

# Buckinghamshire, Oxfordshire and Berkshire West (BOB)

# **Sustainability & Transformation Plan (STP)**

November 2016

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**Five Year Forward View** 

**#futureNHS** 



Progress Report November 2016
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**Five Year Forward View** 

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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 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



Challenges	Overall good health status masks variation and inequalities. Child and adult obesity is increasing. The adder population is growing		aging increas servio variabl	n local cost of living and an workforce are leading to ing difficulty in sustaining ces. This contributing to le performance and rising iospital 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.	
	1	2		3		6	6			8
Priorities	Shift the focus of care from treatment to prevention	Access to highest qu Primar Communit Urgent c	iality y, y and	Acute trusts collaboration to deliver equality and efficiency	Mental Health development to improve the overall value of care provided	Maximise value and patient outcomes from specialised commissioning	Establish a flexible and collaborative approach to workforce	Dig interope to imp informat and eff	ital erability prove tion flow	Primary Care at Scale
	•	+		*	+	+		+	-	+
Initiatives	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 enha 111 with clini and standard access routes urgent care tu release GP ca to deliver prin care sustaina Create robust hospital servi operating fro community h and coordina GPs to maint independence elderly and fr patients in th own homes. Integrated he and social ca	cal hub ise to pacity mary bility. tout of ces m ubs ted by ain e of ail eir	Review sustainability of services at the Horton Hospital, cancer and maternity services involving the Academic Health Science Network (AHSN) and the Thames Valley 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	Taking local ownership of commissioning specialised services to maximise benefi to BOB population. Identify opportunities for modifying pathways, standardising thresholds and increasing prevention to reduce spend and increase value to patients.	workforce hot spots and increase flexibility Improving health and wellbeing of the BOB workforce Enhancing leadership capability A shared workforce plan to support rotation of staff across organisations to	Implement integrated and write of Creating a set of info sharing agreement BOB Implement portals and managemet Ensuring integrated are availab where pat flows cross	read records single rmation ts across t patient d self ent tools l records ble ient	Integration of community and primary care. 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.
	+			+	+	+			7	+
The impact of our plans	<ul> <li>Reduced staff sickness saving agency costs</li> <li>Reduced obesity</li> <li>Reduced diabetes leading to reduction in prescribing and the complications</li> <li>Reduced health inequalities</li> <li>Reduced demand for services</li> <li>Sustainability of services in North Oxform</li> <li>Improve quality services</li> <li>Reduced harm to patients</li> <li>Improved patient experience.</li> <li>Reduced health inequalities</li> <li>Reduced demand for services</li> <li>Sustainability of services in North Oxform</li> <li>Improve quality services</li> <li>Reduced harm to patients</li> <li>Improved patient experience.</li> <li>Reduced read to gaps between Patients get quicker treatment because place, first time.</li> <li>Reduced demand for services</li> <li>Earlier intervention in the course of mage.</li> </ul>				different services. hey get to the right cy hospital admissions. ently at home	<ul> <li>Release fundin to invest in loc services and so improve outcomes.</li> <li>Reduced out of area treatment</li> </ul>	<ul> <li>al people in their own homes.</li> <li>Improved health and wellbeing of staff.</li> </ul>	clinical making fewer	ed ation for ts ing time	<ul> <li>Services provided closer to home</li> <li>Sustainability of high quality primary care</li> <li>Quicker treatment for patients</li> </ul>

## **Five Year Forward View**

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## For example in Oxfordshire

### Shifting the focus of care from treatment to prevention

Utilising technology to help patients manage their conditions and to enable self-referrals and promote self-care e.g. physiotherapy, podiatry

### **Urgent care**

Ambulatory 'by default' as the model of care, i.e. without needing an overnight stay A hyper-acute stroke service delivering the best outcomes

### Acute care

Horton Hospital sustainability (Emergency & Urgent Care, Obstetrics and Paediatrics). Significantly improve planned care services available in North Oxfordshire.

### **Primary care**

Develop a wider skill mix to allow GPs to operate "at the top of their license" Primary care neighbourhoods connected to locality hubs Widen long term condition support with more clinics in the community supported by a local diagnostic service

### Developing new models of care

Create robust out of hospital services operating from the community integrated with Primary and Social care

### **NHS England process**



### Public and clinical engagement

**30<sup>th</sup> 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**



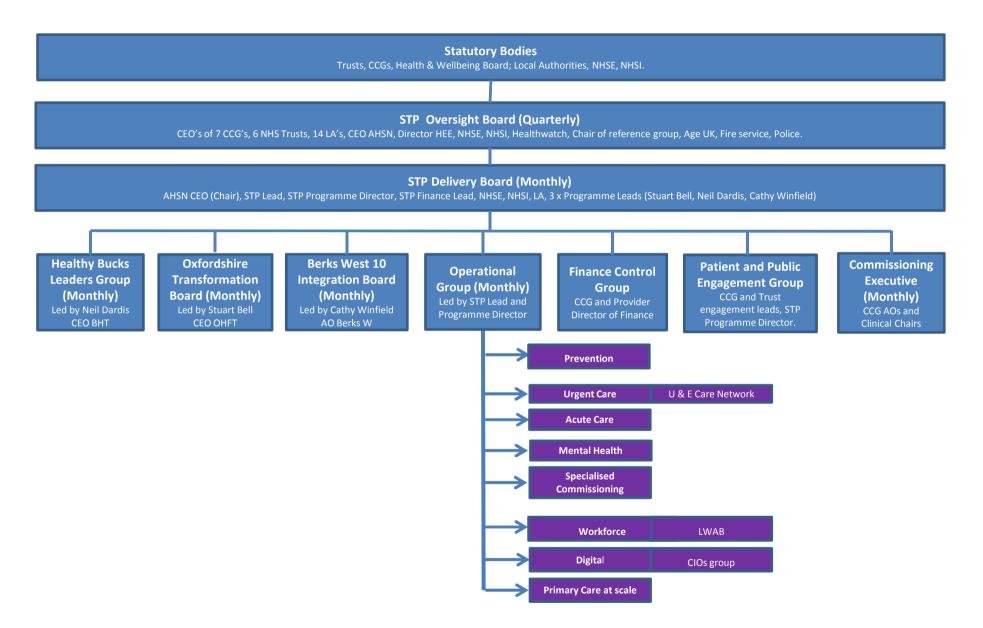
- **2016/17** £2.55bn funding across Buckinghamshire, Oxfordshire and Berkshire West.
- **2020/21** £2.87bn funding across Buckinghamshire, Oxfordshire and Berkshire West (12% increase) *but* our expenditure is growing at a faster rate than the increase in our funding

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**



# **Programme updates**



Financial Gap	Greater clarity on financial position and BOB wide schemes.
Specialised Commissioning	Joint Director across NHS England and STPs.
Joint Commissioning Executive	g Consideration as part of the Memorandum of Understanding
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.