ANNEX 6

CREATING A HEALTHY OXFORDSHIRE PROGRAMME

1. Introduction

Following a successful planning event held in September the NHS in Oxfordshire have agreed to establish a joint programme of work, the Creating a Healthy Oxfordshire Programme, to enable us to continue to provide high quality sustainable service whilst responding to the current financial challenges. This paper provides an overview for all Boards of the Programme including background, agreed work streams and governance arrangements.

2. Background

The NHS in Oxfordshire has a budget this year of about £850 million for provision of services to the residents of the county; this does not include social care. Next year, 2010/11, the PCT will receive an extra £40 million but for the following three years it will not receive an increase at all. However, costs will increase as will the demand for services. To offset the lack of investment over the coming years it is currently estimated that Oxfordshire's health system needs to make savings of £80 million a year which totals £240 million over three years from April 2011. This means the NHS and social care are facing an enormous task of ensuring services are efficient and getting best value for money whilst meeting the health and social care needs of local people.

In order to deliver this scale of change the NHS in Oxfordshire with key partners has committed to work together. We started this programme of work through a facilitated "Accelerated Solutions Event" (ASE) that was attended by 80 people at the end of September. The event outlined several key areas of work to take forward to deliver the savings required. Over the last two months further work has been undertaken to define the overall scope and outputs of the work stream and these are summarised in the next section. We are still in the early planning stages and details will be clarified over the next few months.

3. Work streams

3.1 Shaping Future Primary Care

Primary care can make a substantial contribution to delivering a higher quality health system, while reducing costs. This requires a revolution in working patterns and in skill utilisation across the primary health care team as well as involving other healthcare workers who have not traditionally offered community based services.

Many elderly patients could be managed at home if acceptable risk stratification and clinical monitoring could be achieved, which is often the goal of an acute medical admission in this age group. This will make a major impact on hospital costs while achieving similar or improved outcomes (as has been proven for decompensated heart failure).

This work stream will combine research, training and education and piloting a new approach to delivery of primary care.

3.2 Integrated Community Services Provision

There is local and national evidence that multi-disciplinary and multi-agency working achieves better outcomes for patients and more efficient use of resources by health and social care organisations. This supports the view that the establishment of integrated locality teams in Oxfordshire involving primary care, district nurses, health visitors, (social service) care managers, therapists, case managers, domiciliary care, voluntary agencies, secondary care practitioners and family carers would create more opportunities for collaborative action to prevent or reduce admissions of patients to hospital, in particular those with long term conditions. This would also reduce overhead costs form clustering staff together in a smaller number of bases.

3.3 Acute Services

Senior leaders from secondary care services are working together to ensure that areas such as maximising internal efficiencies through sharing good practice, avoiding duplication within Oxfordshire, working with other acute services to drive efficiencies and shifting services out of the acute sector are taken forward. The following areas are being progressed:

- Single point of referral into secondary care
- Reviewing clinical pathways
- Maximising estate utilization
- Oragnisational Productivity

3.4 Integrated Commissioning

The high level objectives agreed at the ASE were:
4.1 Introduce a Single Management structure for pooled budgets
4.2 Have Single strategies for the two organisations
4.3 Involve Carers/Public in joint commissioning decisions
4.4 High priority services Commissioned and Risk Management Integrated.

The key word taken from this brief is ‘integrated’ and this is taken to be a set of arrangements beyond partnership or joint working. Partnership and joint work are necessary to achieve integration of commissioning and may be sufficient to achieve the desired objectives in some circumstances or in some service areas.

Integration is taken to mean the complete joining together of commissioning so that values and principles, objectives and priorities, resources, benefits and risks are fully shared between the partners in the integrated arrangements so that service users experience seamless services that respond to their needs and requirements in a fully seamless way and which achieves the best use of resources for the service users and the services.

3.5 Disinvestment

To advance the disinvestment agenda requires an explicit focus on the potential for cost-savings coupled with improved quality of care. Systematic policy approaches to disinvestment should improve equity, efficiency, quality and safety of care, as well as sustainability of resource allocation.

The intention of the work stream is to develop a systematic process for identifying opportunities for disinvestment; reviewing current practice to quantify the benefit and proposing change to the PCT and its partners. This will include developing a process for decommissioning.

It is not proposed that the work stream will actively "do" the disinvestment, this will be delivered by the most relevant leads for that service, however it will provide the catalyst for change; inform the "how" part of the disinvestment; support stakeholder communication and provide high level review of impact.

3.6 Patient Responsibility and Engagement

The Goal: to give a major boost to the confidence and control people take of their health and wellbeing, reaching many more, including the most disadvantaged, with a bigger impact on their lives
The Change: People will need fewer expensive interventions and services and remain independent and active for longer as they have a better quality of life, better clinical outcomes and make more appropriate use of resources

4. Communications and Public Engagement

All organisations know that we cannot deliver the scale of change required without the support of our patients and our public. Participants at the September event included representatives of the public and voluntary sector to ensure that the public view was fed in at an early stage. We are developing the overall communication and engagement strategy for the Creating a Healthy Oxfordshire programme and will ensure that patient/public involvement is embedded in all the work streams.

The early work has concentrated on establishing a regular newsletter "Oxfordshire News" and arranging a joint media briefing.

5. Clinical Engagement and Leadership

There was excellent clinical attendance and input into the ASE in September including senior clinicians from providers, GPs from the PCT and Practice based Commissioning consortia and representatives from the Local Medical, Pharmaceutical and Dental committees. This leadership has continued with the work over the last two months and will remain core to developing and delivering the programme.

6. Overall Governance

It has been agreed to establish an overall Programme Board. This has replaced the Chief Executives Board and the Change Board. The role of the Board is:

To provide a forum for collaboration on health and social care strategic planning in order to ensure the development and delivery of the strategic plan for Oxfordshire in light of financial constraints. As necessary this will pick up wider system alignment issues such as:

a. Darzi care pathway configuration
b. Addressing the issue of removing £240m from the health system by 2013/14 and making decisions to ensure the delivery of the strategic change programme(s) which will help do this
c. Academic Health Sciences Centre (AHSC)/Health Innovation and Education Cluster (HIEC)

Membership

- Chief Executives from:
  - NHS Oxfordshire (Chair)
  - Oxfordshire County Council (to be represented by Director of Social and Community Services)
  - Community Health Oxfordshire
  - Nuffield Orthopaedic Centre
  - Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
  - Oxford Radcliffe Hospitals
  - Ridgeway Partnership
  - South Central Ambulance Trust
- Director of Planning and Information, ORH
- Director of Strategy and Quality, NHS Oxfordshire
- Medical Director from NHS Oxfordshire
- Non-Executive Director from NHS Oxfordshire
- Communications lead from NHS Oxfordshire

The Non-Executive and Clinical members of the Programme Board will establish reference groups to ensure that there is wider input to the work.

As the Programme Board's programme of work becomes more defined, relevant representatives from other sectors such as the Universities and Voluntary Sector may also be invited to attend the group.

Regular updates will be provided to all Boards.

7. Next Steps

The outline plans were reviewed by the Programme Board on 16th November and the continued commitment and energy demonstrated by the work to date was commended.

It was agreed that over the next month the emphasis needed to be on

- Agreeing and establishing work stream governance structures/project group
- Ensuring that input to all work streams was broad enough
- Ensuring clarity of leadership (subject matter expertise) and project management
- Further refinement of action plans, particularly ensuring some clear dated milestones
- More robust costings of project resource and identification of where it might come from (eg reallocating of work programmes for current staff)
- Clearer identification of savings opportunities (or when they will be identified) and clarity about when these may start to be realised
- Ensuring that Equality Impact Assessment would be undertaken where and when necessary

Recommendations

The Board is asked

- To note the establishment of the Creating a Healthy Oxfordshire Programme
- To confirm the Chief Executive has delegated authority to act in the best interests of the overall health economy as a member of the overall Programme Board.

Catherine Mountford
Director of Strategy and Quality
NHS Oxfordshire
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