

# **Buckinghamshire, Oxfordshire and Berkshire West (BOB)**

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

**November 2016** 

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# **Progress Report November 2016** Our ambition and plans NHS England process Financial position Governance Progress updates Next steps

#### **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



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

Review

services at the

cancer and

involving the

Academic Health

Science Network

(AHSN) and the

Thames Valley

Clinical Senate.

Consolidation of

to optimise cost

Improved 7 day

services to reduce

variation in patient

effectiveness

outcomes.

backroom services

3

4 Mental Health development to improve the overall value of care provided

Maximise value and patient outcomes from specialised commissioning

6

Establish a flexible and collaborative approach to workforce

Digital interoperability to improve information flow and efficiency

**Primary Care at** Scale

8

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

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.

to deliver primary

care sustainability.

Integrated health and social care

Implementation of sustainability of the mental health forward view. Horton Hospital. maternity services

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 benefit to BOB

population.

Identify opportunities for modifying pathways. standardising thresholds and increasing prevention to reduce spend and increase value to patients.

Improving workforce productivity and reducing agency costs

Skill-mix shift and upskilling of existing workforce to address 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 increasing quality of care and staff retention

Implement fully integrated read and write records

Creating a single set of information sharing agreements across BOB

Implement patient portals and self management tools

Ensuring integrated records are available where patient flows cross borders

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.

· 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
- · Support more people in their own homes.
- · Improved health and wellbeing of staff.
- · Reduced spend on agency staff
- 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



## 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**

**Five Year Forward View** 

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.

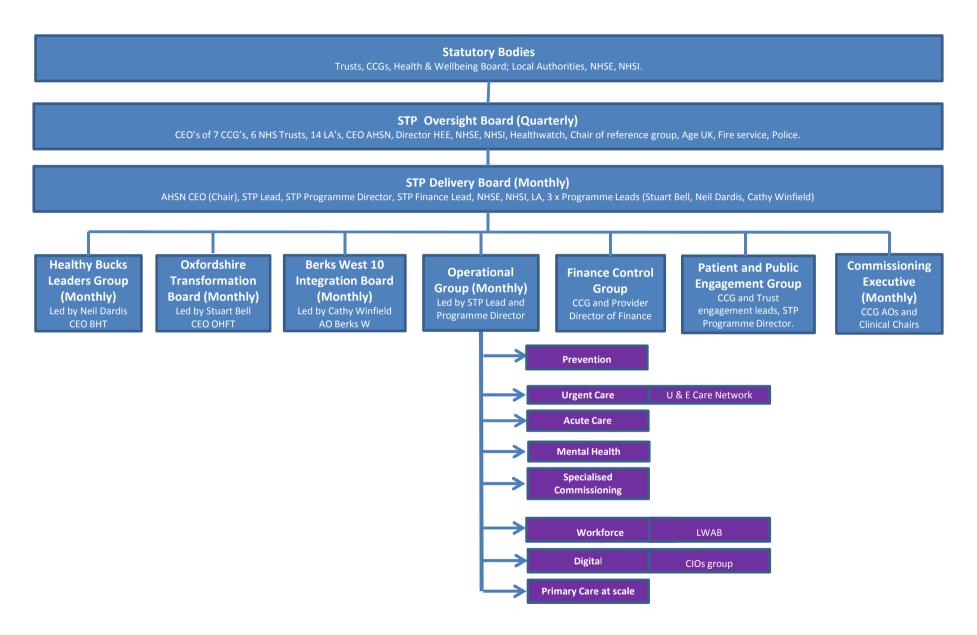
**2020/21** £2.87bn funding across Buckinghamshire, Oxfordshire and Berkshire West (12% increase) **but** our expenditure is growing at a faster rate than the increase in our funding

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 Consideration as part of the Memorandum of Understanding

**Executive** 

**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.