

Buckinghamshire, Oxfordshire and Berkshire West (BOB)

Sustainability & Transformation Plan (STP)

November 2016

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Our ambition



Prevent ill health, with a particular focus on obesity to reduce demand for services over the medium to long term.

Standardise access to urgent care so a range of well-informed clinicians can safely diagnose and prescribe treatment while minimising the number of duplicated consultations a patient receives. This will release GP time so they can work together at scale, become more integrated with community services operating out of community hubs and focus on people with more complex conditions. GPs will also be able to call on an increased number of home carers to enable more people to be cared for in their own homes rather than being sent to hospital.

Improve our workforce offer and increase staff retention by working with Trusts and Health Education England to improve recruitment, standardise terms and conditions for bank staff and offer employees interesting rotational opportunities.

Provide digital solutions for self-care, virtual consultations and interoperability to increase patients' access to information and reduce duplication and travel.

Increase efficiency by commissioning, where appropriate, at scale across the BOB geography. For example, by co-commissioning specialised services with NHS England to identify alternative pathways of care.

Centralise back office functions to deliver savings by procuring at scale for example using the Shelford Group framework.

Undertake meaningful engagement and consultation activity on services, such as those at the Horton Hospital in Banbury to help inform decisions on the commissioning of future services.

Plan on a page



The impact of our

Overall good health status masks variation and inequalities. Child and adult obesity is increasing. The older population is growing faster than the national average.

The high local cost of living and an aging workforce are leading to increasing difficulty in sustaining services. This contributing to variable performance and rising hospital admissions.

Significant variation in per capita spend on specialised services across the STP

Unwarranted variation in access to care leads to quality and outcomes which don't meet patient expectations.

The cost of delivering increasing health and care services is not sustainable unless we significantly improve the quality and efficiency of how we deliver services.

Shift the focus of care from treatment to prevention

Access to the highest quality Primary, Community and Urgent care

2

Acute trusts collaboration to deliver equality and efficiency

3

Mental Health development to improve the overall value of care provided

4

Maximise value and patient outcomes from specialised commissioning

Taking local

specialised

services to

population.

to BOB

Identify

modifying

pathways,

increasing

patients.

standardising

thresholds and

prevention to

reduce spend and

increase value to

ownership of

commissioning

maximise benefit

opportunities for

6

Establish a flexible and collaborative approach to workforce

Improving workforce productivity and reducing agency costs

upskilling of existing workforce to address workforce hot spots and increase flexibility

wellbeing of the BOB workforce

Enhancing leadership capability

A shared workforce plan to support rotation of staff across organisations to increasing quality of care and staff retention.

Implement fully integrated read and write records Creating a single

Digital

interoperability

to improve

information flow

and efficiency

set of information sharing agreements across BOB

Implement patient portals and self management tools

Ensuring integrated records are available where patient flows cross borders **(1)**

Primary Care at

Scale

Increase exercise to improve health

Clinical contacts to include brief advice. supported by face to face, phone and web based behaviour change support. Build on existing asset based approaches.

Workplace wellbeing initiatives designed to transform the health of the workforce

Procure enhanced 111 with clinical hub and standardise access routes to urgent care to release GP capacity to deliver primary

care sustainability.

Create robust out of hospital services operating from community hubs and coordinated by GPs to maintain independence of elderly and frail patients in their own homes.

Integrated health and social care

sustainability of services at the Horton Hospital, cancer and maternity services involving the Academic Health Science Network

(AHSN) and the

Thames Valley

Review

Clinical Senate. Consolidation of backroom services to optimise cost effectiveness

Improved 7 day services to reduce variation in patient outcomes.

Implementation of the mental health forward view.

> More effective use of mental health specialist commissioning secure services budgets to improve local services

Outcomes based contract across BOB

Skill-mix shift and

Improving health and

Support more

own homes.

people in their

- · Improved health and wellbeing of
- Reduced spend

Identification of

new models of care to deliver higher quality care to patients across BOB by moving services out of hospital and into the community.

Integration of

primary care.

community and

- Better information for clinical decision making and so fewer errors
- Reduced duplication for patients
- · Releasing time for clinicians

 Services provided closer to home

- Sustainability of high quality primary care
- Quicker treatment for patients

- · Reduced staff sickness saving agency costs
- · Reduced obesity
- · Reduced diabetes leading to reduction in prescribing and the complications
- · Reduced health inequalities
- · Reduced demand for services

- · Sustainability of services in North Oxfordshire
- · Improve quality services
- · Reduced harm to patients
- Improved patient experience.
- · Reduction in errors due to gaps between different services.
- · Patients get quicker treatment because they get to the right place, first time.
- · Reduced A&E attendances and emergency hospital admissions.
- Increased elderly people living independently at home
- Earlier intervention in the course of mental illness

- · Release funding to invest in local services and so improve outcomes.
- Reduced out of area treatments

staff.

Five Year Forward View



For example in Berkshire West

Shifting the focus of care from treatment to prevention

Alcohol care team approach and intervention to reduce hospital admissions Rationalising the community falls programme to ensure maximum outcomes

Urgent care

- Strengthening the role of primary care in managing "on the day" demand away from A&E
- Enhancing the respiratory pathway to keep patients frequently admitted to hospital healthy in their own homes

Planned care

- An enhanced GP/consultant interface to provide patients with immediate clinical advice which would previously have required an outpatient appointment

Mental health

- Developing a new model of care for crisis services

Primary care

- Exploring the opportunities for practices to work together on workforce, including the development of a new GP administrative assistant role and piloting clinical pharmacists

Developing new models of care

- Delivering more care closer to patients' homes e.g. community diabetologist

NHS England process



Public and clinical engagement

30th June

Draft STP submitted

July

NHS England feedback

July/August

Governance and programme structures

Continue to build baseline and financial information

October

Further draft submitted

November/December

Reach agreement with NHS England about the plan

2017

Delivery of the plan

Public consultation where required

Our financial position



2016/17 £2.55bn funding across Buckinghamshire, Oxfordshire and Berkshire West.

2020/21 £2.87bn funding across Buckinghamshire, Oxfordshire and Berkshire West (12% increase) but our expenditure is growing at a faster rate than the increase in our funding

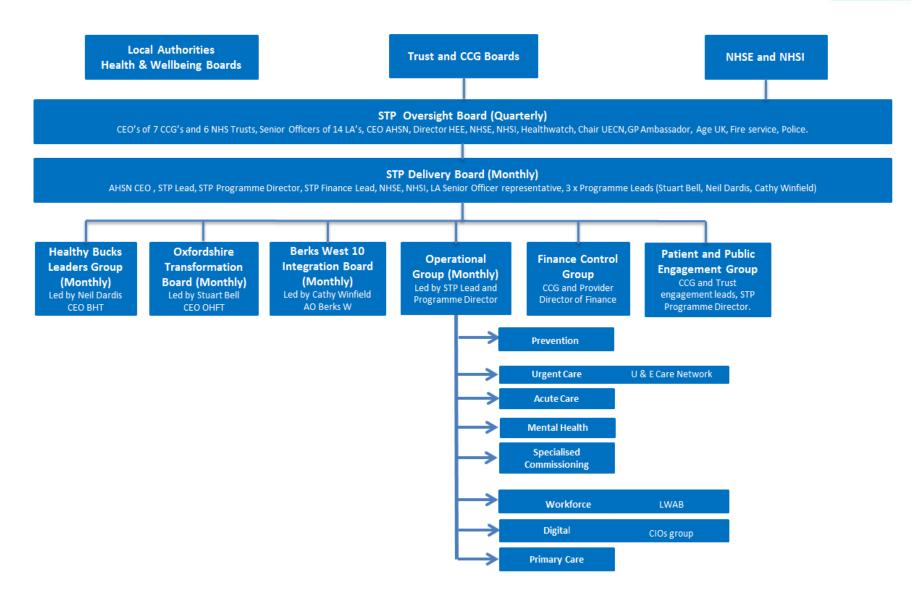
If we do nothing different, rising costs, inflation and demand on the NHS will lead to a **gap of £479m** by the end of 2020/21. But we expect our plans to create a relatively small surplus of £11m.

Closing the gap

Efficiency savings	Asking organisations providing NHS services to become 2% more efficient each year	£213m
Delivering services in different and more cost effective ways	Local transformational changes and finding better ways to reduce growth in the need for services	£88m
Maximising the benefits of working at scale	Working at scale across the BOB area to transform services	£83m
National Sustainability and Transformation Funding	Using additional national transformational funding, which has been allocated for use in our area in 2020/21.	£106m

STP governance and advisory structure





Programme updates



Financial Gap Greater clarity on financial position and BOB wide schemes.

Specialised

Commissioning Joint Director across NHSE and STPs.

Programme

Management Project charters agreed for all STP projects.

Communications

and engagement Strategy in place, building on local engagement.

Berkshire West Development of Accountable Care System proposition.

Buckinghamshire Engagement about development of community hubs.

Oxfordshire Case for change submitted to clinical senate and pre-consultation

Business Case in draft.



Next steps – our priorities

- Strengthen engagement with patients and the public, clinicians, staff, local authorities, voluntary
 organisations and other key stakeholders to shape our plans and to ensure that they are implemented
 in partnership
- Agree a Memorandum of Understanding to enhance system wide collaboration and delivery
- Develop a risk sharing agreement across NHS organisations to ensure financial balance across the STP.
- Build on existing system leadership to achieve collective accountability to deliver the proposals at pace
- Ensure sufficient resourcing to drive delivery of our plans
- Review estates and capital plans so they are deliverable within local and national constraints
- Further development of business cases to access national sources of revenue and capital funding to enable delivery of our plans.