Buckinghamshire, Oxfordshire and Berkshire West

Sustainability and Transformation Plan

15th April submission

1.8m population
£2.5bn place based allocation
7 CCGs
6 Foundation and NHS Trusts
14 local authorities

Key information details
Name of footprint and no: Buckinghamshire, Oxfordshire and Berkshire West – No: 44 **Region: South** **Nominated lead of the footprint including organisation/function: David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group** **Contact details (email and phone): david.smith@oxfordshireccg.nhs.uk 01865 336795** **Organisations within the BOB footprint: See next slide**

Section 1: Organisations within the BOB footprint

- The BOB footprint consists of 3 distinct local health and care economies. Total population for the BOB footprint is 1.8m. Total place based NHS allocation for 2016/17 is £2.547bn.
- The BOB footprint borders 9 other STP footprints.
- Other key partners are the Oxford AHSN, Health Education Thames Valley, Thames Valley Clinical Senate, Strategic Clinical Networks, Thames Valley Urgent and Emergency Care Network, Thames Valley and Wessex Leadership Academy, CLAHRC. Most of these also cover other footprints.

Local Health and Care Economy	Clinical Commissioning Groups (x 7)	Acute Trusts (x 3)	Community Services Providers (x 3)	Mental Health Services Providers (x 2)	Other significant NHS Providers (x 1)	Local Authorities (x 13)
Buckinghamshire (pop: 549,000)	Aylesbury Vale CCG Chiltern CCG	Buckinghamshire Healthcare NHS Trust	Buckinghamshire Healthcare NHS Trust	Oxford Health NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust GP Federations under development	Buckinghamshire County Council South Bucks District Council Aylesbury Vale District Council Chiltern District Council Wycombe District Council
Oxfordshire (pop: 730,000)	Oxfordshire CCG	Oxford University Hospitals NHS Foundation Trust	Oxford Health NHS Foundation Trust	Oxford Health NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust 4 GP Federations	Oxfordshire County Council Oxford City Council West Oxfordshire District Council Cherwell District Council Vale of White Horse District Council South Oxfordshire District Council Note: Oxfordshire councils are developing proposals to create 1-4 unitary councils
Berkshire West (pop: 528,000)	South Reading CCG North and West Reading CCG Wokingham CCG Newbury & District CCG	Royal Berkshire NHS Foundation Trust	Berkshire Healthcare NHS Foundation Trust	Berkshire Healthcare NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust GP Federations under development	Reading Borough Council Wokingham Borough Council West Berkshire Council Note: these are unitary councils

Section 2: Leadership, governance & engagement

- The 3 local health and care economies have long standing arrangements, set out below, which form the foundations of our working across the BOB footprint. Our aim as a BOB footprint is to build on not duplicate these arrangements, using the collective strength of all organisations to drive change. In developing the STP, our approach is to identify those big ticket issues where working at the larger scale of the BOB footprint will deliver change faster.
- We have established a BOB Leadership Group which includes Chief Executives of all the NHS organisations, local authority representatives and representatives from our key partners. The roles, functions and membership will be kept under constant review as our plans are developed and then implemented. This group will ensure delivery of the key workstreams across the footprint.

Local Health and Care Economy	Governance	Involvement of patients and the public	Local Government involvement	Involvement of NHS staff and clinicians
Buckinghamshire	**Healthy Bucks Leaders Alliance** – CCGs, NHS Providers, County Council CEO and ASC Director, Director of Children's Services, NHSE, DPH	STP proposal and updates have been to 2 HWB, BHT Board and both CCG GB meetings in public. Further and wider involvement planned as STP takes shape with tangible areas of STP wide work	Buckinghamshire County Council are members of the HBL Alliance. Reports are provided to the Health and Well Being Board .	Clinical Leads are being assigned to the seven STP workstreams. NHS Clinicians – commissioner and provider – are involved throughout all local transformation projects
Oxfordshire	**Oxfordshire Transformation Board** – includes senior managers and clinicians from OCCG, OUHFT, OHFT, OCC, GP federations	Regular updates are provided to HWB and HOSC. One of the Locality Forum Chairs will be joining the Transformation Board. Further involvement will take place as firmer proposals are developed.	Oxfordshire County Council are members of the Transformation Board. Reports on the Transformation Programme are provided to the Health and Well Being Board and the Health Overview and Scrutiny Committee.	The Medical Directors of OUHFT and OHFT are members of the Transformation Board. Clinicians are also involved in specific service reviews.
Berkshire West	**Berkshire West Integration Board** (CCGs x 4, NHS providers x 3 and LAs x 3) BW Delivery Group Health and Well Being Boards x 3 Locality Integration Boards x 3 Berkshire West Accountable Care System	PPI jointly run at locality level between CCGs and Council. All service redesign programme boards have patient representation. Embedded PPI strategy Quarterly health watch and 3rd sector meetings	The 3 LAs are members of the Berkshire West Integration Board. Reports on the Integration Programme are provided to the Health and Well Being Board.	All service redesign programmes have clinical/professional leadership. The Berkshire West Accountable Care System has a clinical reference group.

Section 3: Improving the health of people in our area

Local Health and Care Economy	Significant health and wellbeing gaps	Actions to be implemented
BOB	Health and Wellbeing Gaps identified jointly between the NHS and Local Government using local and national data, JSNAs, NAO standards, National Outcomes Frameworks , FYFV and Right Care analysis show commonalities across the BOB area. These are: 1) The need to tackle lifestyle factors as the core business of all organisations, especially inactivity, obesity, alcohol, smoking and mental wellbeing across the life course. This will reduce disease and deaths across the board, but particularly CVD and cancers. 2) The need to target all services at those most in need and differentiate the service offered accordingly so as to level up inequalities. 3) The need to coordinate all services around a 'better start in life' so as to reduce inequalities from the outset and reduce childhood obesity.	All NHS and social care services must see prevention as their 'core business' and shift from providing a 'sickness service' to providing a health and wellbeing service. DsPH have a role in coordinating this action in their 3 local areas for primary prevention, but leadership and investment will also be required from NHS organisations for primary, secondary and tertiary prevention and for reducing health inequalities. Because needs vary across the geography and service configurations differ, this work will be led through 3 local plans coordinated at BOB level. DsPH have agreed to work closely with colleagues in NHS England and PHE to develop consistent datasets helping to define improvements in outcomes/ROI. DsPH within the BOB footprint will support the NHS by working together on the following 4 topics: 1) Diabetes prevention – to disseminate best practice as it emerges from BOB national pilot sites 2) Alcohol- to develop evidence-based plans in partnership with the SE PH Network 3) NHS staff health and wellbeing - to mainstream best practice in the BOB area using the national Workplace Wellbeing Charter and CQINs 4) To review inequalities in the uptake of cancer screening by people with a learning disability and implement emerging improvements.
Buckinghamshire	Inequalities – health and life expectancy gap Preventable long term conditions Maternity and early years outcomes Mental wellbeing throughout the life course	Address via place, communities & individual focus across Bucks system. Using community development and asset based approaches & co-design/co-production.
Oxfordshire	Inequalities – health and life expectancy gap Preventable long term conditions Ensuring a better start in life Parity of esteem re mental health and mental wellbeing for all ages.	Address via each organisation contributing to the coordinated planning of prevention, reduction of inequalities , better start in life and parity of esteem. Focus on coordinating and re-shaping existing services to fill gaps.
Berkshire West	Inequalities - health and life expectancy gap. Action using NAO identified framework . 5 lifestyle risk behaviours plus mental well being across the life course .	Action as part of the Berkshire West 10 programme and as part of the accountable care organisation delivery . Development of a strengths based approach to social care, extending the reach to help/prevent the need for long term services.

Section 4a: Improving care and quality of services: emerging priorities

Identified Care and Quality Gap	Emerging Priorities for transformation at scale
Tackling inefficiencies in patient experience of care will drive increased quality and productivity	Reducing overlap and inefficiencies in access to diagnostics and supporting services along cancer pathways and specialist referral routes Developing a digital operational strategy that puts patients at the centre of ownership of all their information, enables sharing of information across services and enhances mobile access to advice and support
Urgent and emergency care	Developing a whole system integrated model to manage the ebbs and flows of urgent care demand across all providers, including virtual support from one unit to another. Building a predictive UC model across the entire 1.8m population in order to reduce variation and maintain high quality services. Re-thinking urgent care models to reserve hospital attendances and admission for only instances when primary/out of hospital care models are not appropriate. Developing consistent triage across primary and secondary care, supported by access to patient information and comprehensive instructions regarding self management post discharge.
Mental Health	**The Healthcare Challenge** .The capacity and breadth of the full range of mental health services detailed in the NHSE Mental Health Taskforce Five Year Forward View is unacceptably limited, variable and inconsistent across the footprint, and investment is strikingly low against weighted per capita national benchmarks, even though services benchmark well on efficiency. **Emerging Priority**: Implement the recommendations of the MH taskforce (also known as the 5 Year Forward View for mental Health) and increase the range and quantity of mental health services available to the BOB population. **Enabler** : Map the gap between current provision and that outlined in the Taskforce. Prioritise the identified service improvements with reference to the economic report accompanying the Mental Health Taskforce which identifies where the largest system wide benefits can be achieved (for example reduction in costs in physical healthcare expenditure and also relieving pressure on primary care to help release time for complex case management of frail older people) **The Healthcare Challenge.** The current provision and commissioning of specialist mental health services (tertiary) and out of area placements is fragmented and poorly co-ordinated. This has an adverse impact on both cost and quality. **Emerging Priority :** Develop a comprehensive strategy for the provision of all specialist Mental Health services in the region. In order to provide the necessary scale this is likely to involve working with neighbouring footprints (Frimley and Wessex). **Enabler**: Identify current spend by all agencies (providers and commissioners) on specialist Mental Health services and review against current pattern of provision. Identify opportunities to provide alternative services closer to home which would provide demonstrable financial and quality benefits.

Section 4a: Improving care and quality of services: emerging priorities

Identified Care & Quality Gap	Emerging Priorities for transformation at scale
Improving outcomes in: • Cancer • Maternity	 Review of cancer care pathways to increase productivity and enhance patient experience; access to diagnostics and reducing follow-ups in accordance with best clinical practice; cancer recovery package as per 'commissioning person-centred care for people affected by cancer'; Community- based chemotherapy administration (home, Community facility, mobile bus, GP practice) ; End of life care To review the maternity provider landscape across the footprint in order to maximise networked clinical support opportunities and reduce maternity unit diversions. (Clinical Senate report being finalised). To work with the Strategic Clinical Network to improve maternity care by reviewing the induction pathway and reducing C-section rates.
The GP workforce is at significant risk of becoming unsustainable, putting at risk our out of hospital services development	Supporting primary care providers to improve efficiency and effectiveness, including development of new at-scale provider entities. Using headroom created by increased self-care to enable new ways of supporting people with frailty and/or multiple long-term conditions. Tapping the potential within the wider primary care landscape including social care, voluntary sectors; developing a consistent approach to primary care services access and the enablers specifically estates, IT..
Significantly reducing variation will drive efficiencies	Standardising services in terms of clinical thresholds. Developing consistent access to specialised services, for all, as appropriate Developing a consistent approach to Procedures of Lower Clinical Value and Clinical Priorities across the South Region. Reducing admissions and length of stay for patients with frailty.
The BOB footprint has unique workforce challenges; expensive living costs with a national pay scale for service providers and local high levels of employment mean low numbers of available health and social care professionals	Focusing on the potential for back to work staff already within the Thames Valley area. Aligning workforce strategies across health and social care. Development of different roles to support new models of care and to provide new routes into areas of current scarcity, for example by creating a pathway from Healthcare Assistant into nursing.
Safety Improvement Methodology	To develop a consistent approach to improving quality and safety, collaborating on delivery of large-scale improvement programmes and a relentless focus on quality and safety at every level across the footprint.

Section 5a: Improving productivity and closing the local financial gap - 2016/17 plans

- The latest 2016/17 positions, subject to plans and contracts being finalised, for each of the organisations in BOB are as follows:

Local Health and Care Economy	CCGs	NHS FTs and Trusts
Buckinghamshire	Chiltern 1% surplus £3.6m Aylesbury Vale 1% surplus £2.3m	Bucks Healthcare £8m deficit
Oxfordshire	1% surplus £7.5m	OUHFT £33.9m surplus (after receiving £20.4m STF funding) OHFT £2.4m deficit (after £0.2m STF)
Berkshire West	0.5% surplus £2.7m	Royal Berks FT £4.8m surplus (after £9.9m STF) Berks Healthcare FT £2.3m deficit
All CCGs		SCAS FT £0.9m deficit

Section 5b: Improving productivity and closing the local financial gap – 2020/21 challenge

- Work is in progress to identify the financial challenge for 2020/21, supported by Rubicon Health Consulting and the South, Central and West CSU.
- Under a do-nothing scenario, the cumulative financial gaps, based on the work to date, are as follows:

Local Health and Care Economy	Financial Gap
Buckinghamshire	£185m
Oxfordshire	£176m
Berkshire West	£150m

Section 6a: Big decisions

Local Health and Care Economy	Big Decisions
BOB footprint	Potential changes in acute services and specialised services which arise from the work which the acute trusts have started. Award of the contract for the new 111 system and integrated clinical hub
Buckinghamshire	The target activity reductions in secondary care and local provider competition may result in some services being provided by alternative providers through networks – will need public engagement. Consultation on community hubs may affect historic services at community hospitals.
Oxfordshire	Public consultation to be launched later in 2016 which will consult on changes to community hospitals, Horton Hospital, closure of acute beds
Berkshire West	Implementation of Frail Elderly pathway consulted on in 15/16. Establishment of an Accountable Care System, operating to a new financial framework. Emerging priorities are prevention, urgent care, planned care, cancer, LTC/elderly, implementation of the Berkshire West primary care strategy.

Section 6b: Potential service changes which we have in common with other footprints

Local Health and Care Economy	Issue	Footprint
BOB	Changes which may arise from the review of specialised acute services provided by OUHFT	Northamptonshire (No: 20); Bath, Swindon and Wiltshire (No: 40); Milton Keynes, Bedfordshire and Luton (No: 24)
	Changes which may arise from the discussions that the acute trusts have started	Northamptonshire (No: 20); Bath, Swindon and Wiltshire (No: 40); Milton Keynes, Bedfordshire and Luton (No: 24)
	Specialised Mental Health Services provided by OHFT	Bath, Swindon and Wiltshire (No:40); Milton Keynes, Bedfordshire and Luton (No: 24); Wales
	Urgent and emergency Care Network and 111 integrated urgent care re-procurement	Frimley (No: 34)
Buckinghamshire	LD Services – Change of provider from Southern Health to Hertfordshire Healthcare	Hertfordshire and West Essex (No: 25) Hampshire (No:42)
	Local but out of county Provider (Frimley) challenging historic patient flows to BHT	Frimley (East Berks, Surrey CCGs)
	Future services reconfigurations in Midlands and East region will affect local provision and patient flows and tertiary flows, specifically: (i) Milton Keynes FT & Bedford Hospitals; (ii) the future of West Herts Hospitals Trust; (iii) potential siting of HASU in the lower Midlands and East region.	Need for liaison with STPs footprints in Midlands and East region
Oxfordshire	Future provision of services at the Horton Hospital in Banbury (part of OUHFT)	Northamptonshire (No: 20) and Coventry/Warwickshire (No: 18)
	LD Services – change of provider from Southern Health FT to Oxford Health FT	Hampshire (No: 42)
Berkshire West	MH and community services are provided by BHFT who have a Berkshire wide footprint.	Frimley (No: 34)

Section 7: Support we would like

Our emerging thinking is:

- **Areas where we would like regional or national support as we develop our plans**.
    - The STP to be submitted to NHSE in June should be kept as light as possible and focussed on the actions that are to be taken not on descriptions of the problems.
    - Support to assist us in determining the scale of the financial challenge we have and to confirm that the actions we are taking will deliver this.
    - Central support and air cover as we transition to new ways of working; develop new contractual models
- **National barriers or actions we think need to be taken in support of our STP**.
    - A need for greater flexibility to enable us to develop new models in primary care and new financial models which align incentives to the ambitions of the whole system.
    - Role of regulators needs to be aligned to supporting us with implementing transformational change.
    - We need to consider options for joining up the work of the BOB organisations with the local offices of the national bodies.
- **Areas where we could share good practice or where we would like to access expertise or best practice from other footprints.**
    - Emerging best practice from the vanguards that is particularly relevant to helping us address our local issues needs to be shared with us.
- **Other key risks that may affect our ability to develop and/or implement a good STP**.
    - Public consultation will be needed on a large number of service changes. Many of these will not be popular with patients and politicians.
    - Addressing the workforce challenges that we have across all parts of our health and care system.

Annex 1: Populations and financial allocations

- Figures from the Financial Allocations for 2016/17 issued by NHSE

LHEs and CCGs	2016/17 Population	2016/17 place based allocation
Buckinghamshire Aylesbury Vale CCG Chiltern CCG	 209,667 339,657	 306,075 484,486
Oxfordshire CCG	729,830	1,029,306
Berkshire West Newbury CCG North & West Reading CCG South Reading CCG Wokingham CCG	 118,043 110,197 138,635 161,251	 169,189 160,476 181,403 216,709
TOTALS	**1,807,280**	**2,547,644**