

# Developing the BOB ICS Five Year Plan

Executive Summary

# Background

The Buckinghamshire Oxfordshire and Berkshire West Integrated Care System (BOB ICS) is developing a five year plan.

The five year, one system plan will describe how partners in the ICS will work together to deliver the ambitions of the NHS Long Term Plan and address the specific priorities, opportunities and challenges within the BOB ICS area.

A number of documents are being published as the plan develops. These aim to provide Boards, stakeholders and the public with current information throughout the planning process, and to support Boards in their consideration of the BOB ICS plan and its “technical submission” to NHS England/ NHS Improvement.

# Purpose of this executive summary

- Describe the process and timeline for the development of the BOB ICS five year plan and the draft and final Long Term Plan “technical submissions” to NHS England/NHS Improvement
- Provide Boards with key headlines and considerations emerging from the BOB ICS workstreams as they develop the technical submission to NHS England/ NHS Improvement

# Key documents

## 1) **The “technical submission” to NHS England/ NHS Improvement:**

Response to the national Long Term Plan (LTP) Implementation Framework published in June 2019

Combination of narrative presentation and completed workforce, activity and finance templates answering NHSE/NHS I requirements

## 2) **The BOB ICS Five Year Plan**

Interim report describing priorities and ways of working published 9<sup>th</sup> September – views invited from a wide range of stakeholders and the public by 18<sup>th</sup> October

Public-facing document published end of November

Will describe the ICS five year plan, incorporating key deliverables from the technical submission and BOB-specific priorities

# Timeline

9 <sup>th</sup> September	BOB ICS publishes <b>Improving Health and Care in Buckinghamshire Oxfordshire and Berkshire West</b> as the first step in developing the BOB ICS Five Year Plan Views are invited on the BOB ICS suggested priorities by 18 <sup>th</sup> October
Early October	Publication of a briefing pack summarising the key points from the first draft of the BOB ICS “technical submission” to NHS England/ NHS Improvement
Early October	Publication of the draft of the “technical submission” sent to NHS England/NHS Improvement – this will describe the responses to the deliverables required in the Long Term Plan. Places to share templates with local partners.
18 October	Deadline for stakeholders to give their thoughts and views on the priorities described in <b>Improving Health and Care in Buckinghamshire Oxfordshire and Berkshire West</b>
Up to 20 <sup>th</sup> October	Boards consider BOB ICS plan as it develops, using briefing pack, first draft technical submission narrative and templates
By 1 <sup>st</sup> November	Boards to have signed off BOB ICS technical submission
1 <sup>st</sup> November	Final technical submission sent to NHS England/NHS Improvement
End of December	BOB ICS five year plan published, following review by NHS England/ NHS Improvement
On-going	Continued engagement with communities and stakeholders

# Long Term Plan Submission Updates

# LTP Area: Transformed out of hospital care and fully integrated community based care

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## Key deliverables

- Implementation of five **additional workforce roles** through Primary Care Networks, providing opportunity to reduce pressure on emergency hospital services and better utilise the services available in primary care;
- Focus on **digital** enablers to support patient access to services;
- **Alignment with Urgent and Emergency Care** and wider ICS strategy towards a reduction in pressure in primary and emergency services;
- A focus on **reducing inequalities** across all areas in Primary Care and the use of Population Health Management to support a reduction in avoidable unplanned admission;
- Development of enhanced **prevention** activities to provide care to people at home, avoiding unnecessary attendance and admission and expediting a return home.

## Considerations

- Recruitment to additional roles; challenges in recruiting staff due to high cost of living. Also ensuring we do not destabilise other parts of the system through recruitment of those roles to primary care
- Maturity and development plans of Primary Care Networks; these are new systems that face the challenge of establishing themselves as sustainable entities with aligned clinical and financial drivers, while also striving for greater integration and collaborative working between primary, community, voluntary and social care and public health commissioning
- An increase in demand for services in the area, especially for frail older people who often have more than one health and care need. This is linked to the ageing population, a trend that is forecast to continue.
- Maximising use of digital enablers in primary care; ensuring effective investment in new ways of working, with robust support in place to join up new systems

# LTP Area: Reducing pressure on emergency hospital services

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## Key deliverables

- **Integrated Urgent Care:** NHS 111 will increasingly become the single point of access to urgent care services (including primary care). The number and types of clinicians available to give advice to callers will be increased (such as midwives, paediatric and end of life specialists) as will the numbers of services that you can be directed to, including rapid community response and reablement. If you need to see a healthcare professional face to face NHS 111 will be able to book you into an appointment.
- **Same Day Urgent Care Closer to Home:** Capacity and responsiveness in community health crisis response services (for both physical and mental health) will be increased to provide support to those that need it the most. Flexible teams will work across primary and community care providing recovery, reablement and rehabilitation support to individuals keeping them well, preventing crisis and supporting recovery after a hospital stay. We will strengthen working with colleagues in these services to improve our response to urgent same day access and management of illness.
- **Bed Based Care :** We will work with our community services and ambulance provider to ensure that only patients who really need hospital based care come into hospital. New pathways of care will ensure that more patients will be treated without an overnight stay and for those that need admission length of stay will be minimised.
- **Home First:** Health and social care are working in a more integrated way to ensure that, following a hospital stay, patients can return to their own home with any support that they require. This will include the use of voluntary sector services to help people maintain independence and wellbeing.

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# LTP Area: Reducing pressure on emergency hospital services

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## Considerations

- Expansion of 111 to include community response and reablement is likely to require additional staffing and associated cost within the 111 service to manage these calls, in addition to ensuring swift referral to relevant services to deliver 2 hour crisis response in community and delivering reablement to those who need it within 2 days; at present this impact requires modelling and will use national planning tools released later in 2019/20 to do so.
- Urgent & Emergency Care services face rising demand annually; as our services improve their ability to manage patients effectively in the community for longer, those arriving in an acute setting are increasingly of high acuity (very poor health) and require more significant intervention to care for them. The system will look to manage this demand away from ED where clinically appropriate, but faces challenge in workforce capacity within primary care, paramedics and domiciliary care.
- New clinical standards for care will be released in 2019, including sepsis, trauma and stroke. The impact of these standards on existing services is unknown at present but is anticipated to include financial and staffing changes where current care does not meet the new requirements.
- There are significant physical capacity restraints within Emergency Departments to manage current activity levels – Oxfordshire plans to expand space at the John Radcliffe and Horton hospitals and the Royal Berkshire Hospital Emergency Department continues to present a material risk in terms of fit for purpose capacity. Whilst this is mitigated as much as possible on a day to day basis there is not yet a clear capital plan to resolve this and therefore current and future transformation will need to be supported with capital investments. The estates requirements in Buckinghamshire will also be reviewed.

# LTP Area: Improving Mental Health

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## Key deliverables

- **Children and Young People:** Prompt access to help for children and young people and their families – enabling recovery from mental health problems before adulthood.
- **Care closer to home:** Crisis, home treatment and alternatives to hospital admission will be improved, and community mental health teams strengthened to enable more people to be treated at or near home, reducing the need for out of area placements.
- **Prevention:** strengthened prevention of mental ill health, mental health promotion and reduced stigma linked to mental ill health.
- **Holistic treatment and care:** improved physical health for people with severe mental health problems, improved health and wellbeing of people with a learning disability and autism

## Considerations

- Delivery of more support for children and young people with mental health problems and more evidence based therapies for common mental health problems require significant service growth as part of the Long Term Plan for the NHS. Alongside this, we will continue to develop our perinatal mental health services, and services for people with serious mental illness.
- We will need to work in partnership with General Practice to develop the mental health contribution within Primary Care Networks, and link these with our secondary care and specialist mental health services.
- Specific transformation funding and uplift to CCG baseline budgets will support delivery of LTP, but historic low levels of funding for mental health and demand pressures in core services also need to be addressed. Prioritisation decisions will need to be made in partnership at local and system level.
- Workforce pressures are significant in MH Services and impact both Local Authorities and NHS Providers.

# LTP Area: Improving Cancer Outcomes

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## Key Deliverables

- The **62 Day Cancer Waiting Time Standard** is the only standard that takes into account the patients' entire cancer pathway journey from GP referral to treatment which may explain why performance has been worse relative to some of the other cancer standards. We will continue to implement the national best practice pathways and streamline diagnostics to support patients to receive faster treatment and we meet the standard.
- The **new 28 Day Faster Diagnosis Standard** will be introduced in April 2020 and will ensure that all patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis. We will continue to review our diagnostic capacity and monitor the streamlined diagnostic processes put in place to ensure we meet this standard for our patients.
- **Increasing the proportion of stage 1 and 2 cancer diagnosis** means patients can receive treatment when there is a better chance of achieving a complete cure. Working in partnership with the public and our partners, we will continue to raise awareness of the signs and/or symptoms of cancer and encourage people to see their GP without delay. Where there is a confirmed diagnosis we will ensure patients have access to faster treatment.
- We aim to **reduce the inequality of 1-year survival rates** across our population by tackling negative attitudes to cancer and the barriers to seeing a doctor, supporting primary care, and optimising access to diagnostic tests and referral pathways.
- We will implement the **NHS Comprehensive Model for Personalised Care** which is about providing health and care based on a patient's individual needs whilst on their cancer journey. This means patients will get more control of their health and more personalised care; when patients are more involved with their care, they achieve better health and wellbeing.

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# LTP Area: Improving Cancer Outcomes

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## Considerations

- Sustainable achievement of the 62 day standard and introduction of the 28 day standard will require additional diagnostic capacity. Analysis of the current diagnostic capacity and future diagnostic demand will take place during 2019/20.
- Implementing new models of care and other cancer initiatives within the community, primary care, secondary and tertiary care require sufficient levels of staffing across the various disciplines. There is a national shortage within some specialisms that is being looked at nationally. To identify and understand the cancer workforce challenges locally, mapping of patient pathways across each of the main tumour sites, with a particular focus on identifying the skills and competencies needed to deliver the five year plan is planned. A matrix approach will be adopted so that skills and competencies are mapped to the new models of care already established by the Cancer Alliance.
- To implement all initiatives requires sustainable funding to ensure long term benefits are realised – modelling the long term impact of the cancer initiatives is planned to take place to support this.
- Additional diagnostic capacity, new IT solutions to streamline processes and infrastructure require a capital investment plan to mitigate.

# LTP Area: Shorter Waits for Planned Care

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## Key deliverables

- **Reducing Waiting Times** : At the end of July 2019 we have over six thousand patients across BOB who are waiting over six months for treatment. Long waits are seen mainly in services for Eyes, Ear Nose and Throat, Trauma and Orthopaedics and Gynaecology. By April 2020 each hospital in BOB will have set up 'Choice Hubs' with a team of staff who will make contact with patients waiting with an offer of an alternative NHS or private provider in order to speed up access to care.
- **Streamlining Outpatients**: Over three million patients attended outpatients across BOB in 2018/ 19. Feedback from patients and staff told us that we could improve those services through: Better use of local hospitals capacity closer to home, use of on line tools for test and investigation results which would reduce the need to attend hospital by an estimated 600,000 appointments. Empowering patients to initiate their own follow ups when they feel it is necessary rather than routinely booked appointments that are not always needed. Speeding up communications with patients via email where requested and improving the on line booking facility which could in turn reduce the number of lost appointments slots. From the end of August 2019, teams of staff across the BOB system have come together with NHS England to work on the redesign of outpatients using an ambitious method where the planning and implementation of changes are made over a 100 day cycle. Patient involvement is key to the design and testing of those changes and there will be patient representation on the programme.
- **First Contact Practitioners (FCP)**: FCPs are senior physiotherapists who are working alongside clinical staff in primary care to provide increased capacity for treatment of musculoskeletal (MSK) conditions such as back pain. The pilot sites for the national FCP programme in Oxford and Newbury have been very successful and will be rolled out across BOB so that all patients with MSK conditions will have access to an FCP by 2023/24.

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# LTP Area: Shorter Waits for Planned Care

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## Considerations

- The plans to reduce waiting times and improve outpatients services need technology that is user friendly and easy to navigate, accessible and linked across primary care, hospitals and in some cases external providers of healthcare. The ability to be able to share images such as optometrists in the community having access to ERS through a secure connection. Experience to date demonstrates that IT development can be slow and that our systems do not talk to each other. These issues need to be taken into consideration when setting timeframes for delivery. The pan system Targeted Outpatient Programme will work to address some of these issues and will need continued support from organisations across the ICS to bring plans to fruition.
- There are manpower implications across the programmes for improvement programmes which include: the need for clinical input and leadership to inform and drive new models of care. New clinical roles such as FCP's take time to recruit to and develop staff into . There is a historical shortage of technological expertise to support the developments in digital tools.
- There are opportunities to relocate clinical activities closer to home for patients better utilising community based hospitals such as the Horton Hospital in Banbury, Townlands Hospital in Berkshire and Buckinghamshire Community Hubs This will take time in consultation and planning to make sure that we get it right and the timescales or delivery need to reflect this.
- It is anticipated that through the implementation of the national 'Choice' programme for patients will involve making contact with 6,575 patients waiting over 6 months. The resource implications to support this work in manpower, time, costs and the management of governance and contracting arrangements are considerable. These resources are not currently available in organisations and will need to be considered in view of existing priorities and constraints.

# LTP Area: Increasing focus on Population Health

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## **Key deliverables**

- Ensuring Population Health Management (PHM) is integral to identifying opportunities to proactively target the right care for specific populations
- Platforms to support system/place analytics
- Removal of duplicated and unnecessary reporting
- Introduction of an analytic development programme to link health and care professionals, transformation teams and analysts to approach issues in a different way
- Providing better, safer care by connecting local care records across the Thames Valley and Surrey region

## **Considerations**

- Ensuring there is sufficient clinical and analytical resource across the system
- Development of a clear and supported plan for connected care, along with clear governance to provide robust assurance and keep momentum
- Need to align the development of PHM with Primary Care Networks, including using new national and local funding
- Ensuring a single Information Governance process is in place
- Develop an understanding and application of actuarial principals at executive and Board levels

# LTP Area: Prevention and Addressing Health Inequalities

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## Key deliverables

- **Named Strategic and Clinical Leadership** for prevention and inequalities across Place and ICS workstreams.
- To use the Prevent, Reduce and Delay framework for prevention to incorporate actions for prevention in each workstream:
  - **PREVENT illness.** Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections. (primary prevention)
  - **REDUCE the need for treatment.** Reducing impact of an illness by early detection e.g. bowel screening/smear tests, and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke. (secondary prevention)
  - **DELAY the need for care.** Soften the impact of an ongoing illness and keep people independent for longer. (tertiary prevention)
- Organisations throughout the ICS have **evidence based actions** in place for
  - Improving workforce wellbeing
  - Identification, intervention and referral for people who smoke, misuse alcohol.
- Develop a system wide approach to reduce health inequalities through building healthy environments and communities that promote healthy behaviours.

## Considerations

- Shifting the focus and investment in the ICS and Place from focusing on reactive care provision to predictive and proactive care provision will require a significant change in behaviours and governance. A system wide view will be needed for decisions on how resources are allocated to address prevention and inequalities priorities.

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# LTP Area: Prevention and Addressing Health Inequalities

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## **Considerations (continued)**

- Addressing inequalities is a thread throughout the plan and this will require addressing both the causes and consequence of inequalities. This will include ICS actions to create healthy environments and communities as well as targeting programmes towards those experiencing poorer health.
- Support for new ways of working to improve sustainability and tackle such factors as air pollution and plastic waste will require an agreed approach between the ICS and Places.
- As the largest employers in our communities there is an opportunity for all ICS partner organisations to improve the health and wellbeing of the workforce, to improve staff satisfaction, reduce sickness and improve productivity and population health.

# LTP Area: Personalisation

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## Key deliverables

- Introducing social prescribing as part of Primary Care networks so that people have access to a wide range of local support services that help to keep them well and living in their communities.
- Increasingly patients will be involved in making informed decisions about their care. Expanding our approach to Making Every Contact Count. We will expand the range of long term conditions including Diabetes, COPD, asthma and cardiovascular diseases
- The ICS will increase the number of patients with complex problems and those at the end of life who have personal care plans that are developed with them and shared by all those involved in their care
- Apply the NHS Comprehensive model of personalised care using a targeted and prioritised approach for example for those living with dementia.
- The ICS will learn from the good practice demonstrated by our local authority partners and increase the number of people who have personal health budgets (PHBs). The ICS will look to develop a programme to ensure that the delivery of all new Continuing Healthcare home-based packages (excluding fast track) use the personal health budgets model as the default delivery process. We also plan to expand the PHB offer to users of wheelchairs and people entitled to S117 Aftercare. Our submitted trajectory shows an increase of X PHB's for in recognition of the baseline position and the work required.
- Having Primary Care Networks implementing the comprehensive model for personalised care, improving the management of patients for example for those with heart failure and ensuring that all high risk patients have personalised care plans.
- Digitally enabling our communities both the population and professionals who work in our system through a significant expansion in our digital capabilities and increasing use of Personal Health Records

# LTP Area: Wider Social Impact

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## **Key deliverables**

- A clear strategy for Anchor Institutions (large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area) and how they can support the overall sustainability of the BOB ICS
- A shared approach to the delivery of healthy place shaping, drawing on the exemplar work of healthy new towns
- Using a population health and care needs approach to develop new models of care
- Maximising the involvement and influence of health in the significant growth and development associated with the ARC and growth deal
- Continued work with regional and national partners to ensure the needs of veterans and the armed forces and those linked to health and justice services are appropriately identified and that future service delivery models work as a collaborative part of the emerging integrated care system

## **Considerations**

- There are a number of key areas of work across BOB and within Place that support a joined up approach, including:
  - Healthy New Town projects and healthy place shaping
  - The work of the Oxfordshire Growth Board
  - The work across BOB to support the Oxford to Cambridge ARC
  - Health and Wellbeing Board approved Population Health and Care Needs Framework – resulting in proposals for models of care designed to meet population health and care needs now and in the future
- Further work is underway to develop content for the final plan submission, including the impact of climate change.

# LTP Area: Maternity

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## Key deliverables

- **Improving Safety** : Reducing rates of stillbirth, neonatal death, maternal death and brain injury during birth. Women and their families will benefit from improved care aimed at reducing avoidable incidents.
- **Increasing Choice and Personalisation**: Every maternity service will have sufficient capacity to care for women booked for care. Women will be supported to make informed choices and receive standardised information.
- **Transforming the Workforce**: The right workforce will be available in the right setting to best provide services to women and their families.
- **Improving Access Perinatal Mental Health Service** : To support all women to be able to access local specialist perinatal mental health services and treatment when require.
- **Improving Prevention** : Offer women the opportunity to access preconception care to ensure optimal health for women and their babies.

## Considerations

- Detailed maternity transformation funding plans to deliver specific projects related to implementation of the maternity transformation agenda. A pooled budget is in place to work collaboratively across BOB Local Maternity System (LMS).
  - Implementation of saving babies lives version 2 and standardising Clinical Guidelines across the BOB LMS.
  - Ensuring the BOB LMS has sufficient capacity in maternity services.
  - BOB LMS will need to look at recruiting into vacancy rate, service planning and skill mix reviews, in order to deliver the continuity of carer national target of 35%.
  - Digital complexities with IT systems in maternity. Risk we will not be able to meet the requirements for maternity services. A workstream has been established for digital.
  - To support the current and future workforce BOB LMS, in collaboration with HEE, will prioritise and support the following areas: securing supply, upskilling the existing workforce, retention and formation of new roles.
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# LTP Area: Children and Young People

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## **Key deliverables**

- From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases
- Over the next five years, paediatric critical care and surgical services will evolve to meet the changing needs of patients, ensuring that children and young people are able to access high quality services as close to home as possible
- Personalised care and involvement of children, young people and families
- NHS services that keep children well, including through digital technology
- Improved transition to adult services and move to a 0-25 service
- Improving uptake of immunisations and reducing child mortality

## **Considerations**

- The case for change in children's services is compelling: Children's health and the way children live have changed rapidly over the last decade. More children are living with long-term conditions and children are surviving into adulthood with life limiting conditions. More children are identified as having special educational needs and disability (SEND). More children have complex comorbidities and are experiencing mental health problems.
- More children are living in families where domestic abuse, mental health and substance misuse impact adversely on their health outcomes and life chances (Adverse Childhood Experiences ACEs)
- Plans for Children and Young People also covered in Mental Health and Learning Disability sections of draft technical submission

# LTP Area: Learning Disability

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## **Key deliverables**

- People with learning disabilities will have the same access to health care as everyone else. They will enjoy better health as a result of increased uptake to 75% of an annual health checks in primary care and well managed medication where this is needed (STAMP-STOMP programme).
- Where people with learning disabilities have died, their deaths will be reviewed within 6 months (LeDeR death review process) and any themes will be used to make improvements
- For people with complex needs, health, education and social care will work together to support them to live and stay well in the community with the right care and support, rather than getting support in hospital (wherever possible, supporting in crisis and to prevent crisis)
- The learning disability, mental health, social care, voluntary and community sectors will work together to tackle unwarranted variation in intensive, crisis and forensic community provision and capacity to provide consistent alternatives to admission. This will include personal health budgets and making best use of available beds available within BOB to reduce reliance on specialist beds, especially those out of area.
- Ensure challenges specific to the LD workforce are reflected in the wider workforce programme, that positive behaviour support is rolled out and awareness of the need to facilitate access to care is understood across all services.

## **Considerations**

- Development of a plan to eradicate unwarranted variation across BOB against the Transforming Care 'building the right support' model to meet NHSI Provider Improvement Standards in both NHS provision and NHS funded provision.
- Secure funding through CCG allocations to improve mental health pathway access, physical health pathway access (aligned to PCNs), health checks and more effective evidence based offer for more complex groups (e.g. personality disorder).
- Identify health & care funding (capital & revenue) to develop integrated community provision and new housing/accommodation options

# LTP Area: Autism

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## **Key deliverables**

- To ensure a better understanding of the needs of autistic people of all ages we will develop our Population Health Management capability, which will inform local/ICS planning and capacity of specialist services and improve access to mental health and physical health services for autistic people.
- Significantly reduce waiting times for a diagnosis and post diagnostic support through robust demand and capacity work across BOB and collaboration on innovative solutions to address unwarranted variation and increased prevalence in Reading and Oxfordshire.
- Implement reasonable adjustments in mental health and physical health pathways to better support people and their families where living well with autism is their primary need
- Develop/codesign specific intensive community based support for autistic people in crisis and with forensic needs, including collaboration across BOB to develop new niche/sub-specialty pathways (e.g. eating disorders or gender dysphoria)
- Ensure sufficiency of a specialist workforce as a trained and informed workforce across the health, education and social care systems in both autism and evidenced interventions.

## **Considerations**

- More accurate data required on prevalence, need, outcomes and unwarranted clinical variation across BOB
- Establishment of a workstream to deliver LTP and meet Provider Improvement Standards (NHS and NHS funded provision)
- Prioritize funding and capacity to address significant assessment backlogs in community paediatrics and CAMHS  
Secure project funding to improve needs analysis and develop investment plan for improving access to services and meeting specialist need.
- Secure capital and revenue to develop integrated community provision and accommodation solutions.

# LTP Area: Better Care for Major Health Conditions

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## Key deliverables

- **Prevention and Detection** : We aim to improve prevention and detection of those illnesses that can lead to long term conditions (LTCs) such as Atrial Fibrillation (AF), high blood pressure and diabetes. We will do this by encouraging uptake of existing screening programmes, such as the annual eye screening test for people with diabetes and quality improvement projects such as the development of AF and diabetes champions, to raise awareness of the symptoms and treatment for these diseases. For AF we have based pharmacists in GP practices to review the prescriptions to make sure that drugs used to prevent stroke were being prescribed and in the doses that would have the best effect. The project has reported that out of 1000 patients reviewed an estimated total of 13 strokes were prevented.
- **Faster diagnosis and treatment:** We will shorten the time our patients wait for diagnosis and treatment by removing some of the artificial barriers between GP, hospital and community based care. We will do this through care and support planning training in GP practices, linking access to patients records and improving the communications between care providers. This is particularly important for those patients who have more than one illness and need the input of multiple clinical teams where care crosses boundaries between different services.
- **Personalised care:** We will ensure that our support and care is wrapped around our patients through building on the work in diabetes with the development of personalised care tailored to individuals and their families needs. The aims are to provide care at home or as close to home as possible. This work is supported by the use of digital tools available supporting education packages which can be used to empower patients to better manage their conditions.
- **Health and Well Being:** People with long term conditions are more likely to develop depression and anxiety and plans for improving access to mental health support are in development across the ICS through a national programme called IAPT (Improving Access to Psychological Therapy). The programme includes introducing integrated of mental health specialists into primary care teams, the use of shared medical records and screening for mental health problems.

# LTP Area: Better Care for Major Health Conditions

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## **Considerations**

The integration of care between healthcare professionals, social care and the voluntary sector is critical to the success of seamless and efficient care for patients with long term conditions. The availability of technological platforms for communication and sharing of information between patients and staff is vital and will need to be developed to a sophisticated level to support the plans for community and remote access care.

Effective, sustainable long term planning for LTCs across the BOB ICS will be informed by patients, their families and carers, as we aim to meet their needs through provision of individualised care, take a risk stratified population based approach, taking into consideration where there are hard to reach groups of patients and health inequalities, as individuals with long term conditions in those areas are often poorly managed. This work will have to be resourced to ensure that it is robust with a strong evidence base provided through resourced informatics.

The forward planning for patients with long term conditions has major resourcing implications for the NHS and private sector workforce as provision of care is increasingly made available within the community. Increased access to home based care extending from basic care needs for patients and carers to support with advanced technology such as home ventilation for patients with chronic respiratory disease, will need increases in staff at all levels with a requirement for training and development for those individuals. The development of digital technologies to support remote access is critical and will need the support of staff with expertise in that area. Historically those staff have been in short supply with demand for development at pace has exceeded the capacity available.

The development of new models of care will need to be pump primed in the short to medium term. The NHS Long-Term plan recognises the capacity constraints particularly in community services, e.g. in pulmonary rehabilitation, to deliver the services that our patients needs.

# LTP Area: Genomics

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## **Key deliverables**

- Offer whole genome sequencing as part of routine care through a new national genomic medicine service scheduled for launch in late 2019;
- All patients will be given the opportunity to participate in research both for individual benefit and to inform care for future generations
- For cancer patients, genomic testing can help to access new drugs through clinical trials, provide information about familial cancer predisposition, and inform which therapies are likely to be successful and those which should be avoided.
- Whole genome sequencing for rare disease has the potential to end the 'diagnostic odyssey' for patients, replacing protracted sequential genetic tests with a single step. Improved diagnostic yield means targeted treatment can begin quickly where indicated.
- In the longer term, the combination of clinical and genomic data will be used by researchers in academia and industry to further knowledge on the causes of genetic disease and enable the development of targeted therapies for the benefit of future generations.

## **Considerations**

- The national Genomic Medicine Service (GMS) will be delivered through a network of seven Genomic Laboratory Hubs. The BOB ICS is within the catchment of the West Midlands, Oxford and Wessex GLH which extends from the north midlands to the south coast
- The NHS vision for the new genomic medicine service is for it to provide consistent and equitable care, operate to common national standards and specifications and to be delivered against a single national test directory
- The workforce transformation needed to support the NHS vision of a mainstreamed genomics medicine service is a substantial undertaking, Locally, the GMC and GLH are supported by training and education leads, with staff in clinical genetics and other specialties working to build coherent and productive clinical networks for genomics across all relevant specialties.

# LTP Area: Backing NHS Staff

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## Key Deliverables

**Addressing Urgent Workforce Shortages:** Nursing supply events and campaigns will aim to increase the number of people entering nurse training and to encourage people to want to live and work within Berkshire West, Oxfordshire and Buckinghamshire. Recruitment of nurses from overseas, who have the necessary skills, competences and values, will continue. There will be a focus on maximising the numbers of volunteers to effectively support staff. Key worker housing will be used to increase the supply of affordable housing to members of the local workforce. Alignment of local terms and conditions of employment will help to facilitate system working.

**Releasing Time for Care:** We will prioritise enabling our workforce to embrace the latest digital technology. The introduction of E-Rostering will see rotas developed to meet patient demand. Employees will be able to easily and quickly check their rotas and make personal requests. Streamlining projects are being undertaken across Berkshire West, Oxfordshire and Buckinghamshire to reduce duplication and make it easier for staff to move from one employer to another. These projects include development of system-wide occupational health, aligning pre-employment checks for doctors-in-training, agreeing common standards for mandatory and statutory training.

**Workforce Redesign and New Operating Model:** Some new roles have been introduced across health and care, including nursing associate, physician associate and social prescriber. Development of a Cancer Pathway Competency Framework is supporting a regional Cancer Network programme. Establishment of an Allied Health Professions Council is working collaboratively on re-enablement and rehabilitation skills shortages. A nationally recognised Care Certificate pilot which is sharing learning and best practice across GP surgery support staff, domiciliary and Care Homes staff.

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# LTP Area: Backing NHS Staff

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## Key Deliverables *(continued)*

**Making the NHS the Best Place to Work:** We want to make health and social care across Berkshire West, Oxfordshire and Buckinghamshire a great place to work. Staff health and wellbeing will be looked at as a priority as will reducing unnecessary sickness and absence. Our workplaces will be supportive environments. Local NHS Trusts will continue to offer leadership and management development programmes. We will aim to increase levels of staff engagement, demonstrated via our annual staff survey.

**Improving the Leadership Culture:** Our leaders across the BOB ICS will be encouraged to work and develop together. We will focus on developing local talent and will encourage succession planning. Our workforce will be offered a career pathway. Equality, diversity and inclusion will be championed across all employers.

## Considerations

Contractual considerations; sharing of IT platforms, indemnity for shared posts, funding for workforce change beyond 2020-21. Fixed term funding has been identified to support workstream leads. Recurrent infrastructure costs will be needed to support ongoing delivery. Some workforce change initiatives will require system funding on a business case basis. Supply of workforce, working closely with schools, colleges and Universities to ensure a supply of health and social care staff.

# LTP Area: Digitally Enabled Care

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## Key deliverables

- Provide straightforward digital access to NHS and social care services, helping patients and carers manage their health and circumstance. All digital solutions will be designed in partnership with our patients and carers so they are shaped around individual need
- Ensure our clinicians can easily access and interact with patient records in any care setting using intuitive tools to capture data at the point of care
- Protect patients' privacy, giving them control over their medical record confident that their data is secure and only available to those who are authorised to see it
- Develop the digital capabilities of our workforce to support them to fully utilise technology to reduce duplication of effort and increase time to care out

## Considerations

- To fully realise digital transformation across all health and social care settings requires adequate financing, both one off capital funding and on-going funding to maintain/update systems (different for each partner)
- Mandate and enforce technology standards (as described in *The Future of Healthcare, Department of Health and Social Care, October 2018*) to maximise the use of data between trusted partners to join up care and provide better information for health and care providers and increase choice for patients as set out in the Future of Healthcare
- Obtaining and growing the necessary technical and transformational skills is an on-going challenge when comparing with salary packages offered by the private sector in the same competing market place.
- Fully resourcing the essential non-technical elements to deliver digital transformation – change management, process re-design, cultural change and releasing staff to provide input will be an on-going challenge.

# LTP Area: Capital and Estates

## To note

**Fuller detail on BOB ICS planning for capital and estates will be completed for the final system plan submission, which will align to the BOB ICS Estates Workbook. This slide sets out information submitted as part of the capital and estates section of the BOB 2019/20 Operational Plan**

## Current and forthcoming BOB ICS capital & estates activity

Over 2018/19 the BOB ICS has demonstrated that the system is working together to support the improvement of the NHS estate (via the BOB ICS Estates workstream). This work has progress through collaborative working across places and organisations to deliver:

- Production of a vision and priorities for BOB ICS Estates activity, and plans by organization for the development of place Estates work
- Development of a prioritisation framework to inform strategic estates and capital investment across the three places within BOB – to be carried forward into capital investment processes
- Prioritisation and consolidation of the three place strategies into BOB ICS estates and capital investment priorities. Capital investment priorities and plans were rated ‘good’ by NHSE/I.

This work will continue into 202/21 and beyond to aligning the estates priorities and vision with the overall priorities and vision of the ICS. Work will include focusing on development and delivery of robust, affordable local estates strategies that include delivery of agreed surplus land disposal ambitions across places and the ICS as set out to the right.

- Monitor progress on delivery of Wave 1-4 capital schemes and escalate any issues to BOB ICS Senior Leaders Group.
- Continue oversight role in respect of place and organisational estate strategies to address recommendations included in NHSE/I feedback on BOB ICS Estate priorities, these being:
  - Working with place teams to reassess disposal pipeline and proposed phasing to develop a robust disposal plan
  - Link with ICS and place clinical priorities to drive a clear view of estates implications across the ICS including potential future developments and pipeline of bids for subsequent national funding (Wave 5 and beyond)
  - Continued work with the Primary Care workstream to develop a strategy for driving primary care and community services estates priorities
  - Align ICS priorities with other providers such as South Central Ambulance Services NHS Foundation Trust

# LTP Area: Finance and Activity (Demand for Services)

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## **Key deliverables – The Long Term Plan Five Financial Tests**

1. The NHS (including providers) will return to financial balance by 2023/34
2. Achievement of cash-releasing productivity growth of at least 1.1% per year to be reinvested in patient care
3. Reduction in the growth in demand for care through better integration and prevention
4. Reduction in unjustified variation in performance
5. Better use of capital investment and existing assets to drive transformation

## **Considerations**

- There will be significant challenges to address budget deficits and likely turnaround requirements
- Current financial challenges and allocations will only enable a status quo in performance to be maintained
- NHS Improvement will deploy an accelerated turnaround process in the 30 worst financially performing trusts
- BOB ICS will be held accountable for overall financial performance in line with the Long Term Plan commitment that ICSs will become the level of the system where commissioners and providers make shared decisions about financial planning, and prioritisation
- Over the next two years there will be a national efficiency and productivity focus on 10 priority areas
- We face a challenge to maintain our buildings to keep them fit for purpose and our equipment does not always keep up with advances in technology