

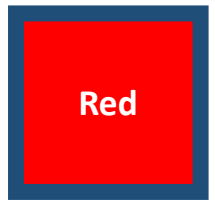
**OBJECTIVES<sup>(1)</sup>**

- 1.To embed prevention within our local transformation programmes and NHS organisation culture
- 2. To continue working together to identify other BOB wide opportunities, which may include alcohol and social prescribing

<sup>(1)</sup> source: Prevention PID

**STATUS (against objectives)**

**Objective 1: Red** - a programme of work has been established to close our anticipated financial gap for the next two years however there is currently no indication we will do so  
**Objective 2: Amber** – The priority projects which have now been established for clinical improvement are aligned to this objective but have not yet been implemented  
**Objective 3: Amber** – the clinical improvement priority projects identified are preventative in nature. However, the detail of how this will be delivered is still to be defined.



**ITEMS FOR BOB OPERATION TEAM ATTENTION**

1. *The financial savings opportunities of each of the priority projects require urgent quantification and attribution (see Risk 1)*
2. *Finance support to consider investment to save on Obesity pathway*
3. *Focus on Tobacco to be on a) safe surgery and b) Manual workers and maternity inequalities (see – milestones) – Business Case refresh being undertaken*
4. *PHE working on Health inequalities for BOB to target services*
5. *MECC*

**DELIVERY STATUS**

#	Project / Scheme	Phase	Milestone Status <sup>(2)</sup>	Benefits Status <sup>(2)</sup>	Notes
1.	Obesity	Pre-implementation	A	A	Workshop held on 12 July, - outputs agreed – Further meet of CCGs and LA planned in August – joint proposal to commission a Tier 3 service – locality based..
2.	MECC	Design	A	A	Stocktake to establish baseline measure of MECC Trainer, number of conversations, and approach in process., Project approach to be considered at the July Operational Group. HEE supporting in the identification of benefit of MECC for BOB
3.	Workforce Health	Design	G	A	Outline project plan being drafted covering key engagement and decision points. Link with STP worksroce.
4.	Physical Inactivity	Pre – implementation	A	A	Prevention group agreeing ‘design principles. Operational group to agree approach.
6.	Digital Self Care	Design	R	A	Outline project plan being drafted with the CIO group.
7.	Tobacco	Pre – Implementation	G	A	Berkshire West safe surgery draft statement shared with Bucks and Oxford, Further consideration required on the policy statement, link with locality smoking cessation services. Revised business case to be developed

**KEY MILESTONE STATUS – NEXT 3 MONTHS**

Project	Milestone	Baseline Date	Forecast/ RAG	Notes
Obesity	Workshop for scoping tier 3 services	17 May 17	G	12 <sup>th</sup> July workshop held . Agreed to work up a case for a tier 3 service, see notes
	BOB Obesity Specification	01 Dec 17	G	Business case in development require Finance support for the review
Tobacco	Revised business case on opportunities	Aug 17	G	Clarification of opportunities required. Finance support for the review required
	Inequality focus		G	PHE confirmation BOB STP demonstrates smoking inequality in manual workers
MECC	Baseline stocktake	15 May 17	A	Stocktake sent to CEO, COO for BOB NHS organisations and LA Public Health Teams, deadline for extended to the End of July. Establish baseline, to design training and set trajectory for number of trainers and number of conversation - leading to BOB MOU
	Approval of Project approach	July 17	G	Approach approved by prevention group. Engamgmnt commenced with NHS England Pharmacy to leverage Pharmacy contract on MECC. Paper to be sign up by operational group in August 17 .  Focus on MECC to around tobacco (esp in manual workers, and obesity)
Workforce health	Link with BOB Workforce programme	May 17	Complete	
	Approval of project approach to Prevention group and Operational Group	Aug 17	A	Approach reviewed by prevention group. Further clarification on objectives required
Physical Inactivity	Workshop to identify opportunities with physical inactivity	By end May 17	Complete	Project group to agree re-model following unsuccessful recruitment of community consultant.
	Approval of project approach to Operational Group	Aug17	A	Paper review Apps and uses across STP tp be agreed by opeartional group in August. Delayed by to Annual leave
Digital Self care	Complete detailed review and specification of services deemed in scope of an ACS corporate service	By end May 17	A	progress will depend on availability of relevant people to participate and contribute

**R/A/G KEY:**   = complete   = on track, no issues   = some challenges   = major challenges

**KEY RISKS & ISSUES <sup>(5)</sup>**

Ref	Aggregate risk score	Source / Date	Risk / issue	Owner	Actions requested / Actions Agreed
1.		June 17 – SRO	There is a risk that BOB Prevention priority projects will not deliver sufficient cost reductions to achieve financial sustainability. (£3m) This would lead to an impact / effect on partner financial positions	STP Operational Group & Finance Group	- The financial savings opportunities of each of the priority projects require urgent quantification and attribution
2.		April 17 – PMO	There is a risk that there is insufficient resource to deliver on the Prevention priority projects and achieve BOB ambitions. This would impact programme deliverables, outcomes	STP Operational Group	-Operational Group group to review programme resource schedule to ensure appropriate level of programme / project resources
3.					
4.					
5.					

<sup>(5)</sup> Addition project risks raised by project managers that do not meet the escalation criteria below and that are deemed to be in the scope of the project to manage and mitigate remain on the respective projects RAID log

**PROJECT RISK ESCALATION CRITERIA**

Project and/or identified process risks that meet one or more of the following criteria will be escalated to the Management Team as a programme risk:

- Any risk that is likely to impact on the delivery/achievement of one or more other partners milestones and/or benefits
- Any risk scored '5' for either likelihood or Impact
- The Operational Group Chair, a project SRO or the CFO Group Chair may escalate risks to the Leadership Team for inclusion on the Programme Risk register, following initial escalation and discussion with the PMO.



# Smoking Inequalities

So whilst we have low prevalence, in most cases over a ¼ of the smokers are routine and manual workers

Source:

<http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/0/gid/1938132885/pat/104/par/E45000019/ati/102/are/E06000036>

Indicator	Period	England	South East PHE centre	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
Smoking Prevalence in adults - current smokers (APS)	2016	15.5	14.6	16.1	19.9	11.2	17.1	13.6	15.3	15.2	19.0	11.9	20.1	15.8	18.0	17.8	12.4	12.8	15.4	12.2	8.8
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	26.5	28.2	28.4	33.1	26.8	34.3	25.9	26.9	29.0	34.2	24.6	25.3	30.4	24.9	29.5	23.6	21.9	33.7	22.0	20.5