Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**OUH Collaboration within the BOB Integrated Care System**

Status:	**For Information**
History:	**This is a new paper**

Board Lead:	**Chief Executive Officer**
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Confidential:	**No**
Key Purpose:	**Performance, Strategy**

Executive Summary

1. This paper provides the Trust Board with a briefing on the collaborative work of OUH within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) at place, provider and system level.
2. As a partner within the ICS, the current focus of work relates to:
    - Place level (Oxfordshire): Urgent and Emergency Care (including a MoU with Oxford Health)
    - Provider level - Acute Provider Collaborative: Elective Care Board and Theatre Productivity – improving theatre utilisation and addressing the elective care backlog
    - System level: Finance, Procurement and Commercial
3. As the ICS continues to develop, the OUH will continue work collaboratively with partners to deliver joined up healthcare for our patients and populations.

Recommendations

4. The Trust Management Executive is asked to:
    - Note the content of this report and the continued collaboration of OUH within the ICS
    - Note that a further paper will be provided to Trust Board in September 2023 as a six monthly update.

Contents

OUH Collaboration within the BOB Integrated Care System

1. Purpose

1.1. This paper provides the Trust Board with a briefing on the collaborative work of OUH within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS).

2. Background[1]

2.1. The role of the ICS is to join up health and care services to make sure they work well and are of high quality. The ICS works in close partnership with partner organisations to achieve this.

2.2. The BOB ICS partners include 6 NHS Trusts (including OUH), 5 Local Authorities, 5 District Councils and the Oxford Academic Health and Science Network (AHSN) – see Appendix 1.

2.3. The ICS has four main aims:

- Improve outcomes in population health
- Tackle inequalities in health outcomes, experience and patient access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

2.4. Through collaboration, it is intended that the ICS will assist health and care organisations to tackle complex challenges, including:

- Improving the health of children and young people
- Supporting people to stay well and independent
- Acting sooner to help those with preventable conditions
- Supporting those with long-term conditions or mental health issues
- Caring for those with multiple needs as populations age
- Getting the best from collective resources so people get care as quickly as possible.

2.5. The BOB Integrated Care Board (ICB) was established as a new statutory body on 1 April 2022, replacing three clinical commissioning groups. The ICB is a statutory member of the BOB Integrated Care Partnership (ICP) which plans and provides health and care services.

[1] Information on the BOB ICS has been obtained from www.bucksoxonberksw.icb.nhs.uk

2.6. The BOB ICP is developing an overall strategy that builds on the current joint local health and wellbeing strategies. The strategy will set the direction for our health and care system and set out how health and care outcomes for our population can be improved through stronger partnership working between the NHS, local authorities and other providers.

2.7. Patients and the public will continue to access care and services in exactly the same way as before but these changes will increase the integration of health and care services, building on many great examples of partnership working and providing more joined up care.

3. OUH involvement in the BOB ICS

- The OUH, as the provider of acute secondary and tertiary health care in Oxfordshire, is a partner in the BOB ICS. The Trust's current main areas of collaboration within the ICS include:

Place level - Oxfordshire

- Urgent and Emergency Care (including the MoU with Oxford Health NHS Foundation Trust)

Provider level

- Acute Provider Collaborative: Elective Care Board
- Theatre Productivity

System level

- Finance, Procurement and Commercial

Place level- Urgent and Emergency Care (UEC)

3.1. The OUH Chief Nursing Officer (CNO) together with the Director of Adult Social care has performed a joint system urgent care leadership role. The CNO has chaired the Oxfordshire Integrated Leadership Board (OILB) receiving assurance from the system urgent care group, with an escalation route to the BOB UEC Board. OILB have worked collectively with colleagues across health and social care, along with third sector colleagues such as Age UK to both develop and deliver the system winter plan and key improvement workstreams.

3.2. Both internally and as a wider system team the OUH CNO and Chief Operating Officer (COO) are ensuring that urgent care improvement plans include the National UEC Recovery plan actions which cover

1) Increasing urgent and emergency care capacity
2) Increasing workforce size and flexibility

3) Improving discharge
4) Expanding care outside hospital
5) Making it easier to access care

The table below details the Oxfordshire system priorities for urgent care.

Key Improvement workstreams in progress:
Transfer of Care Hub (TOC)

3.3. National Policy Guidance form the Department for Health and Social Care states that integrated care systems should develop TOC Hubs. Since the autumn of 2022, the OUH has been working with partners across the BOB ICS in the development of a (TOC) hub. The Hub is a centre for decision making where a team of social care and health professionals sit together with co-ordinators in one office to triage referrals from the place bed base to the right place or person. This model means patients who may otherwise receive fragmented care, with multiple referrals and handovers, can be seamlessly supported with health and social care needs.

3.4. The aims of the TOC hub are both people and system focused.

3.5. For our people, the decisions made within the TOC Hub aim to:

- Improve patient journeys on leaving hospital.
- Result in more accurate assessments of ongoing care requirements
- Reduce the time spent away from home.

3.6. For the system, the TOC hub aims to:

- See a reduction in the average time patients spend away from home.

- See a reduction in the number of readmissions.
- Yield improvements in system-wide working practices creating opportunities to manage the backlog of care.

3.7. Within the OUH, engagement with the TOC Hub processes has been increased via extensive communication activities with staff. Progress to date has been extremely encouraging and the importance of working collaboratively to ensure the hub is a system-wide approach has been recognised. Work to further develop the hub will continue, using lessons learned and building on the foundations that have been put in place. Early success has demonstrated a rise in pathway 1 discharges from circa 35% to 70%. The number of medically optimised patients fit for discharge also reduced. The TOC hub is now taking referrals from all bed bases in OUH and Oxfordshire.

Acute Virtual Wards

3.8. The aim of developing Virtual Wards is to make it easier for people to access care without feeling it is necessary to go to A&E or call 999. Two types of Virtual Wards are being developed within Oxfordshire:

- Acute virtual wards – suitable for a relatively small number of patients who would otherwise be admitted to hospital, with close links between acute medical and community teams.
- Anticipatory Community virtual wards - hosted in primary care to provide patients not requiring immediate admission to hospital with clinical monitoring and interventions safely and effectively in their own home (including care homes).

3.9. The new service will operate a 24-hour acute virtual ward model for patients who are:

- Acutely unwell, where there is a risk to life without intervention.
- Requiring treatment or care interventions to achieve hospital admission avoidance.
- Able to receive the interventions and monitoring they need safely and effectively in their own home (including care homes)

3.10. Acute virtual wards (AVWs) will be established in the North, Central and South areas of the county and will operate flexibly to enable management of peaks in demand across the county. The care provided to patients in each AVW will be overseen by a suitably qualified and experienced senior doctor working within an experienced multi-disciplinary team (MDT). This MDT will be organised into a hospital-at-Home team and its corresponding Ambulatory Assessment Unit team, both operating under single clinical

and operational leadership. Patients under the care of the AVW will receive their care interventions in their own home or in the Ambulatory Assessment Units.

3.11. A trajectory for the development of AVWs has been identified. Whilst this is dependent on funding, the aim is to increase the number of AVW place-bed to a minimum of 180 and a maximum of 240 over the next 12 months.

Provider level: Acute Provider Collaborative – Elective Care Board

3.12. Trusts providing acute health services are required to be part of one or more provider collaboratives as part of new ways of working across health and care in England.

3.13. The BOB Acute Provider Collaborative (APC) is being developed as a mechanism to enable delegation of funding and delivery of ICS-wide programmes. The APC has continued to make progress in delivering the elective recovery programme across the BOB ICS. Collectively, it is on track to meet the expectation for the end of March 2023 of having no patients waiting >78 weeks on Referral to Treatment (RTT) pathways. Progress has also been made towards the nationally set access standard for next year (2023-24) of eliminating waits of >65 weeks. This has been achieved through a combination of focused effort by each Trust and complemented by ICS-wide task and finish groups for specialties with the greatest delivery challenge.

3.14. The OUH contributes to all of the workstreams within the Elective recovery programme. The Chief Operating Officer is chair of the BOB ENT task & finish group; the Director of Clinical Services is chair of the BOB Urology task & finish group; the Clinical Director for NOTSSCaN Theatres is the BOB Clinical Director for Theatres; and the Clinical Director for Trauma & Orthopaedics is a member of the BOB Orthopaedic task & finish group.

3.15. This work programme will continue through 2023-24 as a core part of the APC's portfolio, with final expectations being agreed through the planning round currently in progress. Other priorities for the APC will be to develop and agree governance and accountability arrangements in the next few months, oversee the work to explore the potential for EPR convergence across the acute providers within the BOB ICS, and support delivery of efficiency work across the ICS where aspects of this work are particularly relevant to acute providers.

Provider Level - Theatre Productivity

3.16. The BOB ICS Theatres Steering Group (TSG) was established to improve theatre utilisation, productivity and efficiency as part of the system elective recovery, with the aim of meeting national Getting It Right First Time (GIRFT) standards such as >85% utilisation of theatres across the ICB. It

was established with strong clinical leadership with clear lines of accountability with reporting to the BOB Elective Care Board. A key feature is a system wide performance dashboard that is accessible to and owned by the ICS and Trusts, which underpins speciality focused improvement through the Task-and-Finish Groups (TAFGs).

3.17. Oversight of the TSG is with an Executive SRO (OUH Chief Executive) and system theatre Clinical Director (CD) plus identification of the local clinical leadership and theatres infrastructure in each Trust. The CD leads speciality deep dives, working with Trust specialty clinical leads, to identify improvement opportunities and develop implementation plans for change. Recommendations are specific for Trust and specialty (e.g., improving scheduling in one specialty in one Trust; improving case turnaround in another Trust).

3.18. The approach is data-driven, using a Theatres analytical platform that ensures data is high quality and more granular than central data (e.g. Model Hospital) can provide. Early results have been focussed recommendations for the Urology and Trauma-Orthopaedics TAFGs. A focussed activity ‘surge’ in Urology at Reading doubled cases completed over 2 weeks; and at OUH, the Nuffield Orthopaedic Centre (NOC) increased its activity by 20%, with utilisation rates at >90%. The NOC results have served as a national case study presentation.

System level - Finance

3.19. The OUH has participated fully in shared planning and reporting processes ensuring the Trust and ICB are aligned. Formal processes include the weekly Chief Finance Officers meeting and weekly deputy Chief Finance Officers meeting.

3.20. The OUH has played a leading role in problem solving including designing the solution to the 2021/22 capital budget and contributing most of the funds to resolve the issue and making the biggest contribution to the financial recovery programme.

System level - Procurement

3.21. The OUH hosts the newly formed collaborative efforts on procurement. This has already delivered projects to harmonise some clinical supplies and make savings for OUH and other providers in BOB (e.g. via the collaborative purchasing of trauma nails). The ICB has asked OUH to explore the potential to lead a wider-ranging procurement collaboration and this is under consideration at present.

System level - Commercial

3.22. The OUH participates in the ICS commercial leads meetings. These discussions are at an early stage and have not yielded any material outcomes.

4. Moving forward

4.1. As the BOB Integrated Care Board (ICB) was only established as a new statutory body on 1 April 2022, it can be considered to still be in the 'forming' stage of development. Recruitment to substantive Executive roles is currently taking place and governance structures are being established. A review being undertaken by the Rt Hon Patricia Hewitt will consider how the oversight and governance of ICSs can best enable them to succeed, balancing greater autonomy and robust accountability. When the outcomes of this review are reported, the impact of any recommendations will determine the way forward for the BOB ICS and the continued collaborative role for OUH.

4.2. OUH has plans to extend the work on reducing Health Inequalities in Oxfordshire in conjunction with the Director of Public Health.

5. Conclusion

5.1. The OUH has engaged as a partner within the BOB ICS and recognises that whilst there are further changes on the horizon, continued partnership working and engagement at all levels (place, provider and system), will be essential to the delivery of high quality, joined up healthcare for our patients and populations.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the content of this report and the continued collaboration of OUH within the ICS
- Note that a further paper will be provided to Trust Board in September 2023 as a six monthly update.

Appendix 1: BOB ICS Partners

6 NHS Trusts: providing hospital care, including community care, mental health and ambulance services

- Oxford University Hospitals NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- The Royal Berkshire Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Service NHS Foundation Trust

5 Local Authorities: with social care responsibility, across adult and children's social services

- Oxfordshire County Council
- Buckinghamshire County Council
- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

5 District Councils

- Oxford City Council
- West Oxfordshire District Council
- Cherwell District Council
- Vale of White Horse District Council
- South Oxfordshire District Council

Oxford Academic Health and Science Network