

Buckinghamshire, Oxfordshire and Berkshire West (BOB)

Sustainability & Transformation Plan (STP)

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- BOB is made up of 3 local health and care economies (LHE)
- 1.8m population
- £2.5bn place based allocation
- 7 Clinical Commissioning Groups
- 6 Foundation and NHS Trusts
- 14 local authorities
- Several other arms length bodies (e.g. Thames Valley Clinical Senate)

Characteristics of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) population



- Most of the Transformation work will happen in the 3 LHEs. We have identified those programmes where working at the larger scale can enable change to be delivered faster. We do not want to duplicate effort happening at a local level and therefore the BOB work programmes are additive not a replacement for local work.
- The BOB governance structure will ensure delivery of the BOB-wide programme as well as oversight of the work of the 3 LHEs.
- Our starting point is relatively strong, with good outcomes being delivered and relative to other Sustainability and Transformation Plan areas (STPs) we have financially strong organisations. Each LHE, however has pockets of deprivation and poor outcomes being delivered which are being addressed. Our do nothing financial scenario would produce a deficit of £587m by 2020/21.

How have our plans been informed?

- Patients experience feedback on services – Friends and Family Test, Patient Advice and Liaison Service (PALS)
- Information drawn from patient and public feedback from previous engagement and consultation activities such as Better Healthcare in Buckinghamshire & Care for the Future (Berks), the big conversation in Oxfordshire, the Community Hubs engagement events and NHS 111 surveys in Bucks.
- Engaging our clinicians who see patients everyday and see how services can be improved
- Strategic Health Needs Assessments from across BOB (all which have aspects of public involvement in their production)
- Health & Wellbeing Strategies from across BOB (again these have been consulted upon)
- Input from the Thames Valley Clinical Senate and Academic Health Science Network to provide the evidence base.
- The Thames Valley Urgent and Emergency Care Network led by Dr Annet Gamell and which includes involvement by Healthwatch.

The Challenges

Improving Health & Wellbeing

- Our over 85s population will grow by 22% from 2015/16 to 2020/21 which is significantly faster than the national average, leading to increasing demand for services.
- 3.1 % of the population live in the most deprived areas of England as defined by the Index of Multiple Deprivation (2015) leading to inequalities in life expectancy which are difficult to overcome.
- A lifestyle, information and motivation gap in people's ability to help themselves to find a better lifestyle.
- A gap in the way we organise and focus our services.
- A gap in the way we work together to support communities.

Improving Care and Quality

- The high local cost of living and an ageing workforce are leading to increasing difficulty in sustaining primary care, ambulance and other services, including the subsequent impact on development of robust integrated out-of-hospital care.
- Lack of capacity in the social care workforce.
- These are leading to variable performance and increasing hospital admissions for conditions which could be managed at home.



Priority 1:
Upscaling our focus on prevention across the footprint with specific emphasis on obesity



Priority 2:
Implementing 111 as the single point of contact for people with minor but urgent conditions, so they get treatment quickly and make the best use of clinicians time.

Our Challenges and Priorities

The Challenges

Improving Care and Quality

- There are changing patient flows due to uneven population growth and new rail links. The NHS across BOB also has some estate which is not suitable for changing population needs.



Priority 3:
Acute services review to identify optimal pathways

Improving Care and Quality

- Out of area placements for patients needing specialist mental health services are fragmented and poorly coordinated, reducing funding available for investing in local mental health services.



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

The Challenges

- By 2020/21 we will have a budget of £2.9bn across Buckinghamshire, Oxfordshire and Berkshire West.
- If we do nothing different we will have a deficit of £587m by the end of 2020/21.
- To avoid this gap we are doing several things:
 1. We are asking organisations providing NHS services to become 2% more efficient each year.
 2. We are also aiming to find better ways to meet peoples needs before they become significantly unwell to reduce growth in the need for NHS services.
 3. We are developing a BOB wide Sustainability and Transformation Plan which currently includes four additional key programmes where we will work at scale across BOB to tackle inefficiencies where this adds value. These are also expected to deliver further financial benefits.
 4. We also plan to use a proportion of additional national Sustainability and Transformation Funding by 2020/21.

Together we expect these actions to close this financial gap so we can deliver NHS services within our budget.

The BOB Plan



- We have identified **4 programmes** and **2 enablers** to be delivered at BOB level.

Programmes	Actions
Health and Wellbeing	
Prevention <ul style="list-style-type: none"> Child & adult obesity and exercise 	<ul style="list-style-type: none"> Stocktake of existing prevention activity, identify opportunities for added value and quantify funding requirements and return on investment at a granular level. Explore the expansion of evidence based practice across BOB (e.g. “Beat the streets” to increase exercise) to improve outcomes and close health inequalities gaps. Clinical contacts to include brief advice, supported by face to face, phone and web based behaviour change support. Building on existing asset based approaches. Workplace wellbeing initiatives designed to transform the health of the workforce
Care and Quality	
Urgent Care	<ul style="list-style-type: none"> Procure enhanced 111 with clinical hub and use this as the single point of access for urgent care, for people with minor conditions so they get quicker treatment because they get to the right place, first time.
Acute Services	<ul style="list-style-type: none"> Collaboration of the 3 footprint acute trusts to deliver equality and efficiency through an assessment of capacity requirements and a review of models of care including cancer and maternity services involving the Academic Health Science Network (AHSN) and the Thames Valley Clinical Senate.
Mental Health	<ul style="list-style-type: none"> Identification and implementation of optimal model for Mental Health and Learning Disabilities including new models of Mental Health for forensic services. Implement suicide reduction initiative similar to Merseyside
Enabler Programmes	
Workforce	<ul style="list-style-type: none"> Improving workforce productivity and reducing agency costs Skill-mix shift and upskilling of existing workforce to address workforce hot spots and increase flexibility Health and wellbeing of the BOB workforce Enhancing leadership capability
Digital Interoperability	<ul style="list-style-type: none"> Implementing fully integrated read /write records across health and social care Ensuring 111 assessments are available to A&E and GP practices to reduce duplication when managing patients who have been booked into appointments by 111 Agreeing a clear direction for patient portals and self management tools Ensuring integrated records are available where patient flows cross borders

Working together across BOB



- There are 7 CCGs across the BOB footprint. They already operate with shared management arrangements across the 4 CCGs in Berkshire West; the two CCGs in Buckinghamshire now have a single management team; Oxfordshire has its own management team.
- There is a history of joint working across the CCGs with individuals taking on roles across the footprint and for some functions this includes the CCGs in Berkshire East, which is part of the Frimley STP footprint.
- CCG Chairs and Chief Officers meet with NHS England bi-monthly.
- By April 2017 all CCGs will have taken on primary care commissioning from NHS England.
- We wish to have far greater involvement in specialised commissioning and want to move to a system of joint commissioning with NHSE. Delivering change and savings in specialised services is a critical part of our STP. As a first step we have agreed with NHS England to appoint a Director of Delivery for Specialised Commissioning who will work between NHSE, the BOB footprint and the Hampshire and Isle of Wight footprint. This will enable us to reinvest savings into the local healthcare economy.
- As the STP programme develops across BOB we will take every opportunity to improve commissioning efficiency. Commissioning networks of Providers to deliver integrated pathways for patients, and doing this once across the BOB footprint in order to ensure that our commissioning mirrors and enables the implementation of the STP programmes.

Public & Patient engagement and consultation

There is a range of communications and engagement activities which we will undertake as we develop our plan

- Briefings for patient and public / seeking feedback through surveys and attending patient / community groups where appropriate
- Briefings and discussion with relevant Healthwatch
- Presentation and discussion at meetings of key voluntary sector groups
- Engagement with local authorities
- Briefings and discussions with MPs
- Updates and discussion at Health Overview and Scrutiny Committees
- Updates and discussion at Health and Wellbeing Boards
- Online information will be developed and held on each CCG website
- If formal consultation is required it will be undertaken across all areas

Programme Planning Timeline

