



Cover Sheet

Trust Board Meeting in Public: Wednesday 11 September 2024

TB2024.83

Title: Acute Provider Collaborative Update

Status: For Information

History: Regular update

Board Lead: Chief Executive Officer

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Confidential: No

Key Purpose: Performance

Acute Provider Collaborative Update

1. Purpose

1.1. The purpose of this paper is to provide an update to the OUH Board on the current positions of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Acute Provider Collaborative (APC).

2. Background on NHS Provider Collaboratives

2.1. 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.

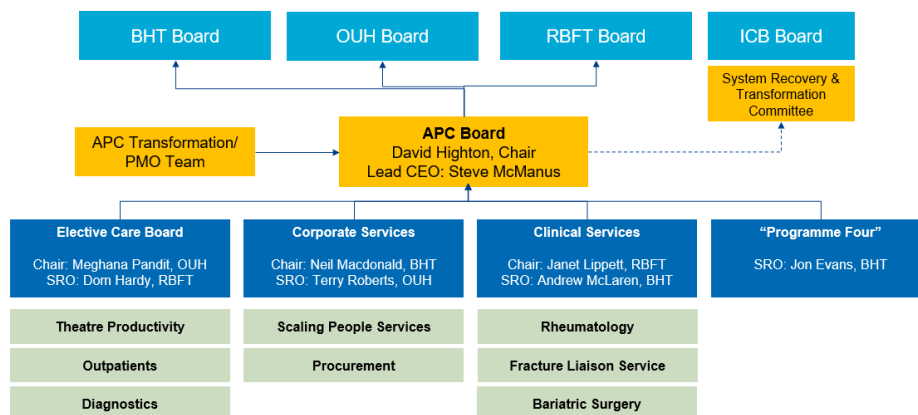
2.2. Whatever form they take, providers should work together to: i) reduce variation and inequality in outcomes, access and experience; ii) improve resilience; and iii) deliver specialisation and consolidation where it will improve outcomes and value.

2.3. 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

3. Current position of the BOB Acute Provider Collaborative

3.1. The BOB acute provider collaborative is governed by the APC Board, comprised of the Chair, CEO and one NED from each trust with the Executive SROs for its programmes.

Figure 1: APC Governance and programmes 2024/25



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

- 3.2. 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.
- 3.3. In addition to the three established programmes - Elective Care Board, Corporate Services and Clinical Services, a new programme – Programme Four – has recently been established in recognition of the increasingly challenged financial position of the Integrated Care System and the role of the acute providers in future sustainability.

4. APC Progress

- 4.1. The **Clinical Services programme** is 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, improving the quality of care for patients.
- 4.2. The Clinical programme has also identified several biosimilar drug switches. Work with Chief Medical Officers and clinical leads, in partnership with the Chief Pharmacist and ICB Medicines Management team, is underway to plan for their implementation.
- 4.3. In April 2024, the **Elective Care Board** stood up a mutual aid workstream across the acute providers to support the elimination of long waits. Initial progress was challenging, however progress with first outpatient appointments has been made and patients have been successfully moved from OUH to RBFT and BHT. Steps to enable staff to work seamlessly across the APC organisations have also been undertaken.
- 4.4. To ensure long-term sustainability, an elective care plan is being developed to support acute providers with a return to the 18 weeks standard over the next five years. This plan will pull together opportunities in clinical services, workforce, estates and innovation to drive change in the structural challenges that the acute providers are facing.

5. Next Steps

- 5.1. The APC will continue to build on the structures and processes that have been 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 the APC to take collective responsibility, drive value, and meet the challenges ahead.
- 5.2. Over the next six months the APC will:
 - Continue to strengthen and resource programme delivery, with a focus on the corporate services programme and the opportunities to deliver

efficiencies across the three acute providers to support system financial sustainability.

- Deliver a joint approach to planning for 2025/26, using an open book approach and benchmarking to support peer review.
- 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.
- Work in partnership with stakeholders from the system (eg primary care, community services, local authorities), the ICB and regional colleagues to identify and plan for the shared opportunities for strategic service consolidation.

6. Recommendations

6.1. The Trust Board is asked to:

- Receive this paper for information.