

**MINUTES OF A MEETING OF THE
JOINT HEALTH SCRUTINY OF THE BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE
WEST NHS SUSTAINABILITY AND TRANSFORMATION PLAN HELD ON 6 MARCH 2018 FROM
1PM TO 2.30PM**

Present

Councillor Graeme Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council
Councillor Monica Lovatt	Deputy Chairman of Oxfordshire Joint Health Overview and Scrutiny Committee - Vale of White Horse District Council
Councillor Ken Miall	Chairman of the Health Overview and Scrutiny Committee - Wokingham Borough Council
Councillor Brian Roberts	Chairman of the Health and Social Care Select Committee - Buckinghamshire County Council
Councillor Richard Somner	Vice-Chairman of Overview & Scrutiny Management Commission - West Berkshire Council
Council Officers:	
Maura Noone	Head of Adult Social Care, Reading Borough Council
Michael Popham	Committee Services, Reading Borough Council
Samantha Shepherd	Policy Officer, Oxfordshire County Council
Madeleine Shopland	Democratic and Electoral Services Specialist, Wokingham Borough Council
Elizabeth Wheaton	Committee & Governance Adviser, Buckinghamshire County Council
NHS Officers:	
Lou Patten	Chief Officer Aylesbury Vale CCG and Children CCG Federation
Cathy Winfield	Chief Officer, Berkshire West CCGs
Fiona Wise	Executive Lead BOB STP

Apologies for absence: Councillor Eileen McElligott (Chair of Adult Social Care, Children's Service and Education Committee - Reading Borough Council); and Stephen Chard (Principal Policy Officer - West Berkshire Council)

1. MINUTES

The Minutes of the Meeting held on 8 November 2017 were noted.

2. BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY AND TRANSFORMATION PLAN (BOB STP)

Overview & Governance

The Group received a presentation from the NHS representatives, providing an overview on the latest position in relation to the development of the BOB STP, including the 2018/19 National Planning Guidance, which had been recently received. In general terms, the presentation highlighted the refresh of the STP, which would focus on strategic collaboration and sharing local learning. It was anticipated that the 'bottom up' approach through the Integrated Care Systems (ICS (formerly Accountable Care Systems)) would provide the ability to implement diverse solutions to tackle local issues and that this could then inform best practice across the STP BOB area. Although the majority of the work would continue at the local level, there would need to be oversight at the STP to ensure

that Government guidance was met; and where more could be achieved by economies of scale that these opportunities were not missed.

In terms of the overall governance arrangements, the STP leaders had reviewed and redefined the role of the STP and had identified the importance of working with neighbouring STPs as some programmes would cross STP boundaries. The principle of the Integrated Care Systems was to foster a more collaborative approach to the planning and delivery of services across health partners with collective responsibility for resources and the population's health. Partners would work more closely and develop system wide governance arrangements, which would be underpinned by a single budget system financial model and a shared, clearly defined responsibility for managing risk for the whole local health and care system. The presentation gave details of the action being taken to deliver the Integrated Care Systems in Berkshire West and Buckinghamshire, as well as the transformation programme being followed in Oxfordshire.

BOB STP/ Local Responsibilities

It was clear that some elements of the Government's national planning guidance, The Five Year Forward View, would be delivered in local health and care systems: urgent and emergency care, mental health, primary care and maternity. The STP role would be to have oversight of these areas and share best practice. The STP would be able to develop a consistent approach across the wider area and ensure that people were not disadvantaged in terms of the service they received on the basis of where they lived.

There would also be opportunities to find solutions for local capacity issues through seeking assistance across the wider STP area. There would be a balance to be struck between delivering through the STP for those programmes that would benefit from a wider remit whilst not undermining local practices where they were of a demonstrable benefit. In overall terms, it was estimated that there would be an 80/20 split in favour of local activity across the BOB STP area.

However, there were a number of programmes that would be STP led and delivered: Improvements in Cancer Services, Prevention, Population Health Management, capacity planning, digital, estates and workforce.

In relation to the STP infrastructure, it was reported that there was not a large team to oversee and implement the work at the STP level. Therefore, the process of engagement for local authorities and other partners with the NHS would normally be through their existing local contacts and structures. Where a need had been identified for the STP to provide oversight, the likely format would be for Fiona Wise, as the Executive Lead, to bring a team together for the purpose of dealing with that specific issue.

Financial Position

The presentation included an overview of the financial position based on the February 2017 STP financial model. The figures showed that the 'do nothing' position would result in a forecast funding gap of £161m. The planned savings, mitigations and solutions to address this position were calculated as reducing the deficit to £9m before the use of 'Sustainable Transformation Fund' monies were applied to bring the budget into surplus. As part of the process to provide financial stability, there was an intention to assess the cost of delivering services as accurately as possible in order to inform future funding and commissioning decisions.

The actual performance across the STP for 2017/18 was now forecasting a combined £12m deficit. This meant that compared to the original 'do nothing' forecast, the budget position had improved by £148.5m, from provider 'Cost Improvement Programmes' (CIPs), demand management, additional income or revised assumptions. However, this still left the STP area £43.4m short of the mitigations that had been planned to be delivered.

The Group noted that Berkshire West, Oxfordshire and Buckinghamshire CCGs had remained some of the lowest funded commissioners in England per head of population. The BOB STP populations would have been assessed as being comparatively 'healthy' due to the general affluence of the areas covered. However, it should also be recognised that there were pockets of deprivation within the BOB STP area, which needed to be taken into account. The overall prosperous nature of the area also caused other difficulties such as affordability of housing and other living costs, which meant it was difficult to attract and retain staff, including GPs.

Workforce Strategies

The stability of the workforce had been identified as a key risk to delivering the Five Year Forward View, and tackling this was considered to be of equal importance to the considerable financial challenge being faced. The STP had completed a modelling exercise to identify current workforce pressures and future workforce requirements. The findings discovered amongst other things there were 1,000 nursing vacancies and the turnover in direct social care staff was 28.4%. There were specific shortages of GPs and GP Nurses with 30% being over 55 adding to the likely future pressure, as well as shortages of a variety of other clinicians. In Berkshire West an ICS workforce group had been formed to develop the vision and strategic direction for the workforce and would work in partnership with the BOB STP.

Programmes had been set up both locally and throughout the STP to improve staff retention, such as using GP retainers, encouraging returners and recruiting internationally. There was also action to develop the skills of the current workforce to diversify their roles to increase capacity and capability as well as improving the resilience of services and reducing the likelihood of stress and overwork.

Local Maternity System

The vision for the BOB Local Maternity System was to make the service more personal and family-focused. In order to deliver the vision, it was recognised that it would be necessary to increase the supply of midwives and expand existing staff's skills and knowledge. It would also be important to ensure that the staffing capacity was adequate to meet the increase in birth rates likely to result from local housing growth.

Local Development Plans - Housing

The Group noted that there were considerable housing developments being planned across the BOB STP area (for example the Oxford to Cambridge arc housing and infrastructure), which would potentially significantly increase the population of the region and put pressure on GP surgeries, maternity services and other health provision. In view of the increase in housing, the sufficiency within the Local Maternity System to make provision to ensure capacity for an additional 3,000 births was queried. The Group was advised that the figures were due to be refreshed as they did appear to be an underestimate of the likely pressure. However, it was reported that predicting the demand on health services was notoriously difficult as they would be dependent upon as yet indefinite factors such as which people would purchase the properties once constructed and the form the developments took, for

example a new town would have different requirements to developments attached to existing conurbations. There was also the challenge to predict how services would develop in the future and the implications for demand on services as a result of personal health budgets and changing attitudes to healthcare provision, for example expectant mothers choosing less medical intervention as part of their maternity care.

The Group agreed that it was good practice to liaise with the local planning authorities within the STP to gather the relevant information and potentially discuss funding opportunities for health through Section 106 and Community Infrastructure Levy contributions.

Potential Topics for Future Scrutiny:

- Review the success of Workforce Strategies to recruit and retain staff, which would be critical to the sustainability of health provision both locally and across the BOB STP, bearing in mind the context of the high cost of living and low funding in the BOB STP area;
 - Monitor the challenging Financial position of the BOB STP area overall and the action being taken to ensure financial stability over the Five Year Future View and in particular look at the practical effects on people in local areas of the planned savings, mitigations and solutions to address the budget gap at an individual local authority level;
 - Analyse the future demand for health services in relation to housing developments being planned across the BOB STP, challenging assumptions where appropriate;
 - Implementation of the Local Maternity System, which could also be linked to workforce recruitment and retention;
 - The effectiveness of the governance structures and the balance of responsibilities between the local Integrated Community Services and the broader BOB STP area.
4. CENTRE FOR PUBLIC SCRUTINY EVENT - SUPPORTING NHS AND LOCAL GOVERNMENT PARTNERSHIPS - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST STP - 21 MARCH 2018

The Group was reminded of the event that had been organised to develop proposals for a BOB STP workshop for local government and health colleagues to support partnership working in the BOB STP footprint. The NHS and the Centre for Public Scrutiny (CfPS) had combined to deliver a workshop to improve understanding of the NHS and local government. The workshop had been designed to assist people working on the day-to-day delivery of the STP in both the NHS and local government.

NOTED: That the 'free' Supporting NHS and local government partnerships workshop would be taking place on Wednesday 21st March 2018 from 9.30am to 5.00pm at Novotel Reading Centre, Friar Street, Reading.

5. DATE OF NEXT MEETING

It was agreed that the next meeting would be hosted by Buckinghamshire County Council and would take place in early July 2018. Potential dates for this meeting would be circulated shortly.

Buckinghamshire, Oxfordshire & Berkshire West Sustainability and Transformation Partnership (STP)

Update to the Joint Health Scrutiny Committee

6th March 2018

Fiona Wise, Executive Lead BOB STP
Cathy Winfield, Berkshire West
Lou Patten, Buckinghamshire and Oxfordshire

Contents

1. Background and context
2. The way forward - 2018/19 Planning Guidance
3. BOB programme refresh: balance of work between STPs and local systems
4. Update on BOB-wide work streams
5. Update on local health and care systems
6. Workforce
7. The funding challenge
8. Questions

- Three local health and care economies – which include two first wave Integrated Care Systems (ICS)
- The emphasis on place is strong and the approach taken across the STP is to do things at the footprint that makes sense to local stakeholders and local populations
- STP's focus is on strategic collaboration and shared learning when more can be achieved by working together on a larger scale e.g. workforce, specialised Services

STP Facts and Figures

- **Total 1.8m population**
- **£2.5bn place based allocation**
- **7 Clinical Commissioning Groups (3 from 1st April)**
- **6 Foundation Trust and NHS Trust providers**
- **14 Local Authorities**

The Way Forward: 2018/19 Planning Guidance

- Accountable Care Systems become Integrated Care Systems:
 - robust cross organisational arrangements to tackle challenges facing the NHS
 - integration of services focused on populations that are at risk of developing acute illness and hospitalisation (population health management)
 - more care through re-designed community-based and home-based services, in partnership with social care, and the voluntary sector
 - systems taking collective responsibility for financial and operational performance and health outcomes
 - “bottom up” development with a variety of models
 - Voluntary roll out of Integrated Care Systems

BOB STP: Progress

- STP leaders have reviewed and redefined the role of the STP
- The STP has identified the importance of working with neighbouring STPs as some programmes straddle STP boundaries
- Fiona Wise STP Executive Lead from 5th March 2018
- Lou Patten joins Oxfordshire CCG as Interim Chief Executive Officer, and continues leadership of Buckinghamshire CCGs
- Plans to further strengthen the governance and programme management arrangements

BOB STP: Programme Refresh

- The principle of subsidiarity is maintained
- Programmes will be delivered at STP level where “at scale” solutions are required
- The three local systems will ensure the spread of good practice across the STP and support Oxfordshire in particular
- Work with local government and partners will largely take place at local system level with a focus on the integration of local services for local people
- The STP will ensure that we can provide the required assurance to NHS England on progress with implementing the *Five Year Forward View*

Programmes led by the STP:

- **Cancer:** aim is for a further 1,400 people in Thames Valley to survive cancer for 10 years or more by 2020. Major upgrade in diagnostic capacity, preventative interventions (screening and healthy living), workforce. STP has secured over £9m transformation funding for this work
- **Prevention:** working closely with PH, delivering STP wide MECC programme, priorities are obesity, physical activity and smoking, use of technology to promote self care
- **Population health management:** the adoption of a single systematic approach to PHM, closely linked to Digital programme, will support the identification of “at risk” individuals and identify opportunities for pathway redesign at system level.
- **Capacity planning:** new work stream, being scoped
- **Digital**
- **Estates:** development of an STP wide estates strategy to make best use capital funds
- **Workforce**

Programmes where the STP shares best practice and provides assurance:

- **Urgent and emergency care:** brings together the 3 A&E Delivery Boards to share learning and maximise system resilience. New 111 service and Ambulance Response Programme launched 2017
- **Mental Health:** reviews progress in local systems on delivering the Mental Health Forward View
- **Primary care:** supports the delivery of GP Forward View in local patches, especially in relation to workforce and international recruitment. Key deliverable is 8.00 – 8.00 access to bookable GP appointments 365 days per year
- **Maternity:** established a Local Maternity System to ensure capacity for additional 3,000 births with a focus on new models of care, workforce and safer care

BOB Local Maternity System

‘Our vision for maternity services across BOB LMS is for them to become safer, kinder, more personalised and family friendly. Our aim is for every woman to be able to make informed decisions about her care and the care of her baby, by having access to individualised information and support throughout her maternity care experience. To realise this, we need well led organisations in which staff are fully supported; enabled and motivated to provide woman-centered care in collaborative teams, promoting a culture of innovation and continuous shared learning.’

A background image showing two women, one older and one younger, looking at a document together. The image is overlaid with a blue geometric pattern. The older woman is on the left, wearing a blue cardigan and glasses, holding a pencil. The younger woman is on the right, wearing glasses and a red necklace.

Update on ICS/local system programmes

- Fundamental change in the commissioner/provider relationship, driving the key components for the way we work together to support patients / residents -
 - A single leadership team
 - A single strategy and operating plan
 - A single capitated budget and financial plan which identifies and mitigates system risk
 - A single control total with clear risk share arrangements
 - Contracts which get the money to where it is needed – based on COST not PRICE
- **We want the ICS to provide Berkshire West staff the opportunity to be creative, think “system” and design how we move resources between organisations to deliver optimal pathways**

Goals and principles

- ✓ To enable people to take more responsibility for their own health and well-being
- ✓ To move care closer to home, wherever appropriate
- ✓ To evolve clinical pathways to be better integrated across providers to improve patient experience.
- ✓ To increase the capability and capacity of primary, community and social care to provide multidisciplinary “wrap around” co-ordinated care that efficiently meets the patient’s needs.
- ✓ To use a population health management approach to better understand the clinical needs of our population and maximise the opportunity to prevent, and to intervene early to reduce the need for more intensive on-going care.
- ✓ To ensure a high quality, fit for purpose acute and specialist hospital service
- ✓ To develop a shared Quality Strategy and systems and take a single, system wide approach to the delivery and monitoring of quality.

Our new care models



Work stream	Description
High Intensity Users	<p>The project is working directly with key stakeholders in the acute hospital, ambulance service and the police to ensure there is a joined up approach to delivery of this support to patients who most frequently access the emergency department.</p> <p>Pilot phase supporting 25 patients with health coaches.</p>
Integrated MSK Service	<p>The project will review the Berks West MSK care pathway and service provision, identifying priorities to improve service delivery through a new clinical integrated pathway.</p> <p>RBFT will be the ‘prime provider’ and improve efficiency in line with Right Care findings.</p>
Outpatients Transformation	<p>This programme will deliver a transformational change in the way outpatient services are delivered to patients in the local health community.</p> <p>More appointments in community settings</p> <p>More use of technology</p> <p>Better partnership working between GPs and hospital consultants.</p>
Respiratory Care	<p>Improve the management of respiratory disease in primary care/ the community and the way outpatient services are delivered to patients with symptoms of sleep apnoea or chronic cough. The latter conditions account for a large, and increasing, percentage of respiratory outpatient activity (estimated at 50% and 25%, respectively) and both conditions see a high proportion of referrals for patients that could be better supported in the community.</p>

Our new business models



Work stream	Description
Contract & Payment Mechanisms	<p>Berkshire West will adopt a shared system control total for 2018/19 and needs also to transform its contracting approach to support achieving the overall financial goals of the system.</p> <p>Partners will work together to manage financial risk</p>
Shared Back Office / Support	<p>There is a potential opportunity to integrate and implement a new delivery model of shared services across the ICS which maintains quality of work but at a reduced cost.</p>
Shared Bed Modelling	<p>The project aims to ensure our 'bed base' is fit to meet our current and anticipated demand and that it supports the new care models identified via the ICS programmes. In addition, the project will look to deliver shared 'live' bed capacity visibility to support patient flow and bed management. This will help inform the feasibility of different models of care delivery and identify opportunities and areas for improvement for the long term care requirements of the population.</p>
Population Health Management	<p>To set budgets and measure outcomes, our ICS will need to understand the current patient population, assign patients into risk based cohorts and use this information to better plan the services which our local people need to stay healthy for longer.</p>
Shared Estates Strategy	<p>To maximise effective utilisation (clinical and non-clinical) of NHS Estate portfolio across West Berkshire and identify opportunities to deliver cash receipts through disposals and reduced annual revenue costs across the system. To support the emerging estates requirements of the new care model identified via the ICS change programmes. Work closely with the One Public Estate programme</p>
ICS Workforce	<p>An ICS workforce group has been formed to develop the vision and strategic direction for workforce and will work in partnership with BOB STP.</p>

Buckinghamshire Integrated Care System

- **Community hubs** pilots running to March, providing community assessment and treatment services, extended range of outpatient clinics, more diagnostic testing e.g. one-stop blood tests and X-rays, and support from voluntary organisations
- GPs working together in networks (30,000-50,000 population) supported by **integrated local teams** (community nursing, mental health, social care, clinical pharmacy etc) - joining up care for older people and people with complex health needs, to help them stay healthy for longer
- Making it easier to get GP appointments at evenings and weekends, and developing **new 24/7 primary care service** which will include 'primary care hubs'
- Working together to **transform reablement and social care services** to help more people to live independently at home for longer
- **New integrated musculoskeletal service** for people with health conditions that affect their joints, bones, muscles and soft tissue – fully rolled out across the county by 2019
- Improving and increasing access to **mental health** services

The system is currently refreshing its plan for 2018 – 2020.

- **Your Community, Your Care roadshows:** ongoing outreach programme to local community groups across the county, running in phases since late 2016. During the latest phase (Nov 2017-Jan 2018), 14 events were held, with over 600 members of the public attending.
- Supplemented by comprehensive public/staff/stakeholder engagement for specific transformation workstreams e.g. **health community hubs engagement** to ensure pilot is robust, new models of care are properly tested and ideas for improvement are implemented quickly:
 - Quantitative and qualitative research with patients, staff and GPs
 - Raising awareness through traditional and social media, attendance at community events, presentations to interested groups, open days
 - Stakeholder engagement group (Chief Nurse, Healthwatch, League of Friends, Day Centre, HASC, town councils, patient participation groups etc) reviewing performance, shaping engagement and making recommendations
 - Clinical staff from community teams working with GPs to increase referrals and ensure services are fully used.

- **Developing the Clinical Voice:** two events so far, bringing together a wide cross-section of health and care professionals to shape the Clinical Leadership Framework for the ICS, strengthening the multi-professional clinical voice to support the identification and delivery of ICS clinical priorities; part of a wider partnership piece on organisational development.
- Ongoing participation in **NHS/National Council for Voluntary Organisations development programme** to increase voluntary sector involvement in health and care transformation.
- Developing plans for a **system-wide coproduction and user engagement reference group** with membership from patient/public voice groups, VCS, district councils and other local partners.
- **Bi-monthly newsletter** circulated to staff and a wide range of local stakeholders.
- **Regular updates** and discussions at Health and Wellbeing Board, Health and Adult Social Care Select Committee and partner boards/governing body meetings in public; plus MP briefings.

- Focused on areas that required change for patient safety and/or quality reasons
- Scope included
 - Use of hospital beds
 - Expansion of planned care at the Horton General Hospital
 - Acute Stroke service in Oxfordshire
 - Critical Care at the Horton General Hospital
 - Maternity Services at the Horton General Hospital
- Comprehensive consultation undertaken between January and April 2017; included 15 public meetings, attendance at other groups' meetings, advertising, on-line survey, leaflets delivered in north Oxfordshire. Over 10,000 individual response received.
- OCCG Board decision making meeting in August 2017 agreed recommendations.
- Challenges
 - Judicial review dismissed after hearing in December
 - Oxfordshire HOSC referred decision on permanent closure of obstetric services to Secretary of State. IRP have undertaken initial assessment which is with Secretary of State.

Oxfordshire Transformation Programme

Next steps

- Following learning from Phase 1 and the outcome of CQC System Review Oxfordshire is reviewing its approach to transformation.
- First steps are to review organisational strategies to ensure there is a single and clear overarching vision for Oxfordshire.
- NHS and Council committed to improving system working and integration and already progressing a review of function of Health and Wellbeing Board that will drive the changes.
- Next phases will focus on place based discussion and wide community engagement to meet the needs of local populations and deliver the agreed system priorities and outcomes.
- This builds on the work we have undertaken developing Locality Place Based Plans; the main focus of these at present is primary care but this provides the foundation for the wider place based plans.

Workforce is a key risk to delivering the Five Year Forward View, equal to the financial challenge.

- Each place based system has a workforce group which feeds into the STP Local Workforce Action Board
- The STP has completed a modelling exercise to identify current workforce pressures and future workforce requirements

Health and social care staff in the BOB STP footprint.

- **28,651** health staff in provider Trusts
- **25,211** of these **patient-facing**,
- **29,832** adult social care staff
- **581.5** **children's services**
- **3,180** primary care
- **Over 1,000** vacancies are **nursing** posts
- **28.4% Turnover** in direct social care staff

Specific supply shortages

- GP's and GPNs 30% over 55
- Band 5 nurses – acute, mental health, learning disability community, practice
- Occupational Therapists, Diagnostic Radiographers, Podiatrists
- Medical Physicists
- Infection Sciences
- Endoscopists
- Care Workers

Key Actions:

Programmes set up with both local systems and STP e.g. Retention, GP retainers, returners and International recruitment.

Workforce plans for the FYFV priorities

Primary care

- Introducing clinical pharmacists, paramedics, care navigators, social prescribers, MSK professionals and physicians associates to general practice. Expand advanced practitioners numbers.
- Upskill reception and admin staff, practice development programme
- GP resilience programme
- Increase numbers of nurses and undergraduate placements
- Increase number of international GPs. 42 across BOB so far
- Retainers/returners schemes 28 so far (20 in oxford)

Mental Health

- Upskilling:
- development of advanced clinical pharmacy
- Mental health crisis training for GPs, A&E workforce, paramedics, police etc.
- Supply:
- Increase access to IAPT PWP and HI training
- Introduction of nurse associate role
- Support return to practice for MH nurses, AHPS and psychiatrists.
- Promotion of apprenticeships

Cancer

- Focus on supply in 7 key areas: Histopathology, Gastroenterology, Clinical Radiology, Clinical and medical Oncology, Diagnostic and therapeutic Radiography and clinical Nurse specialists
- Increase number of clinical endoscopists
- Commission advanced communication skills courses
- Improve retention, return to practice, international recruitment
- Upskilling of current workforce, increase capability

Maternity

Supply:

- Recruitment
- Return to practice for midwives
- Matching capacity by predicting birth rates and housing increase.

Upskilling:

- Upskilling existing staff
- Increasing the workforce with sonography competence
- 8th March maternity workforce workshop to identify key priorities.

Buckinghamshire, Oxfordshire and Berkshire West						
Footprint Summary		Do Nothing				
			2017/18	2018/19	2019/20	2020/21
Commissioner Surplus / (Deficit)	£000s	(77,596)	(131,845)	(179,112)	(210,288)	
Provider Surplus / (Deficit)	£000s	(83,561)	(139,891)	(186,842)	(284,887)	
Footprint NHS Surplus / (Deficit)	£000s	(161,157)	(271,736)	(365,955)	(495,176)	
Indicative STF Allocation 2020/21	£000s					
Footprint NHS Surplus / (Deficit) after STF Allocation	£000s	(161,157)	(271,736)	(365,955)	(495,176)	
Footprint Summary		Do Something				
			2017/18	2018/19	2019/20	2020/21
Commissioner Surplus / (Deficit)	£000s	(16,090)	(32,935)	(60,018)	(59,048)	
Provider Surplus / (Deficit)	£000s	6,680	4,594	(17,801)	(75,540)	
Footprint NHS Surplus / (Deficit)	£000s	(9,410)	(28,345)	(77,819)	(134,588)	
Indicative STF Allocation 2020/21	£000s	40,621	40,621			
Footprint NHS Surplus / (Deficit) after STF Allocation	£000s	31,211	12,276	(77,819)	(134,588)	
Footprint Summary		Current Position				
			Forecast	Plan		
			2017/18	2018/19	2019/20	2020/21
Commissioner Surplus / (Deficit)	£000s	(11,900)				
Provider Surplus / (Deficit)	£000s	(349)				
Footprint NHS Surplus / (Deficit)	£000s	(12,249)				
Difference to 'Do Nothing'		148,908				
Difference to 'Do Something'		(43,460)				

Refers to the February 17 STP Finance Model

£161m do nothing gap forecast for 2017/18.

Impact of saving/mitigations / solutions planned to reduce the deficit to £9m before the use of 'STF' funding to give a surplus.

Bringing this up to date to 2017/18 actual performance the STP is forecasting a combined £12m deficit.

This means that compared to the original do nothing forecast we can be deemed to have delivered £148.5m of improvement. This will from provider CIPs, demand management, additional income or revised assumptions.

However, we are £43.4m short of the mitigations that were planned for.

Coming Soon!



**Supporting NHS and local government partnerships
Buckinghamshire, Oxfordshire and Berkshire West STP
Wednesday 21st March 2018 - 09.30 to 17.00
Novotel Reading Centre, Friar Street, Reading RG1 1DP**