



Oxfordshire Health and Wellbeing Board

Date of Meeting: Thursday, 3rd March 2016

Title of Presentation: Oxfordshire's Sustainability and Transformation plan, 2016/17
Better Care Fund and OCCG's 2016/17 Operational Plan

Purpose: To provide Oxfordshire Health and Wellbeing Board with an update on the development of a system wide 5 Year Sustainability and Transformation plan by June 2016, the CCG's 2016/17 Operational Plan and emerging plans for BCF in 2016/17

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1. Background

Over the past year the Transformation Board has made good progress in developing the scope and vision for change needed across Oxfordshire to address current issues and future demand against a backdrop of achieving significant savings and financial constraint in future years.

The storyboard was presented at your last meeting and provides a clear rationale for change. The Care Closer to Home Strategy, which is on the agenda, for this meeting provides a means of scoping the transformational change needed.

The Transformation Board is starting to develop a financial plan showing how resources will be allocated, how the annual NHS savings of £271m will be achieved and where and when they will be re-invested. It will also need to consider the implications of the County Council's financial position.

The 2016/17 NHS Planning Guidance asks all local systems to develop a place-based 5 year Sustainability and Transformation Plan (STP). This central requirement dovetails with our local direction of travel at an ideal time. It means the service changes we have been working on for system transformation can be drawn together in a single document that we can use for both local stakeholder consultation and to meet the STP requirement.

2. The Five Year Sustainability and Transformation Plan (STP)

Oxfordshire's STP will describe how we take forward, at scale and pace, our ambition for transforming the system and evidence the ways in which we will be working together to close the health and wellbeing gap, drive transformation to close the care and quality gap and close the finance and efficiency gap (£271m), whilst still delivering on the first two.

Because we had begun our work on transformation, work is already underway to scope the gaps and challenges affecting our readiness for change and identify the 'big ticket' projects that will contribute to system savings.

Developing the STP is going to require a step change in how system partners work together in communication, having a single version of numbers, a common understanding of the service models and identifying a level of collective savings over 5 years that is far higher than the NHS has ever delivered.

Working on the STP and delivering the transformation plans is going to have to become a large part of the day job for lead clinicians and managers across all organisations.

It will be challenging for governance because normal structure are designed to take an organisational perspective. Consideration of how the structure will work and how it will be managed and resourced is being considered by the Transformation Board.

3. Transformation Footprints

In developing our local STP we need to agree our planning and/or transformation footprints. Having a footprint signed off by NHS England is the mechanism to secure NHS transformation funds

We are working on an Oxfordshire footprint:

- As a Health and Wellbeing Board,
- For Pooled Budget arrangements,
- To manage Systems Resilience and Transformation
- To develop plans for devolution

Members of the Transformation Board discussed and agreed at their January 2016 meeting that our footprint would be Oxfordshire, accepting that there is a wider footprint of Thames Valley and beyond for specialised services and some mental health and learning disability services.

We are still in discussion with other CCG's and NHS England about what our natural footprint should be. The latest position will be reported to the meeting.

5. 2016/17 Operational Plans

The priority for Oxfordshire Clinical Commissioning Group (OCCG) and its partners in 2016/17 and over the next 5 years will be to deliver the NHS Mandate goals and our system transformation plans. The one-year OCCG Operational Plan includes details of how the CCG will meet its budget, delivers efficiency savings, maintains quality and safety, manages risk and links to the emerging STP. It also articulates how the following 'must do's' will be delivered by every local system in 2016/17:

1. Develop a high quality and agreed **STP** to achieve the aims of the **Five Year Forward View**.
2. Return the system to **aggregate financial balance**.
3. Plan to address the **sustainability and quality of general practice**.
4. Back on track with **access standards for A&E and ambulance waits**.
5. Improve and maintain **referral to treatment** wait times.
6. Deliver **62 day cancer waiting standard** and improve **one-year survival rates**.
7. Achieve and maintain **two new mental health access standards** and continue to meet **dementia diagnosis** rate.
8. Transform care for people with **learning disabilities**.
9. Improvements in **quality**.

The Individual operational plans for OCCG and partner organisations have been developed through a shared and open book process and together will show how individually and collectively we intend to deliver the first year of the STP.

First drafts of the operational plans have been submitted and will include elements of Oxfordshire's 2016/17 Better Care Fund Plans.

6. 2016/17 Better Care Fund Plans (BCF)

The Better Care Fund was announced as part of the 2013 spending round to create a local single local pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

The Oxfordshire system invested circa £37.5m in 2015/16 in schemes to improve outcomes, including a commitment to protect adult social care with an additional investment of £8m, and a further allocation of £1.35m to support the implementation of the Care Act 2014.

The system has made good progress across the health and social care economy in line with the national BCF requirements, including progress against the 6 national conditions.

Of particular note are:

- Our success in developing and measuring Ambulatory Emergency Care Pathways, which have contributed to the reduction in our overall non-elective admissions. Difficulties with national coding have meant that the 0.3% reduction in non-elective is not reflected within SUS*, however NHS England are aware of this and accept this is a national issue that needs to be resolved. This reduction places us in a very favourable position when benchmarked against other areas.
- The work undertaken to develop a robust data gathering and performance dashboard recognised by NHS England as good practice who would like to use it in other areas and potentially at a regional level.
- Oxfordshire's innovative approach to locality nursing which is also getting recognised nationally. We were successful in a bid for funding to develop it further.
- Adult social care successfully implementing the Care Act requirements from April 2015, including online self-assessment for carers as part of a redesigned process to identify and meet eligible needs for support.
- Continuing to meet increased demand for services, including an increased number and complexity of care packages for people remaining in their own home.

**The Secondary Uses Service (SUS) is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.*

Local Health and Wellbeing Areas were informed that BCF will continue for at least another financial year. However, the technical guidance/templates due to be released in early 2016 still remain outstanding at the time of writing this report. Nonetheless, we

have now received the 2016/17 financial allocation for BCF which has been increased to a mandated minimum of £3.9 billion nationally. This for Oxfordshire equates to **£40.607m**, which is made up of a mixture of the existing OCCG allocations, social care formula and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

The absence of the technical guidance/templates makes the BCF 2016/17 planning challenging, however we know that the plan requires local areas to demonstrate how we:

- Plan to fully integrate health and social care by 2020;
- Plan to meet the national conditions, including the 2 new conditions which are:
 - i. Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
 - ii. Agreement on local action plan to reduce delayed transfers of care.

Oxfordshire is in a very good position to demonstrate how it plans to achieve full integration across health and social care which is a large part of the local devolution work. Further, our Care Closer to Home Strategy and the Delayed Transfers of Care Plan will provide the necessary detail of what is required for the new national conditions.

7. Recommendations

The Health and Wellbeing Board is asked to:

- Note the need for and plans to develop a system wide Sustainability and Transformation Plan By end of June 2016 through the Transformation Board
- Note progress with Oxfordshire CCG's 2016/17 Operational plan
- Agree delegated authority for sign off of Oxfordshire's 2016/17 BCF Plans in light of the fact that the BCF Plan is likely to be submitted before the Board next meets in July 2016.