NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group

Operational Plan 2017/18 – 2018/19

V3.0
Draft version for OCCG Board
(21 November 2016)

Introduction from the Chief Executive

This document details the Operational Plan for the next two years 2017/18 and 2018/19. We describe how we will meet the national policy objectives as set out in the 5 Year Forward View; deliver on the NHS Constitution Standards; and continue to maintain our financial position.

Key to our success is the transformation of our system of care delivery. In order to meet rising demand and financial pressures which are arising due to population growth, inflation, technological advances and new standards, we cannot continue to provide care in the way we have done in the past. We will be embarking on a number of public consultations during 2017/18 as we endeavour to rebalance our system.

The level of funding provided by the Government is increasing so we will receive an additional 2% in 2017/18 and a further 2% in 2018/19. However this will only cover the inflationary increases which apply to the services we commission and therefore we have to find savings to fund all other cost pressures.

We know that 90% of the care our population receives is provided in primary care, however only 10% of our funding is spent on the services provided by GPs. It is critical that we shift resources from hospital care to primary care; and from treatment of patients when they are ill into disease prevention. To achieve this, we have to change our hospital services, reducing the reliance on bed based care and treating more patients on an outpatient and day care basis closer to their own homes. Unless we grasp this nettle now, we will see increasing numbers of GP practices closing which will cause even greater financial pressures for the system.

However if we take some difficult decisions and rebalance our care system, we will be able to prioritise higher standards of care for our growing and ageing population. The actions we take in the next two years as set out in this Operational Plan are critical to the sustainability of care in Oxfordshire over the next five to ten years.

David Smith
Chief Executive

1. Oxfordshire's Strategic Priorities

The Oxfordshire Clinical Commissioning Group (OCCG) Board has been asked to agree six priorities for 2017/18 – 2018/19:

The 'What'	1. Operational Delivery 2. Transforming Health and Care 3. Devolution and Integration
The 'How' (enabling)	4. Empowering patients 5. Engaging communities 6. System leadership

(subject to agreement at Board meeting on 29 November 2016)

Further detail of these priorities can be seen in draft supporting document 1.

This Operational Plan aims to show how, by delivering on our key priorities in 2017/18 – 2018/19, we intend to reduce the health, quality and finance gaps; and respond to the nine national 'must do's'.

2. Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability & Transformation Plan (STP)

2.1 BOB: A High Performing System

Across our STP we have a proven track record of implementing innovation and excellence in clinical practice to deliver high quality patient care. This has led to us being a highly cost effective system, which we will build on as part of the BOB STP. This also provides assurance that we have the collective capability and capacity to deliver this ambitious plan to overcome our health, quality and financial gaps.

Further detail can be found in section 5 of the BOB STP (supporting document 2).

2.2 Key Challenges

- Health and Wellbeing
  Compared with many parts of the NHS, we have a healthy population and life expectancy is better than the England average, but we also have significant challenges:
  - Areas of deprivation with some people suffering poorer health outcomes than those in more affluent areas.
  - Two thirds of our adult population are either overweight or obese and in all our local government areas across BOB has doubled in recent years.
  - The number of people over the age of 85. 2.2% of our population is over 85 and this is set to increase by 22% by 2020 to approximately 49,000 people.

- Our overall population is increasing by 3% by 2020, with additional growth from significant new housing development.

Further detail can be found in section 4.2 of the BOB STP (supporting document 2).

- Care and Quality
  We have significant workforce challenges, due to the high cost of living and housing prices in our area. We also have a high staff turnover rate of 14% due to an ageing workforce and the accessibility of London which pays premium salaries. Across many professions there are high levels of vacancies, meaning that posts have to be covered by agency staff, which adds to our financial bill and in a number of disciplines there is a national shortage of staff which further affects our ability to recruit.

  Further detail can be found in section 6.2 of the BOB STP (supporting document 2).

- Funding and Efficiency
  Resources provided by the Government to commissioners for purchasing health services total £2.55bn in 2016/17 and will increase to £2.87bn by 2020/21 (including Primary Care and Specialist Services), a composite increase of 12%. This increase is to pay for the increase in our costs as a result of population growth, inflation and technological advances, together with funding for elements of new national initiatives, such as implementing 7 day working across the NHS, implementing the GP and Mental Health 5 year Forward view objectives locally, some funding for these initiatives has been retained centrally.

  Our expenditure is however growing at a faster rate than the increase in our funding and there is a growing financial gap, driven to a great extent by increased demand and complexity. We have calculated that if we do nothing, by 2020/21 we would have a financial gap of £479m. The proposals we are developing demonstrate how we can meet this figure through a combination of efficiency savings; delivering services in different and more cost effective ways (productivity); and tackling areas of current service provision which deliver poor value for patients and taxpayers.

  Further detail can be found in section 6.1 of the BOB STP (supporting document 2).

2.3 Our Vision and Ambition

Our vision is to improve health outcomes and add value by working together and in doing so close the health and wellbeing, care and quality and financial gaps.

By this, we mean:

- providing the best quality care for patients as close to their homes as possible
- healthcare professionals working with patients and carers to ensure quick access to diagnostic tests and expert advice so that the right decision about treatment and care is made
- ensuring, as modern healthcare develops, our local hospitals keep pace by using innovation to provide high quality services to meet the changing needs of our patients
- preventing people being unnecessarily admitted to acute hospital or using A&E services because we can't offer a better alternative
- caring for people in their own homes where possible

- spending funding wisely to ensure the provision of consistently high quality care that supports improved health outcomes

Further detail can be found in sections 7 and 8 of the BOB STP (supporting document 2).

2.4 Intended Benefits for Local Communities

Implementing our proposals will have major benefits for patients and drive efficiencies as health outcomes are improved by improving population health, access to services and in care and quality.

Further detail can be found in section 11 of the BOB STP (supporting document 2).

2.5 BOB STP wide programmes

For each of these proposed programmes where working at the STP scale adds value, we have developed Project Charters, with clear leadership, milestones and descriptions of benefits.

1. Prevention
2. Urgent Care
3. Acute Services including
    a. Clinical Variation
    b. Maternity
    c. Paediatric admissions
    d. Pathology
    e. Procurement
    f. Specialist paediatrics
4. Mental Health
5. Specialised Commissioning
6. Workforce including
    a. Support workforce
    b. Leadership and OD
    c. Value Improvement
7. Digital Interoperability
8. Primary Care at Scale

The Project Charters can be found at Appendix C of the BOB STP (supporting document 2).

2.6 Local Population Working

The great majority of work being undertaken is being taken forward through strong local partnership working within our three local populations. This work is summarised in section 15.1 and in the Project Charters (Appendix C) in the BOB STP (supporting document 2), with more detail provided in section 3 of this Operational Plan.

2.7 Summary of STP wide and local programmes and how they address our gaps

The high level summary, shown in section 9.1 of the BOB STP (supporting document 2), demonstrates how BOB STP wide programmes and the transformational plans in each of the three local systems contribute towards reducing our health and wellbeing, care and quality and financial gaps. It can be seen how we are working at scale where this adds value, while working with local partners for the majority of initiatives as this is the optimum way in which to get changes at the granular level that are required to realise the full benefits. More detailed information describing the full extent of local working is provided in section 3 of this Operational Plan.

2.8 Governance

System wide governance arrangements (figure 1) have been developed to maintain a strong grip on delivery to ensure benefits are realised.

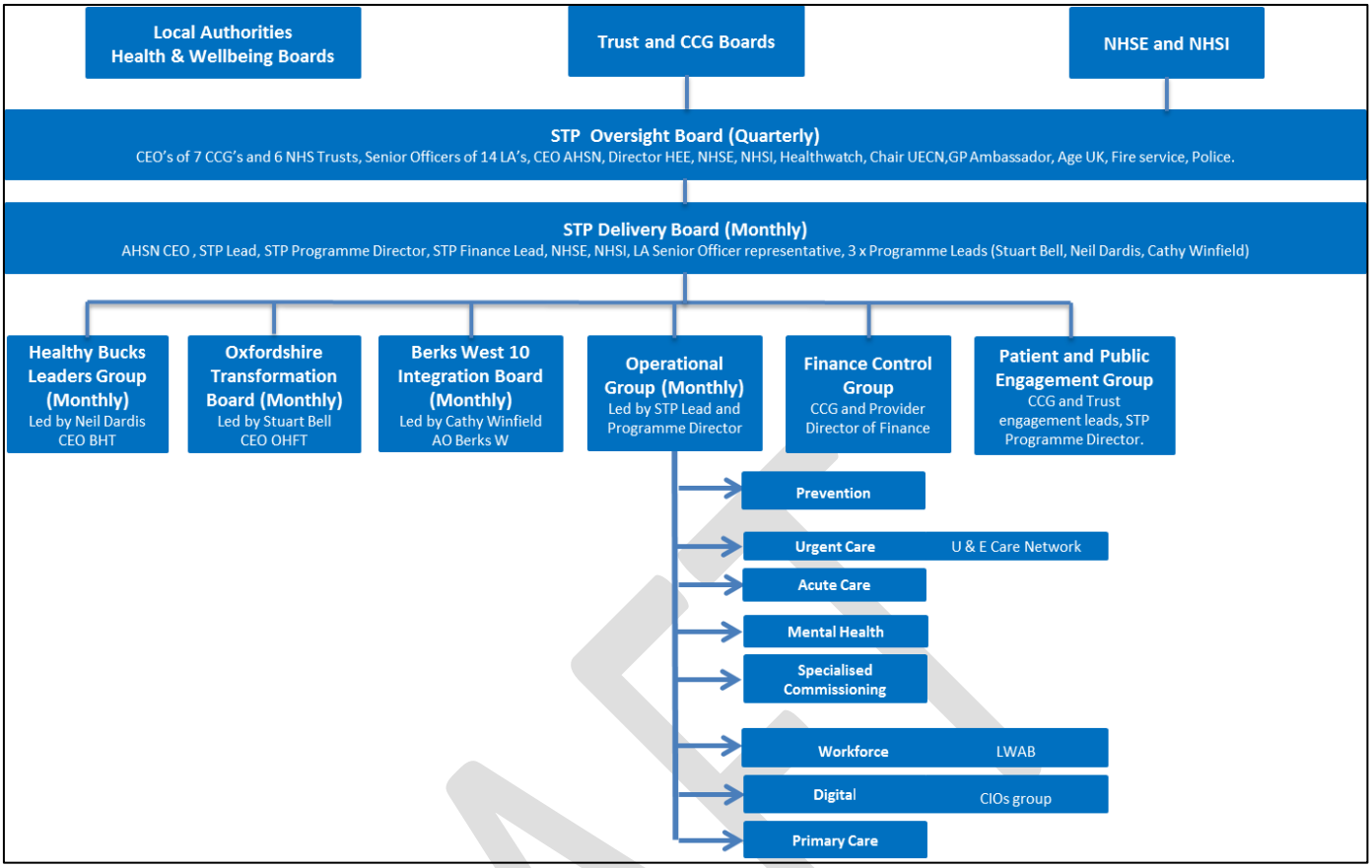

Figure 1: STP Structure

2.9 Financial Plan

This section should be read together with Section 6.1 of the BOB STP (supporting document 2) and the STP Finance and Efficiency Template (supporting document 3).

Although significant progress has been made since June and September 2016 in developing the STP there is recognition that there is still work to be done in ensuring the plan is sufficiently developed and deliverable. The Sustainability and Transformation Funds (STF) supporting providers totalling £41m have been included in the 'Do Something' template for 2017/18 and 2018/19, while nothing has been assumed in 2019/20 and the entire £106m allocation included in 2020/21. Our plan at the end of year 5 (2020/21) shows a surplus position of £11m.

BOB STP SUMMARY YEAR 5						
			£m	£m	£m	
Do Nothing Position					-479	
Do Something solutions					384	
Deficit					-95	
SFT Funding					106	
Year 5 Position - surplus					**11**	
Do Something						
BAU CIPs	2.0%		213			Solution 1
BAU QIPP	0.7%		63			Solution 2
		72%		276		
BOB Schemes						
Prevention			3			Solution 3
Urgent Care			2			Solution 4
Acute			7			Solution 5
Mental Health			4			Solution 6
Workforce			34			Solution 7
Specialist			60			Solution 8
Digital			-27			Solution 9
		22%		83		
Local Schemes						
Oxford			8			Solution 10
Berkshire West			5			Solution 11
Bucks			12			Solution 12
		7%		25		
Total					384	

Table 1: Year 5 Summary Position (from BOB STP templates)

3. The Oxfordshire Local Health Economy

3.1 Contracting and Performance

To be completed for final Plan submission on 23 December

3.2 The Oxfordshire Transformation Programme

The Oxfordshire Transformation Programme (*'the Transformation Programme'*) is taking a collaborative 'whole system' approach which recognises the interdependencies between primary, community and acute care.

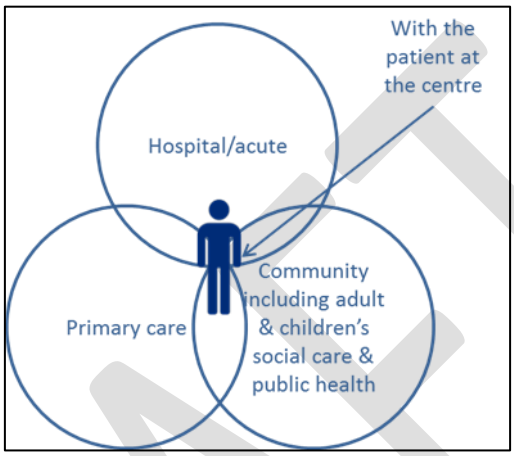

Figure 2: Whole system scope of the Transformation Programme

3.2.1 Case for Change

The population of Oxfordshire currently enjoys good overall health but access and outcomes are not consistent across the county. The health needs of the population are also changing, driven by increasing chronic disease and ageing as well as births from the growing populations of Bicester and Didcot. This is exacerbated by workforce shortages and the financial challenges facing all public sector organisations.

The report of the Health Inequalities Commission has recently been published and will be used to set our priorities for addressing the inequalities that exist across Oxfordshire. Copies of the main report and headline report are included as supporting documents 4 and 5.

The overarching case for change in Oxfordshire has seven elements and is summarised below.

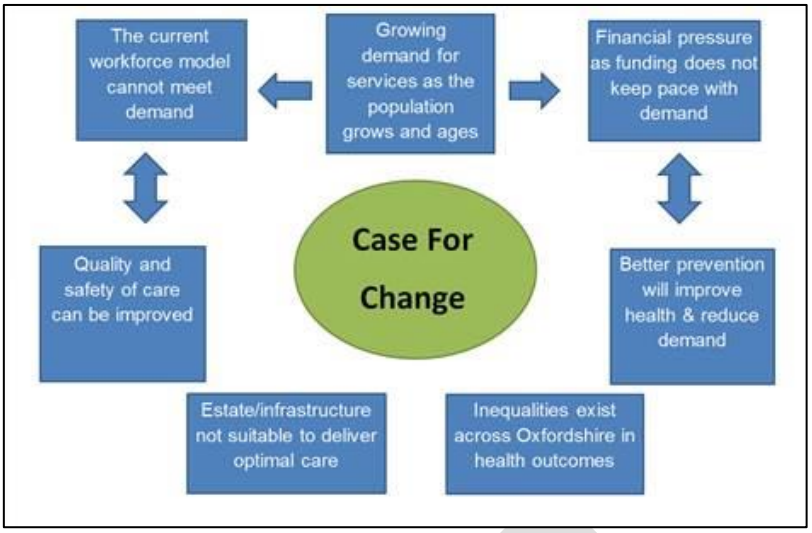

Figure 3: Overarching Case for Change for the Transformation Programme

The Oxfordshire system has a shared ambition and commitment to deliver transformational change to:

- prioritise prevention
- improve patient outcomes
- manage demographic growth pressures
- manage operational pressures within the system and;
- operate within our financial envelope.

Further detail on the case for change can be found in draft supporting document 6.

3.2.2 Our Approach

With regard to the areas of Transformation Programme which require consultation, we are taking a phased approach to change. This is outlined in table 2.

<table>
<tr><th colspan="2">Phase 1</th></tr>
<tr><td colspan="2">Acute:
Those areas where there are the most pressing concerns about workforce, patient safety and healthcare or where the proposed changes have been piloted, including:
• critical care facilities;
• stroke care;
• changes to bed numbers in order to move to an ambulatory model of care; and
• maternity services, including principles for configuration of midwife led units and specifically configuration of midwife led units in the north of the county (including Chipping Norton)
Also changes to the delivery of Planned Care services at the Horton General Hospital (including elective care, diagnostics and outpatients).</td></tr>
<tr><th colspan="2">Phase 2</th></tr>
<tr><td>Acute:
• The provision of Emergency Departments in Oxfordshire;
• Children’s Services including the current processes for assessment and the provision of in-patient paediatric beds.</td><td>Community Hospitals:
Will include all current services to be provided in community hospitals, including the future configuration of midwife led units in the south of the county.</td></tr>
</table>

Table 2: Phasing of Transformation Programme

Further information on the scope and phasing is included in draft supporting document 6.

Consultation on phase one will take place between January and March 2017. This will be followed by consultation on phase 2 after the County Council elections in May 2017.

3.2.3 New Service Delivery Models

The new service delivery models which form the Transformation Programme are outlined below. Where appropriate for 2017/18 – 2018/19, their impact has been modelled in the Operational Plan activity planning template which is being submitted alongside this Operational Plan.

3.2.3.1 Primary Care

The new service model for Primary Care will be outlined in detail in the GP Forward View Plan (GPFV) which will accompany the final Operational Plan submission in December (supporting document 7). The new service model will transform primary care from a predominantly reactive health system, which responds to people when they become ill, to significantly build on and increase proactive support for people to improve their health and remain well. This change will be essential for the sustainability of primary care and the wider health service.

The population based approach is outlined in the diagram below:

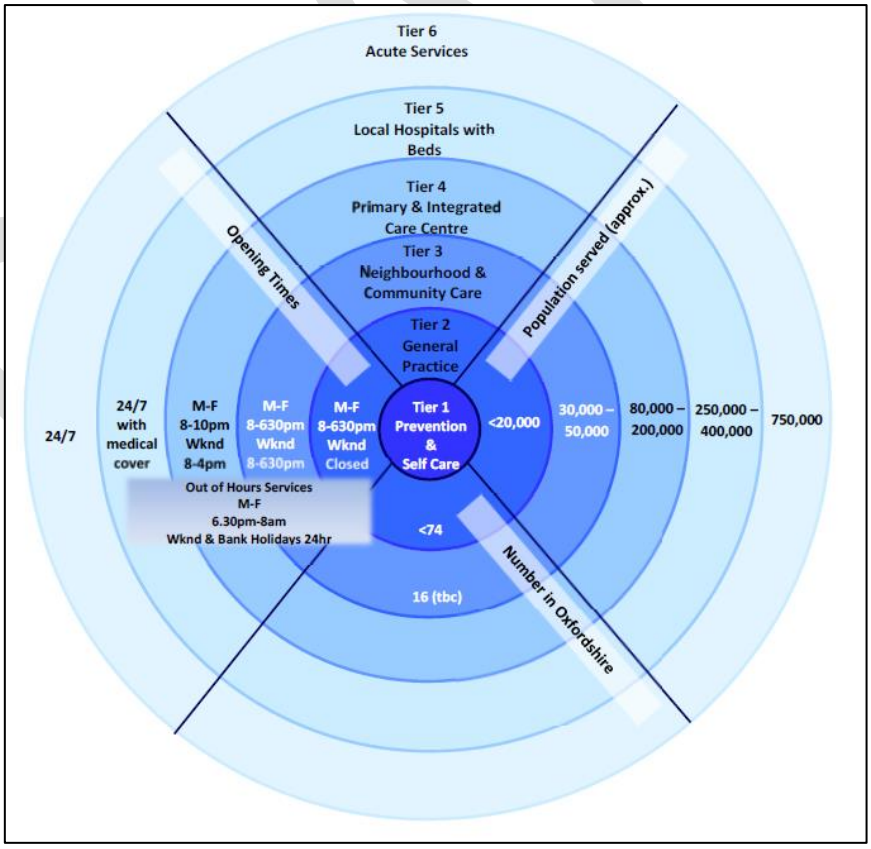

Figure 4: Population Based Approach

Further detail can be found in draft supporting documents 6 and 7 *(to be provided for Dec submission).*

3.2.3.2 Urgent and Emergency Care, including stroke care and critical care

Proposals for Emergency Care will be developed for phase 2 of the Transformation Programme. In phase 1 it is proposed that the current Critical Care Centre at the Horton General would be changed from a Level 3 (support of at least two organ systems) to a Level 2 Centre (more detailed observation or support of a single failing organ system only – other than advanced respiratory support).

As part of phase 1, our intention is to reduce the number of Delayed Transfers of Care (DToC) in Oxfordshire. Linked to this, we are proposing to make permanent the current realignment of 194 acute beds (a reduction of 76 beds in phase one and then 118 beds in phase two of changes), subject to public consultation. This would formalise the temporary changes made as part of the 'Rebalancing the System' delayed transfer project that has been running since November 2015. This project has enabled patients who no longer need acute medical care to move from a hospital setting into a nursing home and the project has allowed patient needs to be met more appropriately while they wait either to be transferred home with community-based support or to a permanent care home placement.

Also as part of phase 1 of the Transformation Programme, we will be making changes to the stroke service within Oxfordshire with the aim of ensuring that all stroke patients receive the best quality care and support through the stroke pathway. The proposal looks to ensure all elements of the pathway are compliant with the latest NICE guidance and the most effective treatments and procedures are used to improve outcomes. We aim to reconfigure services with a view to increasing the capacity of the Hyper Acute Stroke Unit at the John Radcliffe and ceasing acute stroke care on the Horton General Hospital site.

We also believe that the best place to receive your rehabilitation following a stroke is in your own home and your own bed. We currently have a service that supports early discharge for eligible patients for part of the county and want to expand this service to cover the whole of Oxfordshire for eligible patients.

Further detail on the future service delivery model for urgent and emergency care, including the stroke service, can be found in draft supporting document 6.

3.2.3.3 Planned Care (elective care, diagnostics and outpatients)

The key aspects of the new service model for Planned Care in the north of the county, which will be consulted on as phase 1 of the Transformation Programme, are:

- Availability of local diagnostics including a full diagnostic suite to deliver high quality diagnostics and diagnostic procedures with reduced travel for routine diagnostic imaging
- Refining triage of outpatient referrals, re-directing care from acute provider to care closer to home as appropriate.
- Moving to an integrated partnership model of care with shared ownership of outcomes to deliver a population-based approach to diabetes. This will enable improved care planning to help patients manage their own conditions. This model will be implemented and assessed with potential roll out for all long term conditions.
- Outpatients delivered closer to home as well as an expanded facility at the Horton General Hospital. The model will be to provide 'one stop clinics' (diagnostics and outpatient appointment together) where possible.

- An advanced Pre-operative Assessment Unit, to enable smooth running of elective interventional services
- A co-ordinated theatre complex to improve surgical throughput
- Increasing the availability of direct access diagnostics across the localities with the 2 week wait cancer pathway incorporated where possible.

Consideration of Planned Care in the south of the county will be considered in phase 2 of the programme and will integrate with proposals for Community Hospitals.

Further detail can be found in draft supporting document 6.

3.2.3.4 Maternity Services

The vision for maternity services in Oxfordshire is for the right woman to get into the right part of the maternity service and to be cared for by the right professional. The aim of the new service model is for every woman to experience personalised care from early medical risk assessment through to birth and beyond. It encompasses real choice and continuity of care throughout the pregnancy, birth and postnatal period.

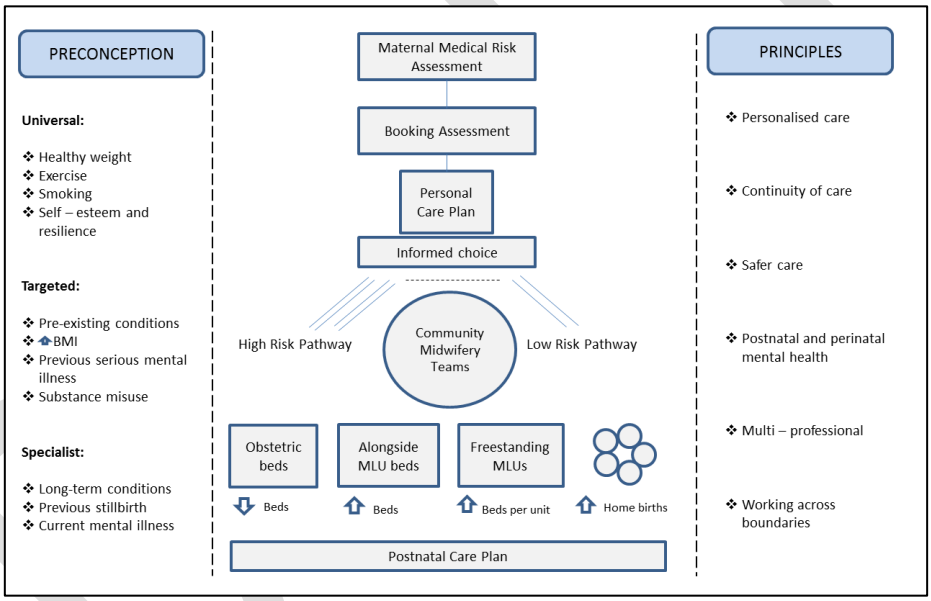

Figure 5: Proposed Maternity Service Delivery Model

Proposed changes to the delivery of maternity services will be part of the phase 1 consultation.

Further detail can be found in draft supporting document 6.

3.2.3.5 Children's Services

The vision is for Oxfordshire to be the best place in England for children and young people to grow up in. We will work with every child and young person to give them the best start in life and to develop the skills, confidence and opportunities they need to achieve their full potential.

The new model of care to deliver this vision will be consulted on in phase 2 of the Transformation Programme and features may include; a core offer for all children and young

people; early help and speedy access; published pathways and waiting times; revised offer in primary care to enable more children to be treated in neighbourhood settings; integrated teams with easier access to community diagnostics; equitable access to paediatric assessment units with ambulatory support 7 days a week; specialist outreach clinics with paediatricians; and integrated teams for children with disabilities and/or socially complex children.

A redesigned CAMHS service is outlined in the following section.

Transformation plans for Children's Services will be developed in phase 2 of the Transformation Programme.

3.2.3.6 Mental Health, Learning Disabilities and Autism

The plan for mental health, learning disability and/or Autism is an all age plan that will address national priorities and respond to local issues that have been identified through the Transformation Programme. The plan will be delivered partly by new initiatives and partly by the continued implementation of existing initiatives.

Children and Adolescent Mental Health

The CAMHS Transformation Plan (supporting document 8) is being taken forward through the procurement of a redesigned children and adolescent mental health service. OCCG is evaluating a bid to deliver these new services using a most capable provider process. The new services will commence April 2017 and will deliver information, advice and consultation, assessment and treatment mental health and learning disability services for age 0-18 (and for those children and young people in transition to adults, up to age 25).

The contract for children and adolescent mental health and learning disability services will be incentivised to deliver

- Improved access
- Achievement of individualised outcomes
- Reduced in-patient use
- Increased school attendance and reduction in children who are 'not in Education, Employment or Training' (NEET)
- A greater focus on recovery planning, wellbeing and resilience
- Self-harm reduction
- An extra 700 more young people receiving treatment by 2020 over the 2014/15 national baseline (this is our 1% share of the national trajectory, as set out in *'Implementing the Five Year Forward View for Mental Health*)

The most capable provider process is evaluating the provider's ability to deliver

- evidence-based treatment including availability of IAPT
- Access to eating disorder services for 95% of children in 4 weeks or 1 week for urgent cases
- 24/7 access to urgent response care in the community
- Support for survivors of childhood abuse
- Support for children and young people as they transition to adult services

The Transformation Programme additionally identified a number of other areas that will be taken forward as part of that implementation:

- A review to be taken place during 2017/18 of the age boundary between children and adult services. If this indicates that it may be appropriate to re-format that transition, this will lead to contractual variations in 2018/19.
- The development of an integrated community perinatal mental health service. The model has been developed and OCCG will bid for funds in the second wave to roll out this service model in 2017/18.

Improving access and outcomes for people with learning disabilities and/or Autism

The Oxfordshire Transforming Care Plan (supporting document 9) sets out Oxfordshire's ambition to improve access to services, better quality more personalised services and improved clinical and life outcomes for people for people of all ages with learning disability and/or autistic spectrum conditions.

The implementation of the Plan will

- Integrate specialist learning disability health services into Oxfordshire's mental health and community services by a planned transfer to mainstream providers in 2017/18. The most capable provider assessment and design will be concluded by January 2017 and the new service will commence in 2017/18.
- Support the reasonable adjustments of primary care to increase the number of GP health checks to 75% from 2014/15 baseline of 41% during 2017/18.
- Through increased GP health checks, improved reasonable adjustments in contracts for community and acute services, and an integrated approach to NHS continuing healthcare from 2017/18, OCCG will improve health outcomes for people with learning disability and/or autistic spectrum disorders from 2018/19.
- Redesign service pathways during 2017/18 in relation to Autism across learning disability and mental health services to reduce the numbers of people inappropriately detained in secure mental health beds through access to community support and appropriate accommodation
- Reduce reliance on in-patient learning disability beds through
    - Step up model of intensive community-based support backed by community care and treatment reviews for those at risk of admission
    - Development of personal health budgets to support prevention for those at risk of admission
    - Alternative forms of housing and support for those at risk of admission or to support discharge

These measures will reduce the number of people in OCCG commissioned in-patient beds during 2017/18 and 2018/19. This will be built into the future contract from 2017/18.

Improving access to mental health services for adults

OCCG has undertaken a series of commissioning initiatives during 2015/16 that will deliver the access requirements of Five Year Forward View.

- The new Improving Access to Psychological Therapies (IAPT) service (TalkingSpacePlus) is contracted to increase access to 17% (10,320 people) and has subsequently been extended to 19% (11,534 people) as part of a successful bid for

pathway funding to expand the service to support people with long-term conditions. OCCG will deliver the Five Year Forward View expectation for 2017/19 in respect of access and waiting times from this contract

- The Outcomes Based Contract (OBC) is delivering the current expectations around access to Early Intervention in Psychosis services and will meet the 53% expectation by 2019.
- OCCG commissions Crisis Response and Home Treatment services as part of its OBC. These currently meet the national targets in terms of responsiveness to people in acute psychotic crisis.
- OCCG currently achieves the dementia diagnosis access target and commissions a memory assessment service that provides assessment within 6 weeks. In 2017/18 OCCG will further rationalise the pathway to improve access to dementia diagnosis and seek a 5% increase in 6 week wait performance.
- OCCG has redesigned acute and emergency liaison services and commissions:
    - 24/7 1 hour access to psychiatric assessment at the main acute site in Oxford and 1.5 hour access in Banbury.
    - Street Triage services working with the police 1800-0200 7 days a week
    - Mental Health triage services working in ambulance dispatch 1800-0400 7 days a week to help avoid inappropriate conveyance to emergency department

The Transformation Programme has identified the need to bring together these initiatives around urgent access to care for people of all ages with mental health presentations (including those without formal mental illness) and create a new integrated urgent mental health pathway during 2017/18. As this work impacts on the OBC the new service will be in introduced from October 2017. This new service will support the reduction in suicide rates through:

- A dedicated hub for people in mental and emotional distress
- Risk management and care planning approaches for people across the Oxfordshire system with identified needs
- Training and support for staff in all urgent care outward facing services, including primary care

This work will be developed within the scope of the Oxfordshire Mental Health Crisis Concordat and will be used to model the development of a bid for funding to support Core 24 services in the acute sector plus psychological medicine support into community and primary care.

<u>Improving outcomes from mental health services</u>

OCCG introduced a contract which places 20% of the value at risk contingent on delivery of outcomes in October 2015 for adults. For most measures 2015/16 has been a baselining year but improvements will be delivered from October 2016.

This approach has been extended to the new contract for IAPT, to the current procurement of children's services and is incorporated in the Transforming Care Plan for people with learning disability and/or Autism. For people with learning disability and/or Autism we anticipate that we will baseline measures in the period to September 2017 with improvements being delivered from October 2017.

The provider partnership is incentivised to minimise the use of out of area treatments and to develop housing solutions that improve patient outcomes in line and release resources back to the partnership through the use of less restrictive, less expensive options. OCCG will monitor the use of out of area placements with the provider during 2017/18.

A list of the outcomes commissioned by OCCG is included as supporting document 10.

Within the OBC the provider also holds the Individual Placement Service (IPS) that is integrated within the partnership. OCCG measures the impact of employment services through the number of people that are in work, whether assisted to retain or to gain jobs rather than the inputs necessary to deliver this outcome.

In the Transformation Programme OCCG identified a number of other key outcome initiatives

- The need to extend the outcomes delivered to adults with severe mental illness to older adults with functional mental illness. OCCG will review older adult services with partners with a plan to extend the upper age limit of the OBC from October 2017.
- The need to improve post diagnostic dementia care, particularly in relation to avoiding unnecessary admissions to hospital and in the management of people with significant behavioural challenges in the community rather than in secure units. This will be reviewed as part of the review of older adult mental health services and inform commissioning intentions to be developed in 2017/18
- The need to develop a response that supports people with emotional distress or behavioural challenges and medically unexplained symptoms in primary care settings. This will be redesigned out of existing services in 2017/18 with a key dependency being acute liaison services that work into and out of hospital (and which will be built into a bid under Core 24).

<u>Improving the quality of care for people with mental health needs, learning disability and/or Autism</u>

OCCG will seek to improve the quality of services provided in the following ways:

- Compliance with national dataset reporting is written into TalkingSpacePlus and the OBC and will be evaluated as part of the capable provider process for both children and adolescent and learning disability services
- Providers are required in their contracts to make more use of user feedback and co-produced models of care to support partnership approaches to service developments
- Commissioners will make more use of serious incident reports and learning from national programmes such as the Learning Disability Mortality Review. OCCG reviews serious incidents in contract Quality Review Meetings, but also will use case studies to explore potential improvements in care pathways (e.g. by the Mental Health Crisis Concordat).

Further detail on the Mental Health and Learning Disability Transformation plans can be found in draft supporting document 6.

3.2.4 Enabling Programmes

3.2.4.1 Workforce

To date the workforce analysis based on the Transformation Programme's financial modelling suggests that, assuming no changes in productivity, but assuming that everyone who is 'released' across the system (e.g. due to reductions in activity in acute settings) is redeployed elsewhere, an additional c.80 FTE will be needed. This is against the backdrop of a prevailing 7% gap to establishment. These calculations have been generated by the Workforce workstream of the Oxfordshire Transformation Programme.

Recruitment and Retention - We will be working with partners at BOB level on a strategy for recruiting, retaining and developing the workforce and establishing a joint workforce across organisations, as well as identifying new combined roles across sectors underpinned by integrated education and training. Also at BOB level we will be exploring the feasibility and opportunities for sharing a flexible workforce via a joint staff bank.

Working Practices and Culture - BOB workforce planning focuses on leadership and OD priorities which will enable 'systems' thinking, collaboration and behaviour change to support new ways of working, integration and innovation to deliver significant transformational change. Oxfordshire is a partner in the BOB Workforce Action Group and will identify best practice for system leadership behaviours.

We will also be working closely with Health Education England's Local Workforce Action Board (LAWB) on a workforce strategy to address the workforce implications of our transformation plans, including workforce type, numbers, skills and leadership development, both at a BOB and Oxfordshire level.

Further detail can be found in draft supporting document 6.

3.2.4.2 Estates

In order to deliver the Transformation Programme a number of changes are required to be made to the existing estate provision.

Further detail can be found in draft supporting document 6.

3.2.4.3 Digital Transformation – the Local Digital Road Map

The Local Digital Roadmap has been developed in partnership with local providers. We will digitally enable people to support their care, support staff in the adoption of new technologies, utilise data to support commissioning and work towards becoming a paper free NHS by 2020.

As a system we have driven the successful delivery of the Oxfordshire Care Summary (OCS) a shared electronic health record which currently combines real-time hospital and GP patient information on a single online platform, which is used by GPs (both in and out of hours) and Oxford University Hospitals Foundation Trust (OUHFT) hospital staff (especially emergency department teams and pharmacists). This will be built upon and developed to ensure effective patient access to their own record and access by all caregivers in Oxfordshire.

Working with the Academic Health Sciences Network (AHSN) plans will be developed for an eHealth Informatics Platform that will enable digital health, store data and ultimately enable real time analytics to improve the quality of clinical decision making. Whole system

analytics/intelligence is key to both understanding the current situation and to planning and testing new models of care delivery. We are committed to using technology to support more efficient working, encouraging and educating our workforce and citizens, thereby improving digital literacy, will increase utilisation and take up of services.

We have established the Oxon Informatics Delivery Group to take this work forward and the LDR roadmap/strategy which will be developed.

The OCS is our short/medium term tool but will need to be replaced over time. Therefore over the next two years we will:

- Continue to deliver enhancements to Oxfordshire Care Summary (OCS):-
    - Safeguarding information
    - Alerts and flags
    - Caseload management tools
    - Diabetes views
- Develop a business case for the procurement and replacement of the OCS infrastructure and tools for the digital platform i.e. Patient Portal
- In parallel to the above, improve the utilisation of both the SCR and OCS across trusts within the health community, and to implement tools to facilitate the timely access of up-to-date care plan information within SCAS and Out of Hours
- Continue to work towards become a paper free NHS through the use of national systems and increasing utilisation levels to achieve each of the Universal Capabilities
- Introduce 111 mobile directory of service, enabling all services to access the Directory of Services used by the 111 service and manage the demand across urgent care
- Provide whole system analytics to support the care of patients which is derived from patient records sharing / interoperability.
- Further upgrade the expansion and sharing of infrastructure including continued development of solutions to support mobile working
- Work with our providers to improve our measures on the new digital maturity index
- Support GP practices to offer patient facing digital services and e-consultations

For further detail see draft supporting documents 11 to 15.

3.3 Delivery of other programmes

In addition to the implementation of the Oxfordshire Transformation Programme, OCCG also has the following programmes for implementation in 2017/18 and 2018/19.

Further information can be found in the OCCG Commissioning, Contracting and Procurement Intentions for 2017/18 and 2018/19 (supporting document 16).

3.3.1 Cardiology

We will be working closely with the OUHFT and primary care to implement an integrated community service to see patients with cardiac issues that could be seen more appropriately in the community. A GP-Cardiologist, with training from a consultant cardiologist, will triage referrals from GPs and consultants in order to see and treat patients with symptoms such as arrhythmia and chest pain. This clinic will be supported by consultant cardiologists and a community cardiology diagnostic service. The first clinics are due to begin in April 2017, with scope to have clinics in each of the six localities for an equitable, county-wide service.

3.3.2 Medicines Optimisation

We will be engaging in a programme of work that will focus on continuing to improve the transfer of information about medicines across all care settings, in order to reduce incidents of avoidable harm to patients, improve patient safety and contribute to a reduction in avoidable medicines related admissions and readmissions. We will also be considering further opportunities to improve cost effectiveness in the prescribing of high cost drugs and the efficient use of resources.

3.3.3 Cancer

Suspected Cancer Pathway (SCAN) Pilot

The proposed MDC diagnostic pathway will replicate the Danish pathway for patients with non-specific symptoms and signs of cancer (NSSC-CPP) (Ingeman 2015, Vedsted 2015). It includes people registered with an OCCG General Practice who are over 40 years of age if they are suffering from "vague" or "non-specific" symptoms and clinical signs, which could represent cancer or serious disease, but do not already have a designated pathway for urgent investigation or referral. The pathway design focuses on ensuring the patient is seen by an appropriate clinician in the maximum timeframe of 14 days following initial diagnostic testing. The pilot is scheduled to go live within Q4 of 2016/17.

In addition to the above our programme of work in this area is as follows:

- On-going review of mandatory referral pro-formas from GPs to provider. This will help to ensure triage of patients straight to test to shorten the pathway. Phase 3 of this will be going out in December 2016.
- Explore rapid access clinics (as an alternative to 2 week wait appointments) for underperforming specialities where waits for routine appointments are long,
- Educational events for GPs and other primary care professionals. This is an on-going programme.
- Increasing Cervical screening uptake so that all Oxfordshire GPs are in-line with or better than the England average. For 25-49 year olds the England average is 71.2%, overall Oxfordshire are achieving this but some localities are only just reaching this or are below. For 50-64 year olds the England average is 78.4%, Oxfordshire's average is 79.2% but not all localities are achieving the England average currently.
- Improving services for survivorship patients (through the HOPE programme, which will be in place by March 2016) and on-going as providers carry out electronic holistic needs assessments and treatment summaries for each tumour site, which is shared with the patient's GP.
- To improve quality of data to enable on-going performance management, review and improve the measurement of patient quality of care and satisfaction as identified in the national cancer patient experience survey.

3.3.4 Musculoskeletal (MSK) Services

We will be implementing the recommendations of the whole service review of MSK to ensure that the most effective and efficient pathways are delivered in the most appropriate settings. The aim of the new service is to provide a fully integrated, patient centred, goal focused, locally based, de-medicalised model of care. It will offer: signposting, triage, referral, assessment, treatment and advice back to the referrer.
The new service should be in operation by Q2 of 2017/18.

The Service will achieve the following objectives:

- Implement a single standardised, transparent, coordinated, patient pathway for MSK in Oxfordshire, eliminating inefficiencies and inconsistencies. Designed together by patients and clinicians.
- Ensure care is provided by appropriate clinicians in the right place, first time.
- Improve quality of service delivery and ensure patient access and input to their treatment plan.
- Improve cost effectiveness of service delivery.

3.3.5 Diabetes

During 2017/18 and 2018/19 we will develop an outcome based contracting approach and introduce a GP dashboard around care processes which will facilitate accessible integrated care records leading to the identification of high risk patients. This will involve:

- Improved access to tailored management and self-management advice to empower patients for improved diabetes control
- Integration of dietetics, podiatry, psychology support and nurse support to support shared responsibility of patient care
- Set up virtual advice and clinics from consultants
- Develop pathways to refer patients into the National Diabetes Prevention Programme
- Develop the Year of Care approach within Oxfordshire

The pilot will start in the north east locality in December 2016 / January 2017, with roll out to the City locality from April 2017.

3.3.6 Neurology

We will be implementing a new community headache clinic service to reduce the footfall in the OUHFT neurology outpatient department for those patients with primary headache symptoms. A consultant neurologist will triage referrals to a GP with a special interest and will have an ongoing role in supporting the clinics. The first clinic is due to open in April 2017, with two others planned in other localities to provide an equitable service for projected patient numbers. These changes are subject to contract negotiations.

3.3.7 Bladder and Bowel

We are currently in the process of commissioning a Bladder and Bowel Service (BABS) for patients with continence problems (urinary and faecal incontinence) who are registered with a GP in Oxfordshire. The service will assess, diagnose and treat people with continence problems and provide ongoing support to people with long term incontinence so that they can lead as fulfilling, and independent lives as possible. It will also provide post-operative support to patients who have had continence surgery, including patients who require support with intermittent self-catheterisation and trial without catheter. The aim is that this new service will be available by the end of Q4 in 2016/17.

3.3.8 Ear Nose and Throat (ENT)

We will be looking to implement a new community ENT clinic service to reduce the footfall in the OUHFT ENT outpatient department. The business case is currently being developed for this service and will be completed in December 2016. We are aiming for implementation from April 2017.

3.3.9 End of Life (EoL)

We are looking to implement an Oxfordshire Palliative Advice Line (OPAL) in early 2017 providing the OCCG is successful in a bid for Macmillan funding, which will cover the first two years of the service. OPAL will function as a 24 hour helpline to coordinate EoL and palliative care services for all those identified as being in their last year of life (including those in care homes), their carers and health professionals. The helpline will be staffed by a nurse with EoL experience to give direct advice or direct the appropriate services to the person in need. It is expected the service will operate out of one or more of the existing hospices in Oxfordshire.

3.3.10 Pathology – Point of Care Testing

We are looking to pilot Point of Care testing in primary care in 2017 if evidence is supportive. This is currently being delivered in urgent care settings and the intention is to expand on this for simple tests that would benefit GPs in real time rather than going to Pathology.

3.4 Improving Quality in 2017/18 – 2018/19

We use our clinical assurance framework (supporting document 17) to monitor and improve the quality of commissioned services. The framework ensures information such as national and local performance indicators, clinical audits, serious incident investigations and a range of GP and patient feedback is analysed and that action is taken to address identified issues.

In seeking to establish quality, OCCG utilises ISO 9000 quality management methodology to monitor and improve the quality of services provided to the patients of Oxfordshire. This process is explained in figure 6. The Quality Committee, a subcommittee of the OCCG Board, reviews and acts on findings to improve the quality of services.

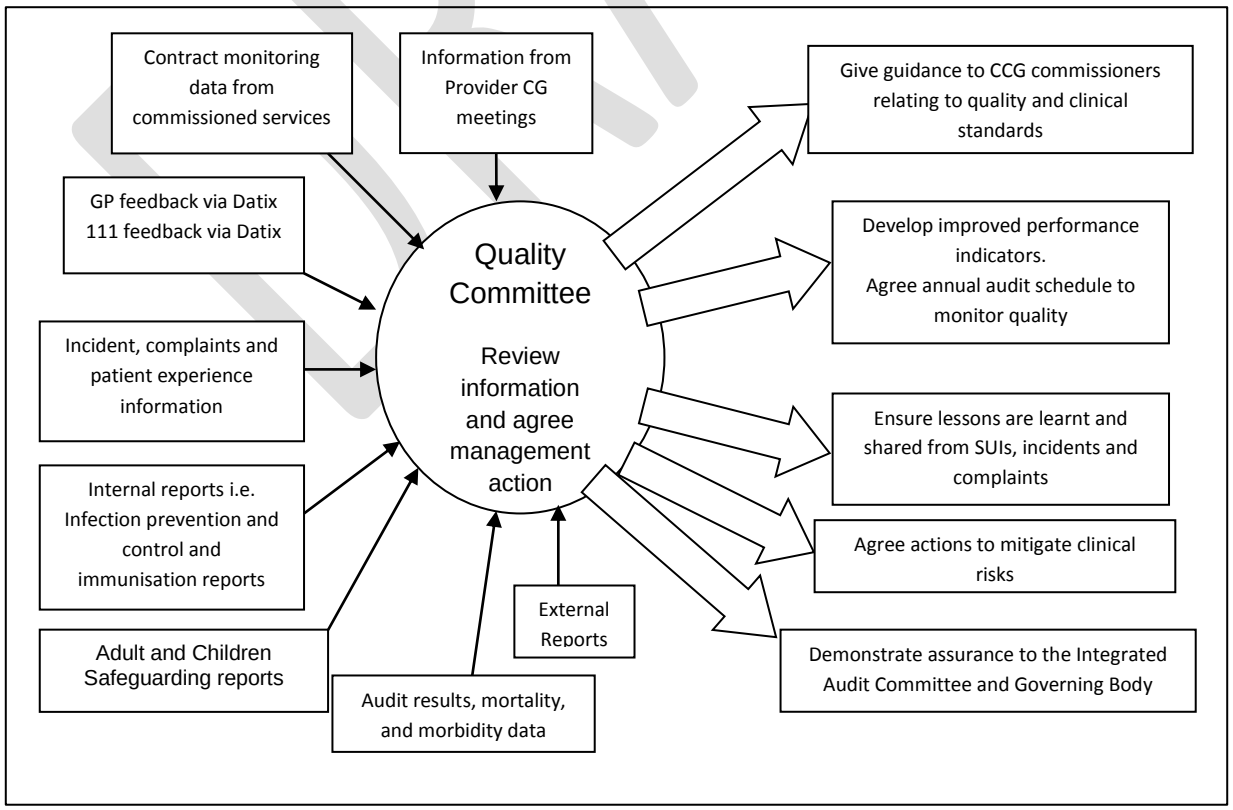

Figure 6: Quality Management Methodology

Triangulation of this information is vital for OCCG to monitor quality of services. All incidents, complaints, PALS comments and GP feedback is recorded in the Datix Risk Management system to allow swift analysis. The Safeguarding team is integrated within the Quality function to ensure good communication and the Medicines Optimisation team is represented by the Operations and Delivery Directorate on the Quality Committee.

3.4.1 Redesign of services

The OCCG Quality and Delivery teams work together closely to ensure all potential risks relating to patient safety, clinical effectiveness and patient experience are identified and mitigated prior to the commencement of any change. OCCG uses a Quality Impact Assessment tool approved by the Quality Committee. All significant clinical risks are reported to and scrutinised by the Quality Committee.

3.4.2 Improving Clinical Outcomes

Our plans for 2017/18 onwards for improving clinical outcomes following national and local audit findings include:

- Ensuring Providers comply with national and local Commissioning for Quality and Innovation (CQUINs)
- Ensuring OCCG meets Quality Premium targets
- Improving The Sentinel Stroke National Audit Programme (SSNAP) performance as part of the redesign of the stroke pathway, to reach A standard in all domains
- Continuing to work with the OUHFT and community partners to improve nutrition and hydration for patients
- Supporting the OUHFT to improve performance on the national diabetes inpatient audit
- Ensuring significant improvements in the OUHFT treatment of hip fractures, with 80% of patients being operated on with 24 hours and 98% within 36 hours
- Driving up the quality of rehabilitation and recovery in community hospitals, and improving clinical assessment of progress in recovery across all community services
- Improving the clarity of clinical responsibility, recording and follow up of physical health issues for those with mental health problems

3.4.3 Improving safety

Our plans to improve safety following Datix feedback, serious incidents and complaints include:

- Improving electronic endorsement of test results within 7 days at the OUHFT from 80 - 98%
- Improving the number of discharge summaries going to GPs within 24 hours from the OUHFT from 80 – 98%
- Improving the number of outpatient letters going to GPs within 14 days from the OUHFT from 80 – 98%
- Improving the management of cancer MDT meetings to ensure safe follow up of patients within the OUHFT
- Continuing to work with Providers to undertake mortality reviews in Mental Health and Learning Disabilities services
- Working with Acute and Community providers to eliminate avoidable pressure ulcers
- Improving the way our mental health services support carers of people with mental health

3.4.4 Improving infection prevention and control

Our plans to improve infection prevention and control include:

- Reducing the number of Healthcare associated infection (HCAI) including MRSA bacteraemias, C.difficile and Ecoli.
- Implementing the SEPSIS CQUIN in acute provider trust
- Developing and implementing a coherent approach to assessment and treatment of SEPSIS in primary and community care
- Commencing a comprehensive surgical site infection surveillance system within the OUHFT
- Promoting influenza vaccination throughout Oxfordshire and improving upon 2016/17 uptake figures by 5% in all groups
- Promoting prudent antimicrobial prescribing and minimise resistance

3.4.5 Regulatory inspection

Our plans to improve quality because of Regulatory inspection include:

- Ensuring all 72 GP practices within Oxfordshire are rated "Good" or above by April 2017
- Ensuring all Acute, Community and AQP services are rated "Good" or above by April 2017

3.4.6 Safeguarding

OCCG has comprehensive Safeguarding arrangements and fully complies with all statutory requirements, and has excellent relationships across the system.

3.5 Financial Plan

If we do nothing, the financial gap faced by the health system in Oxfordshire will be c£134m at the end of five years. This pressure is a result of the increasing cost and increasing demand for healthcare services in the county. Over the next four years OCCG will receive the minimum level of growth funding for CCGs and the predicted growth in demand, expressed as healthcare activity, is in excess of this each year. Modelling indicates that if we do not change our models of care and reconfigure services, non-elective admissions will rise by 10% and bed days by 15%, with more complex admissions and a longer length of stay.

The scale of efficiency improvements necessary to stay within our funding levels will not be met without a fundamental shift in both how care is delivered and also how care is paid for. Current contracting and payment mechanisms based on payments for activity (e.g. hospital admissions) create perverse incentives within the system; we need to move to mechanisms which focus providers on providing the right care for the individual in a fully integrated way.

In managing delivery of our financial control total we will work collaboratively with our main partners to take cost out of the system. We will challenge ourselves to improve productivity, efficiency and effectiveness through service redesign and service integration. We will not commission and pay for services or activity where they are identified to be of low value and low priority.

While the Oxfordshire Transformation Programme will help us to achieve financial sustainability in the medium term, in the short term we are pursuing a range of savings opportunities, including:

- Transactional savings through compliance with Clinical Commissioning (Lavender) statements, for identified Procedures of Limited Clinical Value, which will include new and revised statements to reflect the latest clinical evidence;
- Informed prescribing initiatives to promote clinically appropriate and efficient prescribing;

- A move towards the re-procurement of selected services to secure the best outcomes for the best value for money; and
- The use of the Right Care programme information to investigate and tackle unwarranted variation in outcomes, spend, and service activity.

Working with our clinicians and partners, we are pursuing a number of savings opportunities within the following areas:

- Prescribing for: mental health and dementia, endocrine and metabolic conditions including Diabetes, Cardiovascular Disease, Musculoskeletal (MSK) conditions, Chronic Pain, Respiratory conditions, Cancer and Tumours, and Neurological conditions.
- Pathway redesign and the tackling of unwarranted variation for: Endocrine and Metabolic conditions, MSK, Cardiovascular Disease (Cardiology), Neurology and Cancer and Tumours.

Areas of focus for future years are likely to include:

- Chronic pain services;
- Cerebrovascular non elective admissions; vascular); and
- Renal Disease

RightCare (clinical variation) also features in the BOB STP as a distinct workstream lead by the Academic Health Science Network (AHSN) on behalf of the Buckinghamshire, Oxfordshire and Berkshire West Health Economies.

A summary finance submission was made to NHSE on 1 November 2016 and can be seen in the table below.

NHS Oxfordshire CCG	**10Q**	Contents	
Financial Position			
Revenue Resource Limit			
£ 000	**2016/17**	**2017/18**	**2018/19**
Recurrent	834,410	850,465	867,019
Non-Recurrent	(3,145)	11,155	11,315
Total In-Year allocation	831,265	861,620	878,334
Income and Expenditure			
Acute	394,871	407,314	406,373
Mental Health	68,446	70,063	70,527
Community	71,391	75,586	80,261
Continuing Care	63,194	67,971	72,345
Primary Care	100,915	109,011	114,751
Other Programme	17,038	17,726	18,119
Primary Care Co-Commissioning	89,012	90,982	92,738
Total Programme Costs	**804,867**	**838,652**	**855,115**
Running Costs	14,624	14,609	14,595
Contingency	11,774	8,359	8,624

Total Costs	**831,265**		**861,620**	**878,334**
£ 000	**2016/17**		**2017/18**	**2018/19**
Underspend/(Deficit) In-Year Movement	0		0	0
In-Year (RAG)	GREEN		GREEN	GREEN
Net Risk/Headroom			-	-
Risk Adjusted Underspend/(Deficit)			0	0
Risk Adjusted Underspend/(Deficit) (RAG)			GREEN	GREEN
Underlying position - Underspend/ (Deficit)				
Underlying position - Underspend/ (Deficit) %	0.0%		0.0%	0.0%
Contingency	11,774		8,359	8,624
Contingency %	1.4%		1.0%	1.0%
Contingency (RAG)			GREEN	GREEN
Notified Running Cost Allocation	14,624		14,609	14,595
Running Cost	14,624		14,609	14,595
Under / (Overspend)	-		-	-
Running Costs (RAG)	GREEN		GREEN	GREEN
Population Size (000)	662.7		666.8	670.9
Spend per head (£)	22.07		21.91	21.75
Key Planning Assumptions				
			2017/18	**2018/19**
Notified Allocation Change (£'000)			14,597	14,771
Notified Allocation Change (%)			2.0%	1.9%
Tariff Change - Acute (%)			0.9%	0.9%
Tariff Change - Non Acute (%)			0.9%	0.9%
Demographic Growth (%)			0.8%	0.8%
Non Demographic Growth - Acute (%)			1.5%	1.5%
Non Demographic Growth - Cont.Care(%)			9.5%	6.1%
Non Demographic Growth - Prescribing (%)			7.6%	7.4%
Non Demographic Growth - Other Non Acute (%)			2.8%	3.6%
Mental Health Investment Standard			#DIV/0!	#DIV/0!
Net QIPP Savings				
£ 000	**2016/17**		**2017/18**	**2018/19**
Recurrent (inclusive of full year effect)	(5,430)		(20,073)	(14,626)
Non-Recurrent	(16,970)		-	-
Total	(22,400)		(20,073)	(14,626)
% of Notified Resource	-2.7%		-2.3%	-1.7%
Unidentified	(4,000)		-2268	-5906
% Unidentified	17.9%		11.3%	40.4%
Non Recurrent Requirement				
£ 000	**2016/17**		**2017/18**	**2018/19**
Value	8,198		8,359	8,524
Agreed plans in place	-		4,179	4,262
Difference	8,198		4,179	4,262

Does 50% of the 1% Non Recurrent Requirment remain uncommitted?			Yes	
BCF Minimum Pooled Fund	35,322		-	-
RAG	GREEN		-	-
BALANCE SHEET memorandum - Movement on historic underspend/(deficit)	**2016/17**		**2017/18**	**2018/19**
Brought forward underspend/(deficit)	8,916		12,929	11,787
Adjusted for in-year (drawdown)/draw-up	4,013		(1,142)	(1,142)
In-year	0		0	0
Balance carried forward	**12,929**		**11,787**	**10,645**
Underspend/(Deficit) %	1.7%		1.5%	1.4%
Underspend (RAG)	GREEN		GREEN	GREEN
Allowable drawdown within business rules	1,481		5,348	4,059
Validation				
Risk Adjusted Underspend/(Deficit) Cumlative			11,787	10,645
Risk Adjusted Underspend/(Deficit) %			1.5%	1.4%
Risk Adjusted Underspend/(Deficit) (RAG)			GREEN	GREEN

Table 3: Summary Plan Submission – 1 November 2016

The key points to note are as follows:

- Drawdown of £1.142m i.e. drawdown of cumulative surplus above 1% over 4 years.
- 0.5% of the 1% Non-recurrent requirement is uncommitted as per planning guidance (and therefore assumes 0.5% is required in order to achieve the control total).
- Growth and planning assumptions reflect STP as far as possible (some %'s are high and may be unaffordable).
- Plan assumes QIPP of £20m in 2017/18 and £15m in 2018/19.
- STP Solutions 1 - 12 reflected in QIPP as far as they relate to OCCG (some have been allocated to OCCG based on population). (Some additional stretch schemes required above STP Solutions - £2.2m in 2017/18 and £5.9m in 2018/19).

4. Delivery of the Nine 'Must dos'

Through the implementation of the programmes outlined above, Oxfordshire will be delivering the nine 'must dos' for 2017/18 and 2018/19. Draft appendix 1 outlines how the various programmes outlined above relate to the delivery of the nine 'must dos'.

5. Key Lines of Enquiry (KLOE)

The OCCG response to the Key Lines of Enquiry (KLOE) for the Operational Plan are set out in draft Appendix 2.