BOB STP Prevention Dashboard – Delivery Summary

26th July 2017

OBJECTIVES(1)

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

(1) 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.

Red

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(2)	Benefits Status(2)	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

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

KEY MILESTONE STATUS – NEXT 3 MONTHS

Project	Milestone	Baseline Date	Forecast/ RAG	Notes
Obesity	*Workshop for scoping tier 3 services*	*17 May 17*	**G**	*12th 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. Engamgmnent 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 (5)

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.					

(5) 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.

BENEFITS TRACKING – SYSTEM WIDE

Reductions in Activity compared to Forecast Improvement						
Scheme	Baseline - 16/17 FY performance	2017/18				Notes
		Q1	Q2	Q3	Q4	
Obesity						
MECC						
Workforce Health						
Physical Inactivity						

Reductions in £Spend compared to Forecast Improvement						
Scheme	Baseline - 16/17 FY performance	2016/17				Notes
		Q1	Q2	Q3*	Q4	
Obesity						
MECC						
Workforce Health						
Physical Inactivity						

BENEFITS – PROJECT SPECIFIC - alignment to BOB STP

#	Project							Other Notes

TO BE COMPLETED WHEN DATA AVAILABLE

KEY: **X** = aligned to BOB STP **II** = aligned to Locality Oxford, Berkshire West, Bucks

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