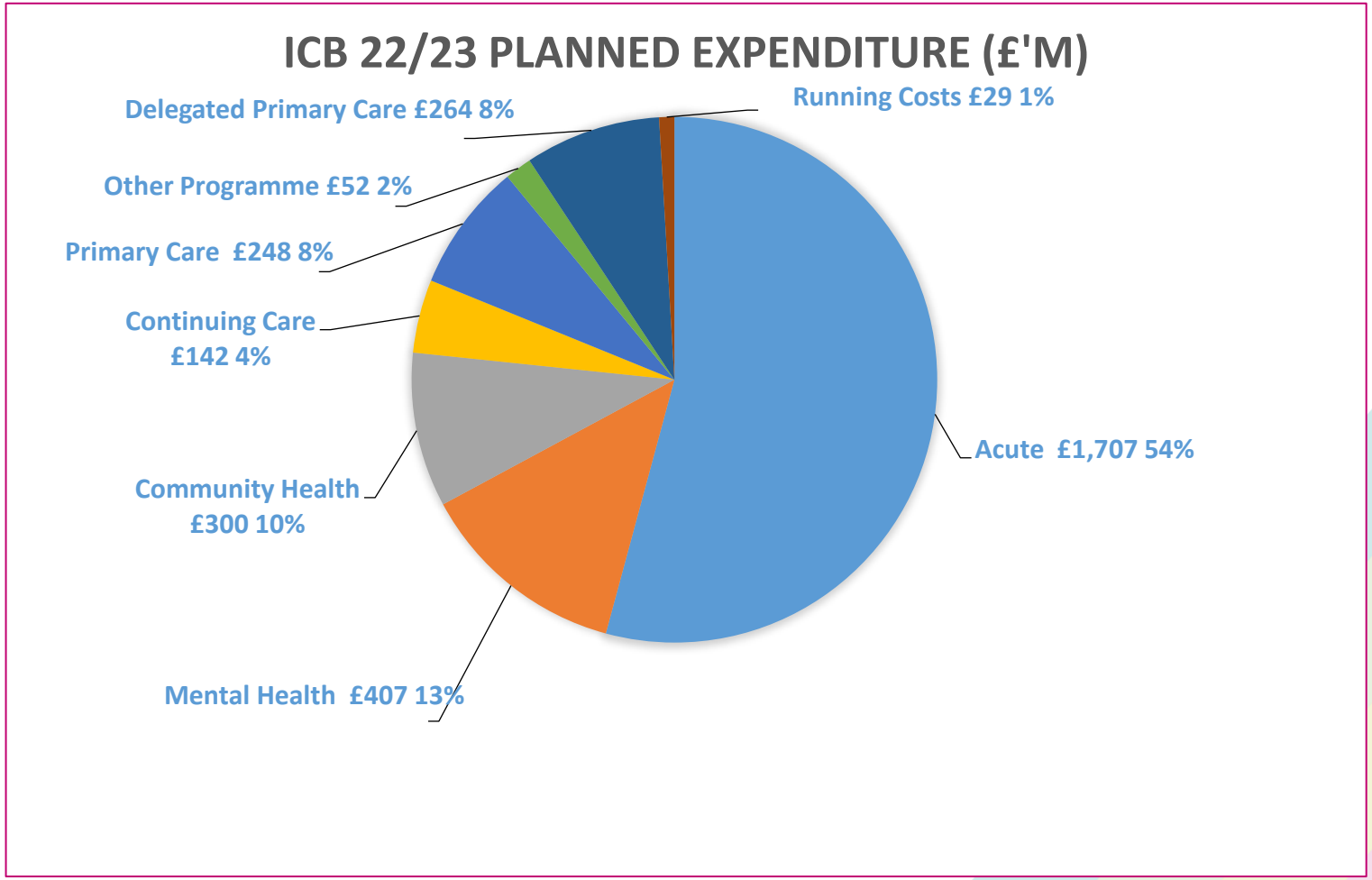
Trust	High level description of services / localities	22/23 Annual planned Income	Of which NCL ICB	Of which NHSE/Specialist services
Barnet, Enfield, & Haringey MH Trust	Local secondary and tertiary mental health services (including being lead provider for North London Forensic consortium) covering the 3 borough in the north of NCL. Also provides Enfield Community services.	£419m	£212m (51%)	£152m (36%)
Camden & Islington MH Trust	Local secondary mental health services for boroughs in south of NCL. Hosts Psychotherapy training consortium.	£190m	£126m (66%)	£0m (0%)
Great Ormond Street Hospital	Tertiary paediatric services including national specialities.	£593m	£10m (2%)	£417m (70%)
Moorfields	Secondary and tertiary ophthalmic services. Provides services in sites across London.	£280m	£26m (9%)	£32m (11%)
North Middlesex	Local Secondary acute service with some specialist services, mainly covering Enfield and Haringey populations.	£414m	£283m (68%)	£59m (14%)
Royal Free London	Local and tertiary acute services. Includes Royal Free hospital, Barnet Hospital and Chase Farm Hospital. Local services mainly covering populations in Barnet, Enfield and Camden. Has a large teaching component.	£1,289m	£553m (43%)	£377m (29%)
Royal National Orthopaedic Hospital	Local and tertiary orthopaedic services, whose main site is in Stanmore (NWL).	£179m	£30m (17%)	£71m (27%)
Tavistock & Portman	Local and tertiary psychotherapy provider. Has a large education and training function.	£65m	£15m (22%)	£18m (27%)
University College London Hospital	Local secondary and tertiary acute services. Local services cover mainly Camden and Islington populations. Has a large teaching component.	£1,452m	£367m (25%)	£551m (38%)
Whittington Health	Local secondary acute and community services provider. Local acute and community services cover mainly Haringey and Islington communities.	£391m	£294m (75%)	£20m (5%)
Total		**£5,274m**	**£1,917m (36%)**	**1,698m (32%)**

NCL ICB Spending profile

North Central London Integrated Care System

The chart shows the proportion of 22/23 £3.2bn planned expenditure on services for the NCL population.

- The strategy for the ICB is to spend a greater proportion of the budget on pro-active and preventative and out of hospital services in order to require less hospital provision.
- The chart contains planned annual costs in 22/23. The first 3 months represent NCL CCG planned spend and the last 9 months NCL ICB planned spend.
- Health partners including Local Authorities will have a greater influence on ICB planning through their direct participation in governance processes than with the CCG in the past.
- In the near future the ICB is likely to be accountable for delegated commissioning responsibilities for both specialist commissioning services and pharmacy, optometry and dentistry. This will have a material impact on the overall funding for which the ICB is responsible and will change the spending profile.



NCL ICS Recent Financial Context

North Central London Integrated Care System

There have been a number of changes to the NHS financial regime in response to the pandemic which has supported the local financial position. However, as we come out of this period we face many financial challenges.

- In recent years, pre-pandemic NCL had been able to broadly achieve its financial duties through a number of non-recurrent measures. However, going into the 20/21 planning round (before the first lockdown in March 20) it had not formulated a financially balanced plan.
- The NHS financial framework adapted significantly during the COVID-19 pandemic to enable a focus on meeting urgent operational pressures. Initially there was a financial top-up system to bring trusts back into financial balance. This then moved back to a cash limited system, but at a higher level of investment, moving away from the national tariff system to national block contract payments for providers.
- Systems received non-recurrent Covid funding to support services with the increased costs of sickness, security and preventing infection. Trusts also received non-recurrent Elective Recovery Fund funding to cover additional costs of tackling the backlog and to incentivise the increase in elective activity.
- Over the pandemic period, the NCL system used the additional non-recurrent funding to increase capacity in ITU and elective and emergency bed capacity to improve resilience. In acute providers there has been broadly a 10% increase in WTE.
- As the local system comes out of the pandemic period into a more financially constrained environment we face a challenge to reduce the cost base built up on non-recurrent funding.
- The focus now also needs to move towards getting back to a delivering efficiencies on an annual basis in the same way that we did pre-pandemic.
- The system has set up three financial recovery groups reporting into the System Management Board, covering:
    - Financial governance – organisation-level review of control, checklist and audit of processes and controllable spend.
    - Provider efficiency and benchmarking - focussed work looking for improved productivity opportunities through data review and the delivery of cost improvement plans within organisations.
    - Review of system-wide transformation programmes e.g. better use of digital, technology and efficiencies through scale/collaboration.

System Financial Challenges

North Central London Integrated Care System

NCL ICS faces a number of pre-existing and new financial challenges as it emerges from the Covid pandemic of the last two years.

Challenges in the current 22/23 financial year

- Includes a stretch to get over the line to submit a balance plan (e.g. the plan included unidentified efficiency schemes).
- Financial performance was still affected by Covid admissions/wave for first 2/3 months of financial year.
- Productivity – not an outlier in national terms, but overall not yet back to 19/20 levels, and is hard to reverse
    - Urgent Emergency Care – less admissions but longer lengths of stay, escalation beds and increased delayed discharges
    - Elective – good performance at a national level but not all Trusts yet reaching elective recovery fund national targets.
    - A&E – activity now exceeding 19/20 levels
- Excess inflation - especially utilities and Retail Price Index linked increases. There have been some funding increases but further unplanned increases in costs above the level of funding are being experienced.
- Non-NHS income- at system level, non-NHS income has not yet fully recovered to pre-pandemic levels, especially where reliance is on travel from abroad.
- Reducing costs associated with Covid and infection, prevention and control measures.
- Returning to strong pre-Covid financial discipline and control is essential but challenging to balance against elective recovery prioritisation.

Challenges for 23/24 and beyond

- NCL receives funding above the target allocation set using national needs-based “fair shares” formula. The national movement to target policy means that NCL receives lower levels of growth as a consequence and in turn a greater efficiency challenge.
- Underlying recurrent deficit position – this will need to be recovered over a number of years, requiring non-recurrent solutions to achieve financial balance each year in the intervening period.
- The delegation from NHSE of commissioning responsibilities for both Specialist Commissioning - also reflecting the distribution of specialist commissioning funding from a provider to a population basis and Pharmacy, Optometry & Dentistry services, increase financial risk and scope of responsibility (as well as providing opportunities).
- Focus on system wide transformation of services that produces both financial and non financial benefits.

NCL ICS 21/22 outturn and 22/23 plan

North Central London Integrated Care System

In 21/22 NCL delivered a large surplus due to the highly unusual circumstances. The ICS worked together to submit a balanced plan for 22/23, however it contains a large level of financial risk.

21/22 outturn - £90.1m surplus

In a highly unusual year, the NCL ICS system generated a £90m surplus due to:

- Windfall gain from national elective recovery fund scheme in Q1 of 21/22.
- Non-recurrent technical benefits.
- Underspends due to reduced elective work in covid waves during the financial year.

22/23 plan – Balanced plan

- The providers and the ICB worked together to submit a balanced plan.
- Each organisation has a significant financial stretch/level of risk in their plan including unidentified efficiency assumptions.
- Each organisations's position is supported by non-recurrent benefits.

22/23 in-year– Month 4 position

NCL ICS is reporting an aggregate £14m adverse variance at Month 4, due to a number of issues including:

- Under-delivery of efficiencies.
- Continued spend on Covid related measures in excess of plan.
- Under-performance in non-NHS income.
- Additional unplanned excess inflation pressures (with more expected to hit later in the financial year).

N.B. Unlike Local Authorities, NHS organisations cannot carry forward expenditure reserves from one year to another. NCL ICB will inherit the cumulative NCL CCG historical deficit and will have an obligation to repay it unless the ICB and the system are in balance for the first two years.

Organisation	21/22 Outturn £'000	22/23 plan £'000
BEH	22,629	4,869
C&I	1,017	2,124
GOSH	(4,394)	(10,620)
MEH	19,773	1,590
NMUH	19,081	1,065
RFL	7,200	(31,100)
RNOH	11,931	(1,150)
T&P	(13,374)	(3,763)
UCLH	22,464	11,516
WHIT	496	(112)
Trust Total	**86,823**	**(25,581)**
NCL ICB	3,323	25,583
System Total	**90,146**	**2**

Priority areas of investment

North Central London Integrated Care System

In order to support sustainability with more pro-active, preventative and out of hospital care we are planning to increase investment in population health management, projects to address health inequalities, community services and mental health.

NCL ICS has used the available growth in 22/23 to increase investment in Health inequalities projects, community services and primary care, as well as maintaining its investment in mental health.

Population Health issues are covered in other packs.

Community services and Mental Health services reviews are covered in the next slides.

A major project for capital investment on the St. Pancras site is also covered.

Community & Mental Health Reviews

North Central London Integrated Care System

The journey so far for community and mental health service reviews

Start of review

March 21

Agreement was reached for a strategic review of Community Health Services and a case for change was created

Mental Health

May 21

A parallel review of Mental Health Services has been conducted concurrently based on a case for change

Design co-production

May - July 21

Co-developed case for change, service offer, inequalities identification, gap analysis against Borough, through interviews, surveys and workshops with a focus on Local Authority

Partners Involved In Design Workshops
Primary Care
Community providers
Local Authority
Acute providers
Commissioner Borough& Strategic
Voluntary Sector
Residents/Users/Carers

Gap analysis

August 21

A gap analysis was conducted by Borough colleagues against the Core Offer

Core Offer

July 21

The purpose of the Core Offer is to address the inconsistency of service provision across NCL by setting out a commitment to the NCL population of the support they can expect to have access to regardless of their borough of residence

Investment principles and KLOEs for prioritisation

April – May 22

Investment priorities and KLOEs agreed at CH and MH programme Boards respectively

Provider collaboration

May 22

Areas for provider collaboration have been agreed to improve care and support financial sustainability

Provider completion of PIDs for collaborative projects

July – August 22

Benefits realisation and financial impact to be articulated for each project

Agree investment priorities for Y1 and profile multi-year investment plan

June 22

Programme Board agreed investment priorities based on gap analysis and correlation with investment and programme principles. NCL System Management Board (CEO level) endorsed approach

Provider completion of Delivery Plans for 22/23 community investment

July – August 22

Includes project monitoring KPIs

Sign off at ICB Members Board of multi-year investment plan

September 22

Following system wide discussions during June – August 2022

Borough Implementation workshops

July – September 22

Borough Implementation workshops with place based partners in each borough

Future Programme Delivery

Community Services Review

North Central London Integrated Care System

We have reviewed our community services and have identified significant variation and inequity of access, which stems from a range of historical factors.

NCL have developed a core minimum offer which is tailored to different population health cohorts. The core offer will be enhanced through coordinating functions to provide a single point of access, care coordination and case management to meet different levels of need in the most appropriate setting.

The core offer also supports a greater focus on early intervention and prevention which is a shift from the current focus on urgent care.

Investment to support the programme is expected to be realised from targeted investment in NCL community services and efficiency and productivity gains resulting from this investment. An impact assessment of the indicative benefits accrue from implementing the core offer equitably across NCL is shown opposite.

The aim of the core offer is to support more people out of hospital, ensuring that care is delivered in the right setting and at the right time, while improving quality and equity of access.

Area		NCL
Adults	Saved occupied beds from avoidable short-stay admissions (0-1 days)	3473 (24%)
	Potential savings	£1.6m
	Saved occupied beds from reducing average length of stay for longer stay admissions (2+days)	23512 (8%)
	Potential savings	£12.2m
Paeds	Saved occupied beds from reducing average length of stay for longer stay admissions (3+days)	2380 (25%)
	Potential savings	£974k
Total potential savings		**£14.8m**

Access:

- Standardised service provision
- Extended opening hours and access to OOH services – **more convenient access to services**
- Enhanced services
- **Standardised waiting times** (e.g., to first contact and follow up)
- **Simplified referrals** processes through a central point of access

Quality:

- Focus on **prevention** and **early intervention**
- **Enhanced response times** to help service users stay well - **minimise need for hospitalisation**
- Standardised and enhanced step-down services to **support timely and safe discharge of patients from hospital**
- **Enhanced older people services**

Equity and equality:

- **Consistent and standardised offer** so that all NCL residents have **equal support**
- Links and interdependencies with other agencies and support that **focus on wider determinants of health**
- Core offer will require a **resource redistribution that is aligned with need** - residents have health **equity**

Workforce:

- Support staff to **operate at the top of their license**
- **Collaborative working** with other professionals and service users
- **Improve staff satisfaction** levels
- Increased **joint working** to deliver place-based care
- Defined and **shared culture**
- **Co-location** where appropriate
- **Joint training**

Virtual Wards in the Community

North Central London Integrated Care System

NCL's vision is to implement Virtual Ward services in line with the following key design principles, which were co-designed by across the ICS via a workshop in late April. This is supported by £4.9m of investment across NCL in 2022/23:

LOOK
Patients and staff will see:

Consistent services and universal coverage:
- Standard patient referral criteria and care inputs, regardless of borough
- Every NCL patient has a virtual ward offer

Clear step-up & down interfaces
- E.g. when to refer patients to Rapid Response, when to VW, other services, etc.

Maximum clinical skills & acuity
- Maximise clinical skills
- Consistent clinical competencies, e.g. for nursing and therapies

Tech-enabled care
- Standardised use of interoperable tech
- Linked record-keeping

Clear patient communications
- Clear and simple patient information
- Routine review of patient feedback

FEEL
Patients and staff will feel:

Patients and families feel safe and well-cared, 24/7:
- Equally safe, confident and supported at home as they would in hospital, with staff who are kind to them
- Clear escalation route is available

Staff feel they are part of 'one team', a supportive partnership:
- A great and supportive place to work
- Close working relationships between people who before may just have referred via a form
- Network of people who trust each other

Services feel mutually confident in each other:
- Acute and community staff confidently release and accept patients
- Supported by clear clinical governance

SAY
Patients and staff will say:

Patients say "NCL virtual wards"…
- Are easy to access and easy to use
- Are reassuring

Staff say "NCL virtual wards"…
- Effectively provide acute level care at home
- Offer appealing clinical & care roles for staff

Referrers say "NCL virtual wards"
- Are easy to access and easy to refer to (potentially via a single point of access)
- Are helpful, can-do and positive teams who are ready to make things work!

NCL ICS says "NCL virtual wards"
- Prevent deconditioning and improve the likelihood of patient recovery
- Are less costly than an actual acute bed
- Are directly reducing acute bed occupancy
- Are 'worth' funding on a long-term basis

Mental Health Service Review

North Central London Integrated Care System

Mental health (MH) spend is broadly in line with need overall so the focus is on equity of access and gaps in the core offer across NCL Boroughs

NCL's has continued it's commitment to meeting the Mental Health Investment Standard (MHIS), a target which ensures that spending on mental health services is in line with physical health services and the ICB's headline funding allocation. In 2022/23 this means a c. £15m increase in Mental Health investment vs 2021/22 expenditure.

Initial analysis within the Mental Health Service Review confirmed that overall spend on Mental Health Services is broadly in line with need overall with the MHIS being seen a major contributory factor to this.

The broad correlation of overall need and overall investment in mental health services means that the focus for the MH service review is how we address gaps in the core offer and the equity of provision and access to services across NCL.

The affordability case for the MH core offer draws upon use of the existing MHIS funding and other non-recurrent funding such as the Service Development Fund (SDF). There is strong alignment between delivery of the MH core offer programme and existing MH Long Term Plan (LTP) targets set out by NHSE.

Financial modelling expects the MH system to work together and identify productivity and efficiency savings to partly support the core offer investment plans and provide a sustainable platform for preventative and out of hospital/inpatient care.

St. Pancras / Project Oriel

North Central London Integrated Care System

One of the NHS's largest capital schemes is being implemented within NCL.

Key facts

- The St Pancras hospital site in Camden will be entirely redeveloped.
- The site is 5 acres in size and lies to the NW of St Pancras station.
- A new building for Moorfields Eye Hospital (Oriel) (c.£400m) to replace their existing City Road site will be built on 2 acres of the site.
- The remaining 3 acres will be redeveloped with a mixture of NHS buildings (including the new HQ for Camden & Islington Mental Health Trust), office, retail and residential spaces.
- The new Moorfields Eye Hospital is expected to be ready in early 2027.
- Planning permission for the Moorfields building has been granted and the business case is currently progressing through the final stages of approval.
- The redevelopment of the remainder of the site is anticipated to be complete in 2026.

Issues and risks to manage

- It is a hugely complex combined project involving the decant and move of a number of services currently on the site across a number of different NHS bodies (including Moorfields and Camden and Islington but also Central North West London Mental Health Trust and Royal Free London Trust).
- The c£400m funding for the new Moorfields Eye Hospital (Oriel) will come from the National Hospital Programme, UCL, the Moorfields Eye Charity and the sale of the existing City Road site. Moorfields, the National Hospital Programme, the NHSE London Region and the ICB are all involved in the Oriel governance arrangements.
- The Oriel construction will start while the remaining 3 acres are still occupied so must ensure that construction does not disrupt clinical operations that will continue on the remainder of the site after they start.

Next Steps

North Central London Integrated Care System

There are a number of system financial planning next steps.

Next Steps include:

- Forecasting and year-end management of the 22/23 revenue and capital positions.
- Preparation for 23/24 – 25/26 planning – assumptions, timetables, alignment with performance and workforce plans etc.
- Receipt of 23/24-25/26 allocations (assuming there will be a longer-term planning horizon and exercise).
- Refresh of Long term capital pipeline and distribution of 23/24-24/25 ICS capital funding.
- Refresh of NCL Financial strategy to include ICB priorities including Population Health principles.