STP Independent Chair: Applications Welcome

The application process for the role of STP Independent Chair is now open. Further details can be found on the BOB STP website www.bobstp.org.uk. Applications are welcome from anyone who feels they have the necessary skills and expertise, including current Chairs of NHS Boards and Non-Executive Directors.

The STP Independent Chair will perform a pivotal role within the partnership. They will be a key ambassador for the STP, supporting and promoting partnership working, while making sure there is the appropriate level of independent oversight and assurance of STP decisions and delivery of the partnership's strategic priorities.

Interviews are scheduled to be held in late May.

Developing Primary Care Networks to Help Patients Access Help and Support

People living with long term conditions, such as diabetes and heart disease, or who have mental health issues, often need to access local health and care services regularly. GP practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services, in their local areas. They are creating Primary Care Networks (PCNs) to help patients access the support and care they need.

Typically, PCNs serve communities of around 30,000 to 50,000 people. They should be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system. For example, in Oxfordshire, there are plans for a PCN covering Bicester which will serve three GP practices with nearly 50,000 patients and a PCN for the Kidlington area serving four GP practices, covering just over 35,000 patients.

Having Primary Care Networks enables health and social care professionals to offer more pro-active, personalised and joined-up care for patients. Services can be offered across a network of practices that could not reasonably be offered by one, recruiting new healthcare professionals such as clinical pharmacists and social prescribers.

For more information about Primary Care Networks in the BOB STP area, please contact Rachel Thompson, **rachel.thompson7@nhs.net** For an overview on Primary Care Networks https://www.youtube.com/watch?v=W19DtEsc8Ys or
https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/

STP 2019/2020 Operational Plans and Five Year Strategy

A draft 2019/20 STP operating plan has been submitted to NHS England/NHS Improvement (NHSE/NHSI) for review. It has been produced in line with national guidance, which was published towards the end of last year. The guidance set out a clear expectation that every NHS trust and clinical commissioning group (CCG) would develop their own organisational plans, which would then be combined to form a system-level operating plan.

The overarching BOB STP 2019/20 plan is based on these documents and an agreed BOB STP framework for planning and prioritisation. Although a draft has been submitted, the detail will be subject to review and change in line with NHSE/NHSI feedback.

The Chief Executives Strategy Group (CESG) agreed that the STP's response to the Long Term Plan and the development of the STP five year health and care strategy would be developed in three phases - starting with a review to establish a common and shared understanding of the range of strategies in place to identify strengths, weaknesses, gaps and priorities.

The first phase has been completed. It identified a number of opportunities and challenges. A number of possible common priorities within the STP were also identified - for example, quality and efficiency of care, delivering more integration, collaboration and financial sustainability. Clinical priorities included mental health, cancer and urgent care.

These priorities have been tested with a range of stakeholders, including the five Healthwatch organisations within the STP and at a workshop in March attended by representatives from CCGs, acute, community and mental health providers, Thames Valley Clinical Senate, Strategic Clinical Networks, Healthwatch, Oxford Academic Health Science Network, Health Education England and local authorities.

There has also been a review of the insight gathered through the wide range of engagement activities delivered by the three health and care systems within the STP over the past two years. The purpose of this review was to identify any gaps and to consider current STP thinking against issues that had been highlighted as important to local communities.

The CESG will be agreeing the set of refreshed STP priorities in early May.