Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

BOARD MEETING

Title	Acute Provider Collaborative Update on Progress and Forward Look to 2025/6		
Paper Date:	05 September 2024	**Board Meeting Date:**	17 September 2024
Purpose:	Update	**Agenda Item:**	09
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Executive Summary

This paper provides the Board with an update on the progress of the Acute Provider Collaborative (APC) in 2024/25.

Notably, the Elective Care Board has made progress on mutual aid between all three providers to support a reduction in long waits and there are three business cases in development for improvements to Clinical Services. The Corporate Services programme has identified its priorities for development and we have launched a new programme to support system recovery and financial turnaround ("Programme Four").

Programme Four is led by Jon Evans, Chef Finance Officer (CFO), Buckinghamshire Healthcare Trust, (BHT), on behalf of the acute provider CFOs and is setting up shared oversight and scrutiny of financial performance by the APC Board. Throughout the remainder of this year and into next, this programme will support the planning process by taking an 'open book' approach and using peer review and challenge to deliver improvement.

From 2025/6 onwards, the APC will continue to build on the structures and processes it has in place to create a new collaborative culture and deliver single leadership on behalf of the three acute providers. This will include plans to recover elective performance over the next five years (to March 2029), identifying opportunities for strategic service consolidation in partnership with the Integrated Care Board (ICB) and region, and driving efficiencies that will support long-term sustainability.

Action Required

The board are asked to:

- Note the update from the Acute Provider Collaborative (APC)

Conflicts of Interest:	No conflict identified
Date/Name of Committee/ Meeting, Where Last Reviewed:	N/A

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Acute Provider Collaborative Update

1. Context

1.1. In 2021, NHS England set out a formal requirement for all trusts providing mental health and acute services to be a part of at least one 'provider collaborative' by April 2022. There is no legal definition of a provider collaborative, allowing local areas to identify the functions and governance arrangements that will best meet the needs of their population.

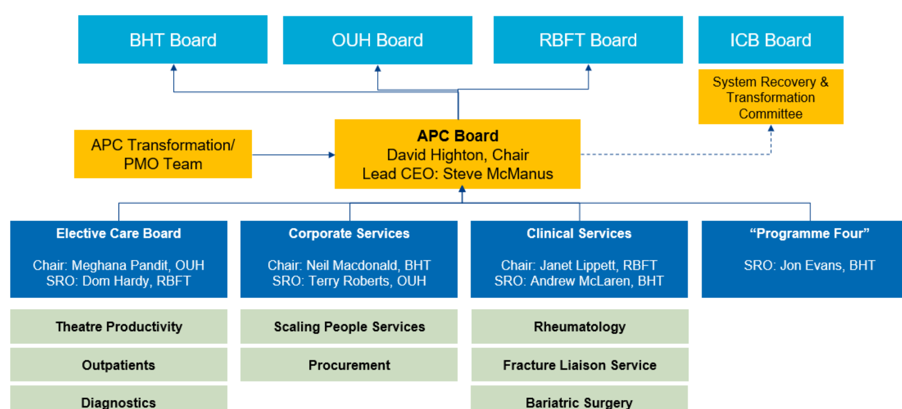
1.2. Whatever form they take, providers should work together to: i) reduce variation and inequality in outcomes, access and experience; ii) improve resilience; and iii) deliver specialisation and consolidation where it will improve outcomes and value.

1.3. Over time, collaboratives should play a greater role in assessing population needs, service design, and commissioning, with provider collaboratives given responsibility for the delivery of system priorities.[1]

2. Current position of the BOB Acute Provider Collaborative

2.1. The BOB acute provider collaborative is governed by the Acute Provider Collaborative (APC) Board, comprised of the Chair, Chief Executive Officer (CEO) and one Non-Executive Director (NED) from each trust with the Executive Senior Responsible Officer's (SRO's) for its programmes.

Figure 1: APC Governance and programmes 2024/25



2.2. "Programme Four" is a new programme led by Jon Evans, Chief Finance Officer (CFO) at Buckinghamshire Healthcare Trust (BHT) on behalf of the three CFOs in the Collaborative. Implementation of this workstream is recognition of the increasingly challenged financial position of the integrated care system and the role of the acute providers in future sustainability. This year, we are focused on getting the fundamentals in place and setting up shared reporting to support oversight and scrutiny of performance against plans at the APC Board.

2.3. The role of the APC Board is to give direction to the four programmes, provide assurance to trust Boards on progress, and set the tone and culture of collaboration across the providers. David Highton is the Lead Chair and Steve McManus is the Lead CEO. Governance of the APC will need to evolve as it continues to develop its priorities, with consideration given to the parallel development of the ICB. **The ICB and APC Boards may wish to consider a Compact (or similar) to set out and agree ways of working in the future.**

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[1] NHS England, *Arrangements for delegation and joint exercise of statutory functions*. Published 27 March 2023

3. Progress in 2024/25

3.1. Last year, the acute providers were continuing to deal with the aftermath of the pandemic, alongside sustained industrial action by staff. As a result, the initial pace of implementation for the APC programmes has been slow. However, since the change to the governance structure in April 2024 and the appointment of a Lead Chair and Lead CEO, we are starting to see results.

3.2. The **Clinical Services programme** identified three specialties for a deep dive in 2024/25: Osteoporosis, Rheumatology, and Bariatric Surgery. We are currently supporting sign off for a new, BOB-wide Fracture Liaison Service, aiming to identify and treat over 5,000 at-risk patients and reduce over 1,000 avoidable fractures in five years. This programme not only reduces patient harm and improves the quality of the care that they receive, but also reduces demand across the system. Hip fractures in 2022/23 were the third commonest unplanned bed day admission in BOB (33,620 bed days) at a cost of over £19m. Implementing the new service could save over £11m over five years, with savings accruing in primary, community and social care, as well as the three acute hospitals.

3.3. We are aiming to improve the resilience of Rheumatology services, for example, by establishing remote consultations for patients with stable disease, avoiding unnecessary consultations. This saves time and effort for patients, as well as freeing up capacity within trusts. We are exploring a consolidated model for Bariatric Surgery, reducing the number of patients currently sent out of BOB for treatment and improving our local offer. These business cases will be ready for initial consideration in the Autumn and feed into the ICB commissioning round.

3.4. In the remainder of 2024/25, the Clinical Services programme will begin the identification of the next round of clinical specialties suitable for a ‘deep dive’ review. We have also identified several biosimilar drug switches and we are working with the Chief Medical Officers and clinical leads to plan for their implementation, in partnership with the Chief Pharmacist and ICB Medicines Management team.

3.5. In April this year, the **Elective Care Board** stood up a mutual aid workstream to support the elimination of long waits. Efforts to date have shown that it is very challenging to move people once they have seen a clinician, therefore we are focusing our efforts on those waiting for a first outpatient appointment. For example, over 160 Ear, Nose and Throat (ENT) referrals have been redirected from OUH to BHT. BHT have provided dates for OUH surgeons to perform Urology surgery at the Wycombe Elective Hub, supporting staff to work seamlessly across the two trusts. Over 100 Urology referrals and 50 Gynaecology referrals have been accepted by RBFT from OUH. We are also working closely with Independent Sector Providers (ISPs) to move patients on orthopaedic pathways for treatment. We will ensure the sustainability of this approach throughout the second half of the year, to ensure we deliver on 65 week waits through to the end of March 2025.

3.6. The **Corporate Services programme** has developed a set of options for scaling and consolidating corporate services and held a workshop during August to set out the roadmap for implementation. There are three main areas of focus: i) People Services, ii) Procurement, and iii) Digital/Information Management & Technology (IM&T).

3.7. Procurement is the most advanced area and has a set of workstreams in corporate, clinical and systems/data. Our focus for this year is to maximise the efficiencies we can generate through the opportunities that have already been identified e.g. through scaling or alignment of prices. The Chief People Officers have agreed to work up a business case for aligning and integrating transactional People Services and we are at the beginning of scoping the potential in IM&T services.

4. Development in 2025/26 and beyond

4.1. BOB APC, like many other collaboratives, is still in the early stages of development. However, there is growing evidence to show that collaboration between healthcare providers can drive performance improvements though shared skills, knowledge and resources brought to bear on common challenges. Our learning from other provider collaboratives has highlighted what collaboration can achieve and we are committed to identifying further opportunities for our APC to deliver with impact.

4.2. We will build on the structures and processes that we have put in place to create a new collaborative culture, with a shared purpose and vision that will support the APC to provide single leadership on behalf of the acute providers. This shift in culture will allow us to take collective responsibility, drive value, and meet the challenges ahead. As well as delivering our plans for the remainder of this year, we are setting ourselves up for success in 2025/6 and beyond. We will do this by:

4.2.1. Continuing to strengthen and resource programme delivery, with a focus on the corporate services programme and the opportunities to delivery efficiencies across the three acute providers to **support system financial sustainability**. Our aim is to remove approximately 20% of costs from the system over three to five years.

4.2.2. Programme Four will focus on **peer review of our plans, providing appropriate check and challenge and support to each other**. We will take an open book approach to the planning process for next year, so we have collective ownership of the acute provider position. We will also use benchmarking and performance reviews e.g. on headcount, to support improvement.

4.2.3. We will develop a robust elective care recovery plan, due to launch in 2025/26, with a focus on **recovering key performance measures,** such as the 18-week RTT standard and diagnostics over the next four years.

4.2.4. We will work in partnership with stakeholders from the system (e.g. primary care, community services, local authorities), the ICB and regional colleagues to identify and plan for the shared opportunities for **strategic service consolidation**.

4.2.5. **We will support the implementation of a new ICB Operating Model and ways of working with the APC**, including the transition of individuals from the Planned Care team to the APC transformation and programme team.

5. Actions for the ICB Board

5.1. The ICB Board is asked to note the update on progress within the Acute Provider Collaborative and next steps on future development.