




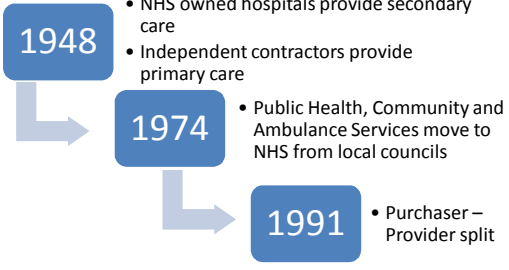
Changes in the NHS

Nicola Lester
Development Director

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Chair: Mr Stewart George



Historical Context



1948

- NHS owned hospitals provide secondary care
- Independent contractors provide primary care


1974

- Public Health, Community and Ambulance Services move to NHS from local councils

1991

- Purchaser – Provider split

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Historical context

Period	Purchasers	Secondary Care Providers	Choice of Provider exercised by
1991-1998	192 District Health Authorities (100 Health Authorities from 1996) and GP Fundholders	NHS Trusts (becoming independent from District Health Authorities in a series of waves during 1991-6)	District Health Authorities (Health Authorities from 1996) and GP Fundholders
1998-2002	100 Health Authorities (in conjunction with 481 Primary Care Groups from 1999, decreasing to 303 Primary Care Trusts by 2002)	NHS Trusts	Health Authorities
2002-2006	303 Primary Care Trusts (in conjunction with Practice-Based Commissioners from 2005)	NHS Trusts and NHS Foundation Trusts	Primary Care Trusts (with Practice-Based Commissioners from 2005)
2006 - 2012	152 Primary Care Trusts in conjunction with Practice-Based Commissioners	NHS Trusts, NHS Foundation Trusts and independent sector providers	Patients through Choose and Book Primary Care Trusts with Practice-Based Commissioners

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Planning for the NHS



Department of Health
NHS England
Local Authorities
NHS Trusts
NHS Foundation Trusts
NHS Primary Care
NHS Long Term Conditions
NHS Digital
NHS Research and Innovation
NHS Health and Wellbeing Boards
The Local NHS

The NHS deals with over 1,000,000 patients every 36 hours

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Who is NHS Chiltern Clinical Commissioning Group?



We are...

- Over 325,000 patients
- Over 200 GPs
- 150 Practice Nurses
- 35 General Practices



...building a healthy future together

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What we do



Chiltern Clinical Commissioning Group is your local doctors and their teams working in partnership with the public to identify the community's health needs and buy services to meet them. Our aim is to improve health across south Buckinghamshire.

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What do the NHS reforms mean for us?



Commissioning



- Services from:
- ✓ Local hospitals
 - ✓ Community Teams
 - ✓ Ambulance
 - ✓ Mental Health
 - ✓ Learning Disability
 - ✓ Voluntary Sector

- Not:
- X GPs
 - X Dentists
 - X Pharmacists
 - X Optometrists
 - X Specialist Procedures

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Local Priorities



Health & Wellbeing Board Buckinghamshire

- Cabinet Member for Health
- Cabinet Member for Children
- Strategic Director for Adults
- Strategic Director for Children
- Director of Public Health
- District Council Members x 2
- Councillor from Healthy Communities Partnership
- CCG representatives x 6
- Healthwatch representative
- NHS England representative

<p>We will deliver this strategy by:</p> <ul style="list-style-type: none"> • Addressing unhealthy lifestyles • Supporting families with multiple problems • Supporting emotional and mental wellbeing • Maximising the potential of an ageing population • Working communities in everything we do 	<p>Values</p> <p>Promoting healthier lives for everyone in Buckinghamshire:</p> <ul style="list-style-type: none"> • Every child has the best start in life • Everyone takes greater responsibility for their own health and wellbeing and that of others • Everyone has the best opportunity to fulfil their potential • Adding years to life and life to years
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Every child has the best start in life



What happens during the early years, starting in the womb to age 5, shapes effective learning, cognitive and physical health and wellbeing. These healthy, happy, disease-free children flourish, contributing to education, employment, health and economic success.

To ensure that every child has the best opportunity to fulfil their potential, we will:

- Offer more services to support parents, grandparents and other family members in their role and be supported by their doctors
- Work with parents, health visitors, children and young people, mentors
- Make it all more easy going, give people more effective support, clarity, confidence and skills in their own home
- Invest in early years services, schools and youth centres to work with children and young people to ensure they flourish in their own homes, schools and communities
- Work with parents to ensure that babies, young children and their families have access to their own GP practice

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2 Everyone takes greater responsibility for their own health and wellbeing and that of others

Everyone takes greater responsibility for their own health and wellbeing and that of others. This means taking control of their own health and wellbeing, and taking responsibility for the health and wellbeing of others.

In order to increase the number of people living healthy lives, we shall:

- Reduce the number of people who smoke
- Increase the number of people who are physically active
- Reduce the negative impact of Alcohol on health and wellbeing
- Increase mental wellbeing

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3 Everyone has the best opportunity to fulfil their potential

Most people do have good access to employment, good social networks and live in a high standard of accommodation.

However, there are some people who experience poor health and wellbeing for a number of reasons, including where they live, poor housing conditions, lack of opportunities to access health care.

In order to ensure people have the best opportunity to fulfil their potential, we shall:

- Work with employers, communities and key organisations to increase the contribution of women
- Work with communities to reduce the number of people experiencing homelessness and social isolation
- Work with education and business to support young people and adults with mental health or learning difficulties to access and sustain employment

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4 Adding years to life and life to years

Technology offers a growing range of opportunities for people to extend their life expectancy.

However, when people live for a long time, they need to be supported to live well in the conditions they have and to make the most of their health and wellbeing in their old age.

In order to help people live the longest and healthiest life that they can, we shall:

- Work with key organisations to support the preventive, secondary, diagnosis of long term conditions and where these have been identified we will support people to manage their symptoms effectively
- Increase the emotional and personal wellbeing through work with culture, recreation and the wider community
- Work with education and community organisations to ensure people live better

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And finally, integration...

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Professionals and services working together as a 'team around the patient' (National Voices, A Narrative for Person-Centred Coordinated Care, March 2013)

Person-centred coordinated care
"Team plan my care with people who work together to understand me and my condition, share the control, and bring together services to address the outcomes important to me."

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Contact Us

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Public Events

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Date	Time	Event	Place
17 th Oct	6.30 – 8.30pm	Open Evening	Amersham Community Centre, Chiltern Avenue, HP6 5AH
5 th Nov	1.00 – 2.30pm	Public Forum (Wooburn Green Locality)	Court Garden House, Pound Lane, Marlow SL7 2AE
13 th Nov	1.00 – 2.30pm	Public Forum (Amersham & Chesham Locality)	Chesham Town Hall, St Mary's Way, HP5 1HR
21 st Nov	6.30- 8.00pm	Public Forum (Wycombe Locality)	Hamilton Academy, Hampden Road, High Wycombe, HP13 6SX
28 th Nov	6.30- 8.00pm	Public Forum (Southern Locality)	Burnham Park, Windsor Lane, SL1 7HR
9 th Jan	3.30- 5.30pm	Governing Body	Wycombe District Council, Queen Victoria Road, HP11 1BB
