### **ADDENDA**

## 10(a) Urgent Business - Update on Buckinghamshire, Oxfordshire & Berkshire West Sustainability & Transformation Plan (STP) (Pages 1 - 10)

Under the provisions set out in Section 100B(4) of the Local Government Act 1972 (as amended) the Chairman of the meeting is of the opinion that the above named item can be taken after Agenda Item No 10 as urgent business because of the need to update the Board in a timely fashion in respect of the STP.

The Board will receive an update from the OCCG in the form of a the attached presentation.

## 12. Reports from Children's Trust Board, Joint Management Group & Health Improvement Partnership Board (Pages 11 - 12)

Attached is the written report on activities of the **Children's Trust Board** since the last Health & Wellbeing Board meeting in July **(HWB12)** which has been omitted from the Agenda in error.

#### Junior Citizen's Trust

Cllr Melinda Tilley, in her capacity as Chairman of the Junior Citizen's Trust, has asked that the Health & Wellbeing Board's attention be drawn to the work of the Trust. A link showing the activities of the Trust is attached and the key points are listed below:

http://www.juniorcitizenstrust.org.uk/cms/

#### Key points:

- JCT teaches children in 'year six' (ie 11 years old) about how to keep safe in everyday life.
- JCT started in 1991 and is offered, free of charge, to every year six pupil in Oxfordshire's maintained schools. Approximately 5000 school children take part in the safety activities provided by the JCT and its partners every year.
- During their two hour visit to JCT which is based at the Fire Station at Rewley Road in Oxford, children experience eight different and specially constructed safety scenarios covering such environments as roads, railways, water and domestic settings. In addition each child is given the opportunity to practice making a 999 telephone call. All learning sessions are designed to be interactive, where children are taught a variety of life skills which focus upon how to keep themselves safe whilst potentially helping others who may be in difficulty or

distress.

- Based on the controlled learning experiences provided, children are encouraged to make decisions which they may face during a real life emergency. Following attendance, each child receives a free work book to allow the learning experience to continue back at school or at home.
- The Junior Citizens Trust mission statement is "to provide education to children and young persons who are residents of the County of Oxfordshire on a wide range of health and safety issues".
- JCT receives no funding for its work from OCC and relies on voluntary donations and, in particular, the support, usually 'in kind' from its partners.



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

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

**November 2016** 

Ian Cave, STP Programme Director ian.cave@oxfordshireccg.nhs.uk





# **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

Science Network

(AHSN) and the

Review

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

47

**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 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

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 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

· Improved health

· Reduced spend on agency staff

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.

impact of our

The

 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.

> and wellbeing of 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

Five Year Forward View

#futureNHS



## 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



## 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.

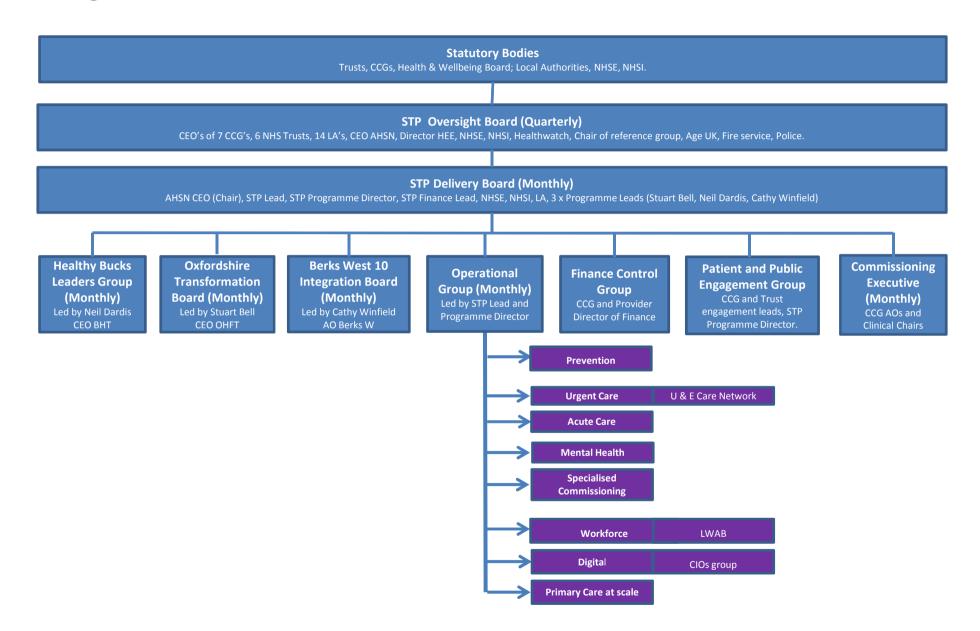
**2020/21** £2.87bn funding across Buckinghamshire, Oxfordshire and Berkshire West (12% increase) **but** our expenditure is growing at a faster rate than the increase in our funding

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.

#### Health and Wellbeing Board 10 November 2016 Children's Trust Briefing

This paper outlines the activity of the Children's Trust since the last update which was provided to the Health and Wellbeing Board in July 2016. The Trust has met twice since the last update.

After reaching the end of the first year of a new Children's Plan and considering how effective it had been, members held a workshop in July to review the Trust's role and purpose. In September members agreed a number of recommendations about the future shape of the partnership based on these discussions and identified three priority areas of work to take forward – this is presented to the Health and Wellbeing Board as a separate item on the agenda.

Also in September the Trust discussed and fed into the following areas:

## Oxfordshire Safeguarding Children Board Annual Report The Trust endorsed the OSCB's 2015-16 Annual Report and noted the areas of work being overseen by the Board.

# 2. Multi-agency response to increase in demand across the system The Trust received an update on progress with the actions it had accepted responsibility for in the OSCB impact assessment of increased activity across the child protection system:

Members noted that workforce changes taking place in children's social care have impacted on progress with the actions to achieve greater collaboration in budget planning across agencies and to review service thresholds / the 'front door' across agencies. These actions will now be picked up as part of the transformation work, which is on track.

As part of work with the judiciary to manage workload more efficiently across agencies, members made suggestions about reducing time spent in court, e.g. adopting a similar approach to Health where expert witnesses can provide input via a video link.

The Housing Support Advisory Group reported a number of housing issue affecting vulnerable children to the Trust, including homelessness, overcrowding and substandard living conditions, and the impact of the benefit cap / removal of the spare room subsidy. Agencies are finding more families coming forward in rent arrears or struggling to find affordable accommodation because private landlords are reluctant to accept Housing Benefit. Further changes to the benefit cap in 2017 are likely to impact families and removal of Housing Benefit for 18-21 year olds may lead to higher youth homelessness.

Further updates will be provided to the Trust in March 2017.

## 3. The Children and Young People's Plan – performance for quarter 1 The Trust's main concern remains the increase in activity levels across the child protection system and how this is managed. Currently fewer children in Oxfordshire

are supported outside statutory services than elsewhere and more are supported within statutory services. This is contrary to the Trust's aim to help communities and individuals to help themselves, allowing them to be an independent as possible.

There are some 500 new referrals into Child and Adolescent Mental Health Services each month, over 80% of which are accepted which means that waiting times for first appointments are much longer than they should be. Members' concerns about early intervention will be addressed and reported on as part of the Trust's new priority areas of work.

A new dataset, combined with the OSCB dataset, will be populated for the next Trust meeting in November and will form the basis of future performance reporting to the Children's Trust.

Tan Lea / Katie Read October 2016