TRANSFORMATION BOARD

15 DECEMBER 2015

TRANSFORMATION PROGRAMME: PHASE 1 SCOPE, APPROACH, GUIDING PRINCIPLES AND KEY MILESTONES

BACKGROUND AND PURPOSE

1. Following the discussions at the Transformation Board workshop on 21 November, the Transformation Board is now in a position to agree the approach to the next phase of the transformation programme.

2. The purpose of this paper is to put forward proposals to the Transformation Board regarding the scope, approach, guiding principles and key milestones for the next (i.e. pre consultation) phase. More specifically, it asks the Board to:

    - Agree scope and approach to Phase 1 of the Transformation Programme
    - Agree a plan leading up to public consultation on proposals
    - Agree workstreams (i.e. – objectives, timescales)
    - Appoint SROs and Clinical Leads and agree support
    - Agree care closer to home strategy as a framework for progressing next phase of work

SCOPE AND APPROACH

3. Transformation Board recognises the need to progress in stages.

4. Phase 1 needs to answer the following strategic questions:
    - How medicine should be organised in the future? (*To Be' mapping of resources (money, staff, IT) to the layers of model of care*)
    - What initiatives will deliver the new models of care?
    - (How) does the Alliance's model, and in particular proposed hubs, fits with the locality-led models of care?
    - What do the new models of care mean for community hospitals (functions, locations, bed numbers etc.)?
    - What are the workforce, IM&T and estates requirements to support new models of care?

Action

5. **The Board is asked to consider if the above questions provide the right focus for Phase 1 of the transformation programme (December 2015 – March 2017)**

6. **The Board is further asked to confirm that the scope of Phase 1 (December 2015 – March 2017) covers the following:**

Services and functions:

- **the development on new models of care in localities - broadly primary and community care; its interfaces to the Alliance's older people work and elective (planned) care;**
- **DToC**
- **CAMHs**
- **Maternity services**
- **Defined supporting workstreams**

Population

- **adult population (i.e. 18 year old+), with exception of maternity and CAMHS**

7. Care closer to home strategy is proposed as a framework for progressing Phase 1

8. Table 1, below, identifies new models of care initiatives being developed in localities. It also suggests additional workstreams to enable development of new models of care.

Action

9. **The Board is asked to consider whether the proposed workstreams are the best way to organise work in order to answer strategic questions posed above.**

10. **The Board is asked to confirm the workstreams, appoint SROs and Clinical Leads and commit resources to support the workstreams.**

STRATEGIC AMBITION, ASSUMPTIONS AND WORKING PRINCIPLES

Our Vision for Oxfordshire

Best Care, Best Outcomes, Best Value for all the people of Oxfordshire

- By 2020 we will achieve our vision of delivering patient centred care by transforming how and where we deliver services
    - Accountability to patients will be clear and consistent – a designated clinician will be responsible for the patient 24/7
    - Staff make full use of their skillsets, cutting across organisational boundaries, supported by agile, interoperable IT
    - Resources will be reallocated to match need and enhance convenience, e.g. on-line monitoring, longer appointments available through various channels, diagnostic centres in the community etc
- Deliver and design services with the principle, wherever possible, that the best bed is your own bed; enabling hospital beds to be used when it is most clinically appropriate to help patients achieve the best health outcome for their needs

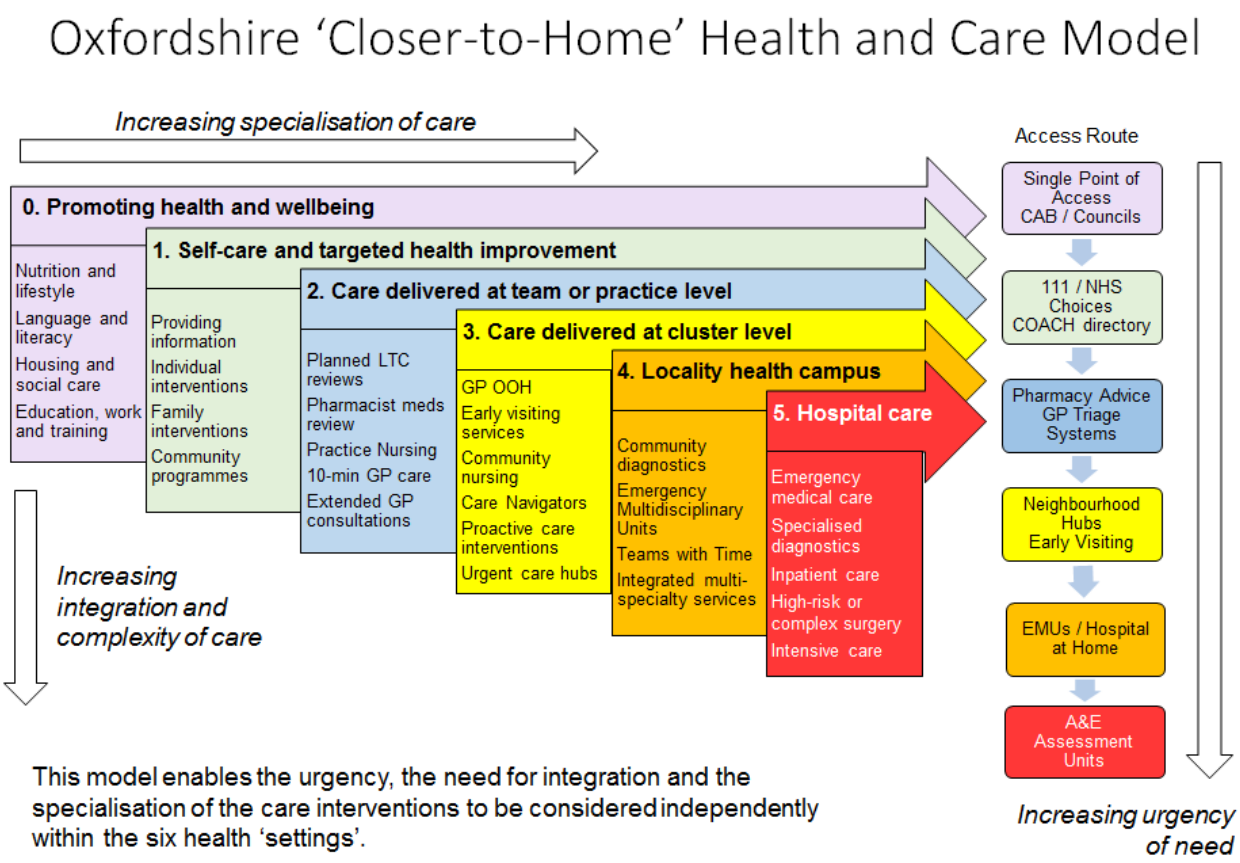
Working assumptions

- The gap between the funding and the demand will continue to widen. By 2012/21 Oxfordshire NHS organisations will need to 'save' £270m (NB This is Oxfordshire's share of NHS £22bn savings target and does not take account of expected cuts to local government/social care)
- Withdrawal of government funding further downstream (e.g. prevention/public health) will create greater demand for health
- Local delivery of the NHS 5-Year Forward view will require a more transformational approach
    - We expect 25% of 'savings' to come from traditional Acute operational productivity; and
    - 75% from other areas / approaches including transformational new models of care focused on better value

      We will explore these opportunities and are committed to delivering our share of savings. In doing so, we may need to consider the unthinkable: 'rationing care' etc.

- As a system, we don't have a preference for a particular type of new model of care (e.g. Multispecialty Community Providers (MCPs), Primary and Acute Care Systems (PACS)
- Organisational barriers - 5 LAs/CCG/NHSE/OCC - get in a way of delivering integrated care and population-based health care models. While we don't want to get caught in structural/organisational changes, we recognise that health and social care devolution can acts a catalyst for change
- Technology offers opportunities to deliver better services and outcomes while reducing costs. There is untapped potential in this area; this will require investment
- Over 80% of our hospital resources are used by around 10% of the population; we believe there is a similar picture in other areas. More importantly, we believe there are better ways of meeting the needs of these patients, while cutting costs
- The system will not be able to afford bed based services at all localities; at the same time, because of new ways of delivering care, we will need less bed-based care in the future
- Our estate will need to be reconfigured/reduced, as we are less reliant on bed-based care; operate at scale, and operate as 'one system'

- While bringing care closer to home, where appropriate, is our ambition, not all services will be provided at the lower levels (see below). For example, not every town or locality will have a 'health campus', hub or community hospital



- Successful delivery of our shared ambition will require significant shift in
    - how our people work and what roles some of them perform. We will be able to attract, recruit and (re-)train and retain staff to deliver new ways of working. It will require co-ordinated system response, including workforce planning, recruitment, retention learning and development and Organisational Development strategies
    - Finances, with money taking out of traditional acute setting and invested in primary/community care
    - IM&T and business intelligence, with IT systems enabling new ways of working and giving a 'single version of the truth' regarding patient/service user data and interactions with the system;

In Achieving Our Ambitions We will be Guided By the Following Principles…

- We recognise the significant challenges facing the Oxfordshire health system and social care system and that successful system transformation requires integration of services. We are committed to working in a collaborative manner to address deep-seated issues and build a sustainable system for the future
- Our shared aim is to improve the services and outcomes for the patients and users of Oxfordshire, while simultaneously taking costs out of the system and maintaining the financial viability of risk sharing partners - both commissioners and providers
- The partners will work together to define what good looks like. In doing so, partners will adopt a 360 degree perspective - considering not just the selected pathways but the broader implications of changing them for the system as a whole. In agreeing what good looks like, we will seek the views of patients, carers, clinicians and staff
- The needs of patients, service users and carers will be our prime consideration as we implement change in services, processes, structures, culture and practice in the organisation
- Our change will be evidence-based; where no evidence currently exists, we will aim to pilot changes and evaluate results
- We will deliver our commitments, including meeting all NHS Constitution targets
- People will be our focus. Our people matter and we will support our staff to be excellent leaders, to think independently, to be guided by our values and not hampered by bureaucracy
- We will focus resources locally, where they can best deliver services to our communities
- We will maintain and build excellent relationships with partners to reduce duplication and better serve communities
- We will empower and support communities to take responsibility for their own health and wellbeing, helping people access right service at the right time
- In designing future model(s) of care we will separate the *what*, from the *how* and the *who*. There may be changes in who provides what services (i.e. care closer to the patients' homes will not necessarily be provided by GPs/the Federations)
- We believe that change will only be successful and sustainable if what we do is better for the patients, service users and carers; and/or simpler for our people. Consequently, we will:
    - Build on successful change initiatives in Oxfordshire, around the country and elsewhere in the world
    - Ensure change is clinically-led, with a clear clinical evidence base/rationale for proposals;

- Invest significant time and effort into strong public and patient, and other stakeholder engagement;
- Ensure consistency with current and prospective need for patient choice;
- Seek internal and external assurance on our proposals