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Background

• 44 STP footprints across England of a scale which should enable transformative change and the implementation of the *Five Year Forward View* vision of:
  • better health and wellbeing;
  • improved quality of care; and
  • stronger NHS finance and efficiency

• STPs vary in size and complexity – from 0.3m population, 1 CCG, West, North & East Cumbria (success regime) to 2.8m population, 12 CCGs, Greater Manchester (DevoManc)

• Buckinghamshire, Oxfordshire, Berkshire West ‘footprint’ 1.8m population, £2.5bn place based allocation, 7 Clinical Commissioning Groups, 6 Foundation Trust & NHS Trust providers, 14 Local authorities
THE NHS IN BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST

£2.5 BILLION
BUDGET

175
GP SURGERIES

182
DENTAL PRACTICES

MAJOR HOSPITAL TRUSTS
Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and Royal Berkshire NHS Foundation Trust, providing acute medicine, surgery, maternity and paediatric services for local people, as well as more specialist services for a larger geographic area, including areas outside of BOB

37,000 STAFF
from district nurses to surgeons, porters to managers, pharmacists to physiotherapists

18,000 PATIENTS
SEEN DAILY BY GPs

400 PATIENTS A DAY
have emergency admissions to hospital

1,200
VISITS TO A&E A DAY

MENTAL HEALTH SERVICES
Provided by Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust

COMMUNITY HEALTH SERVICES
Provided by Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust

LEARNING DISABILITY SERVICES
Provided by Southern Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and Hertfordshire Partnership NHS Foundation Trust

AMBULANCE SERVICES
Provided by South Central Ambulance NHS Foundation Trust
BOB STP finances

- Resources allocated to BOB CCG commissioners for purchasing health services total £2.55bn in 2016/17 and will increase to £2.87bn by 2020/21, an increase of 12%

- This increase is to pay for population growth, inflation and technological advances, together with funding for new national initiatives, such as implementing 7 day working across the NHS, implementing the GP and Mental Health Five Year Forward View objectives

- Some funding for these initiatives has been retained centrally which BOB will have to compete for (transformation bids)

- Expenditure is growing at a faster rate than the increase in funding and there is a growing financial gap under the ‘do nothing scenario’ by 2020/21 of £479m

- Local authority partners’ care budgets are under relentless pressure as a result of allocation reductions, demography, need and deprivation
BOB STP approach

• The overall approach is based on developing STP plans in local systems where it makes sense with key partners e.g. for integrated health & care and the Oxfordshire transformation programme, and collaborating across the STP footprint as necessary on cross system issues e.g. workforce

• STP has being developed ‘bottom up’ and builds on plans already developed locally across the 3 health & care systems

• Shift the focus of care from treatment to prevention

• Access to the highest quality Primary, Community and Urgent care

• Collaboration of the three acute trusts to deliver equality and efficiency

• Maximise value and patient outcomes from specialised commissioning

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

• Establish a flexible and collaborative approach to workforce

• Digital interoperability to improve information flow and efficiency
Process for programme delivery

- Programme management structure & process reviewed in January 2017 and will continue to be refined

- *STP Executive Board* (Chief Executive health & care system leaders) continues to drive this work

- *STP Operational Group* (lead Directors/Senior Responsible Officers) to oversee and align delivery of the three health & care system plans and BOB-wide programmes

- Aligns resources, reduces duplication and gives clear programme leadership and programme management

- Individual organisations remain accountable but approach supports planning and state of readiness to position the footprint for transformation resources
STP Executive Board
- Sets the vision, strategy and pace of STP development
- Oversees the delivery of the STP
- Tackles blockages to effective collaborative working

Operational Group
- Manages the BOB-wide workstreams
- Ensures coherence across BOB-wide workstreams & local health & care system plans
- Assure overall STP programme delivery

Finance Control Group
- Triangulates the financial planning assumptions, both revenue & capital, underpinning the BOB STP
- Supports workstreams with demand, activity & capacity analysis
- Works with Chief Financial Officer/Director of Finance colleagues on strategic financial issues e.g. control totals & risk management

Communications & Engagement
- Supports the STP in providing consistent and effective communications to all stakeholders
- Supports the engagement and patient & public involvement process and any formal consultations if required

BOB-wide clinical workstreams
- Prevention – BOB ‘campaigns’
- Urgent & emergency care (links to Urgent & Emergency Care Network)
- Acute Care
- Specialised services
- Primary Care

Place-based workstreams
- Prevention – local programmes
- Integrated care including primary care, mental health & learning disability, children & families

Workforce (under the auspices of Local Workforce Advisory Board)
- Delivers the support workforce, value improvement & systems leadership projects
- Identifies new strategic opportunities for collaborative working to redesign the workforce to deliver new care models

Local Digital Roadmap (under the auspices of Chief Information Officers’ Group)
- Identifies digital investment to support the STP
- Supports workstreams with assumptions around future information systems/interoperability to support integrated working

BOB Commissioning Executive
- Provides collective leadership for a number of services commissioned by CCGs where there is a benefit to be derived from collaboration across the CCGs

Provider network (wider BOB)

Stakeholder Engagement Group
- County, Unitary & District Councils
- Health & Wellbeing Board Chairs
- Healthwatch
- NHSE/NHSI/PHE/HEE
- Oxford AHSN
- Third sector partners
- Enables wider partner engagement & involvement, opinion forming & briefing in the development and delivery of the STP

Public version at 13/1/2017
Update and next steps (1)

- 31st October 2016 DRAFT submission of BOB STP to NHS England, NHS Improvement & other Arms’ Length Bodies

- 9th November 2016 feedback from NHS England, NHS Improvement & other Arms’ Length Bodies on DRAFT BOB STP

- 22nd December 2016 DRAFT BOB STP and public summary published

- 23rd December 2016 – CCGs’ 2 year operational plans (covering the short-medium term period of the STP) & contract negotiations concluded with provider sector and submitted to NHS England

- 27th January 2017 Oxfordshire CCG’s 2 year operational plan published and in the public domain as Board agenda item, link below

Update and next steps (2)

• January 2017 communications & engagement in local health and care systems continues, any formal consultations on proposed significant service change commence subject to NHS England approval.

• 16th January 2017 Oxfordshire transformation programme phase 1 formal consultation launched.

• 9th February 2017 NHS England Board meeting date when quarter 3 2016-17 NHS financial positions will be known and in the public domain.

• 28th February 2017 anticipated that DRAFT STPs will need to be refreshed to reflect the anticipated 2016-17 year end forecast outturn financial position and again at end March 2017.

• April 2017 onwards implementation of NHS Five Year Forward View continues – what is in essence year 2 of STPs.