Health and Wellbeing Board
1 October 2015

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7	**HEALTH AND WELLBEING BOARD MEMBER COMMISSIONING INTENTIONS 2016-17 & UPDATE ON BUCKINGHAMSHIRE JSNA** Katie McDonald Health and Wellbeing Lead	3 - 10

Draft Commissioning Intentions September 2015

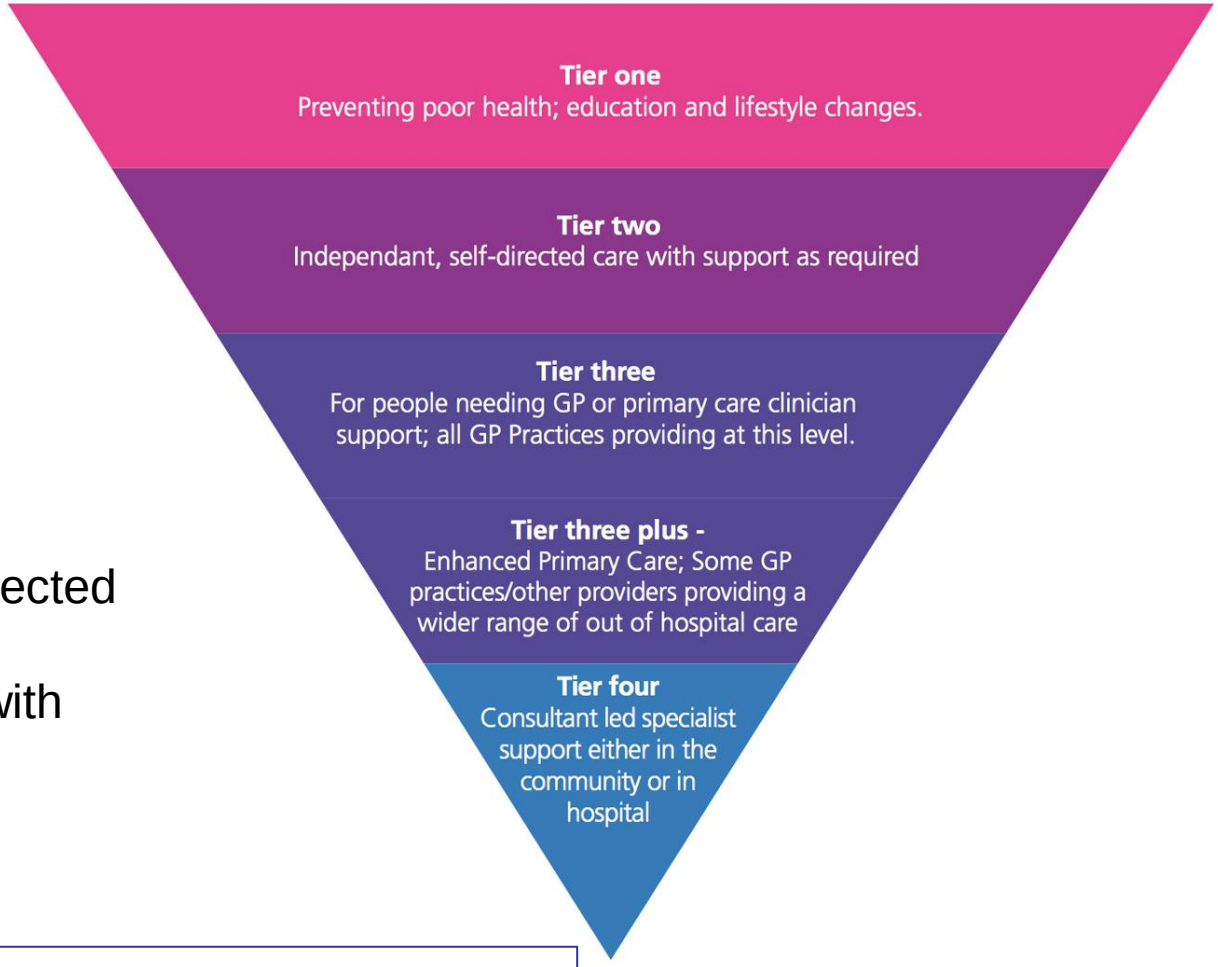
We start with our Health & Wellbeing Strategy:

- Every child has the best start in life;
- Everyone takes greater responsibility for their own health and wellbeing and health and wellbeing of others;
- Everyone has the opportunity to fulfil their potential;
- Adding years to life and life to years.

Our Primary Care Strategy sits under the overarching HWB Strategy.

Key Points

- Significant shift to self directed care;
- Enhanced primary care with specialist interventions;
- Reduced hospital activity



For details on our 6 strategic goals, see Appendix 1

The Strategic Context for 2016/17:

- Clear direction from NHS England to bring all parts of commissioning together
- CCGs moving towards taking on Primary Care and Specialist commissioning for their populations
- The changing landscape of provision through Vanguards and other innovations means commissioners need to be flexible and able to respond to both Provider led (e.g. ACO) and Place based commissioning, as no one size fits all

1. Building Place-based and Integrated Services for Patients

Our experience is that our highest delivery projects have been those with a bottom up, locality based approach. We intend to build on this and transition community services provision toward a sustainable, adaptive out of hospital care model that integrates with social services and the voluntary sector to significantly enhance health and wellbeing. This will be achieved through:

- The development of integrated community health teams at locality level;
- Procuring Out of Hours care through a dynamic, locality led framework that will be agile enough to enable emerging provider services and offer patients maximum choice;
- Developing our ten module transformation programme by managing CCG -wide rollout of successful local projects.

2. Commissioning Pathways of Care

We will build on our Diabetes work to set an exemplar for **clearly understood care pathways** that offer consistent and co-ordinated care, using bed-based services only when necessary. This will be achieved through:

- Understanding true spend on Diabetes to commission development of an **Integrated Practice Unit** across primary and secondary care. Led by clinicians, we will agree a limited number of outcome measures including a significant shift to locality based services. We will look to use CQUIN again to support this process.
- Setting out a programme of pathway redesign over the next two to five years for other long term conditions and End of Life experience;
- Strengthening our end to end pathway commissioning through our co- and then fully delegated primary care commissioning

3. Establishing a system - wide approach to ensure our commissioned services are as safe as possible for all

The current national picture of health commissioning is complex and fragmented. This creates a challenge for a whole system co-ordinated approach to adults' and children's safeguarding.

There will be significant emphasis on ensuring all providers are responsive and effective in the discharge of these statutory duties. Expectations include:

- Clear communication and co-ordination of information between organisations as appropriate;
- Understanding risk across the spectrum of providers and working as a team to keep people safe:
- Clear commitment to work with the Police and Social Services in developing tripartite responses to local safeguarding challenges, such as MASH and CSE

Appendix 1: Our Primary Care Strategic Goals

1. Enable people to take **personal responsibility** for their own **health and wellbeing**, and for those that they care for, with access to validated, localised and readily available educational resources.
2. **Health, social care and voluntary sector** providers **working together** to offer community based, person-centred, co-ordinated care which proactively manages long term conditions, older people and end of life care out of the hospital setting.
3. **Improved and appropriate access** for all to high quality, responsive primary care that makes **out- of-hospital care** the default.
4. Develop **clearly understood care pathways** that offer consistent and co-ordinated care, using bed-based services only when necessary.
5. **: Improve health outcomes** for our whole population through adopting best practice, stimulating innovation and aspiring to improve.
6. A commitment to invest in and **support our primary care providers** in helping build our out-of-hospital services.