



# Your Care, Your Way

## Project Update Health & Wellbeing Select Committee

# Key decisions for Governing Bodies?

## CONSULTATION

Have we undertaken sufficient engagement to inform the next stage?

## FINANCIAL PLANNING

What is the financial planning process and strategy around funding mechanisms

## CONTRACTING MODEL

What is the preferred contractual model for our future commissioning framework

## MARKET TESTING

What is the most effective and efficient method to test the market

Outline  
Business  
Case



# Public Engagement & Consultation

# Engagement Approach

## Method

- Workshops
- Surveys
- 1:1's

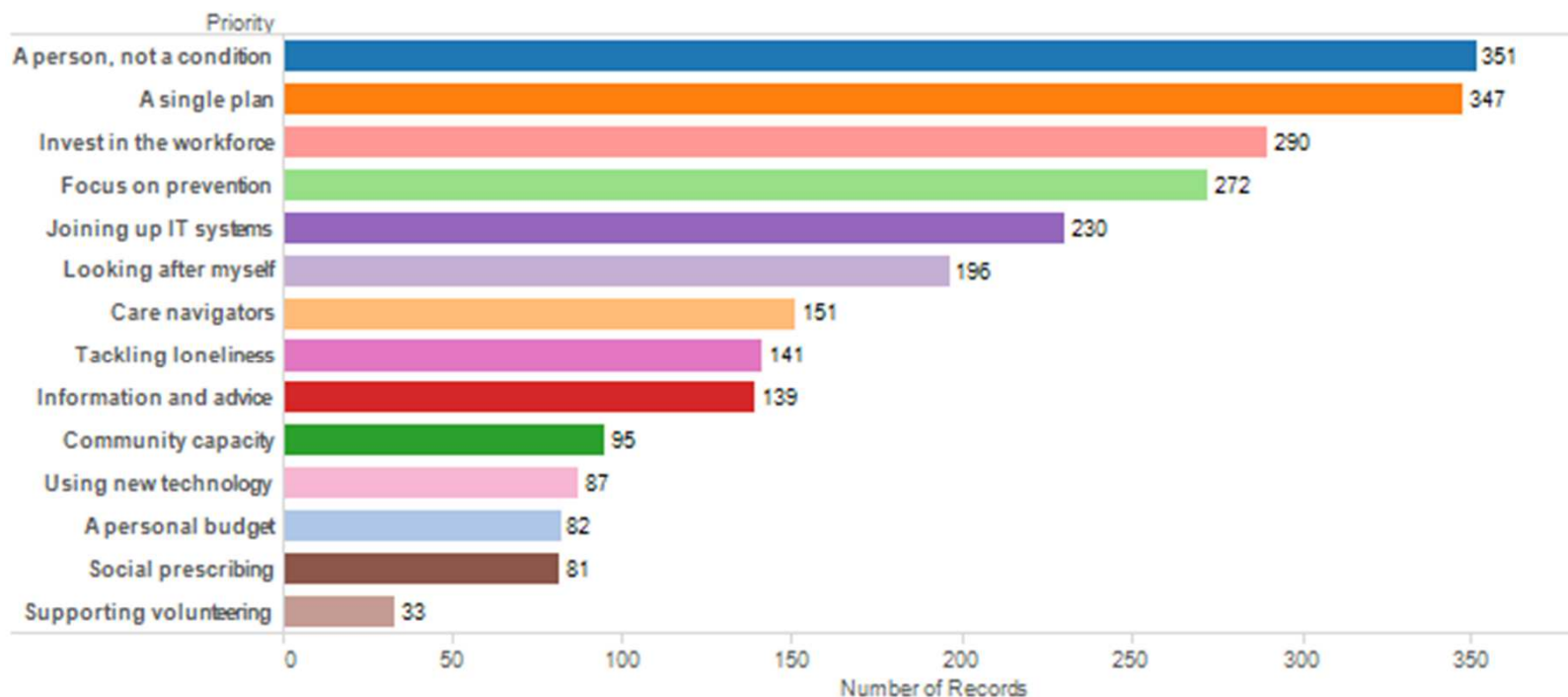
## Stats

- Over 200 individuals reached
- In excess of 500 survey responses

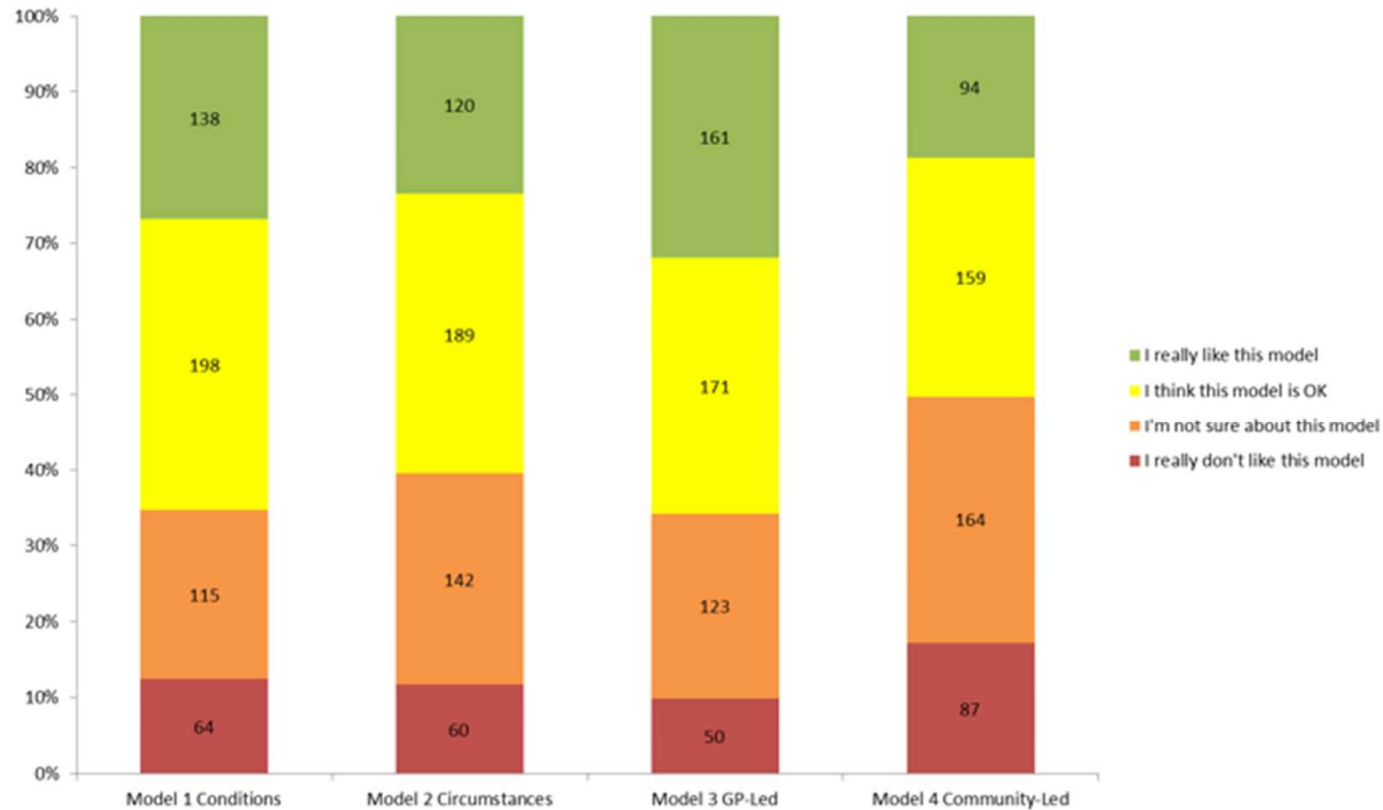
## Topics

- Vision
- Commissioning Models
- Priorities

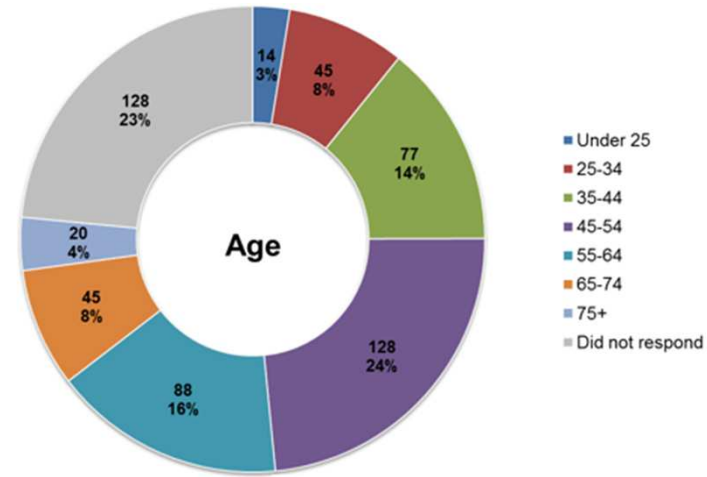
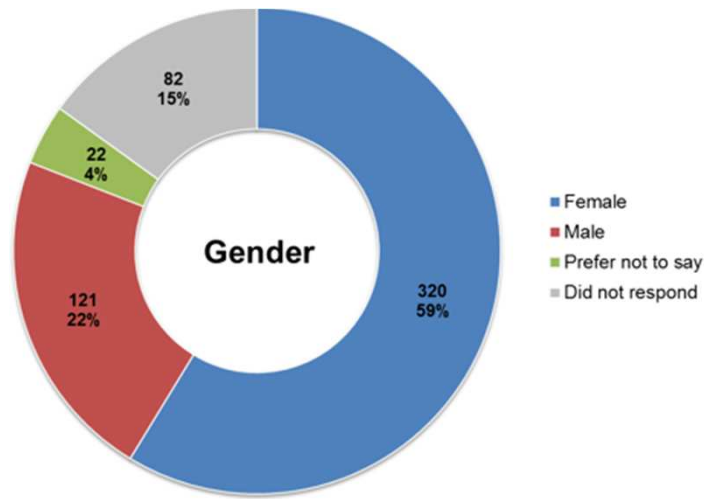
# Public Engagement Analysis : Priorities



# Public Engagement Analysis : Models



# Public Engagement Analysis : Demographics



# Public Consultation: Key Findings

## Wellbeing Hubs

- The GP-led Wellbeing Hub was the most popular model overall with trust and familiarity a key factor.

## Access and equality

- Community-based models could lead to a “postcode lottery” across B&NES

## Communication

- Better communication between providers will be needed to facilitate transformation

## Resources

- There will be challenges around funding the new model given the financial pressures upon NHS and Council budgets.

## Workforce

- More resources to be invested into front line care rather than creating new management and/or bureaucratic structures

## Evolution, not revolution

- We must build on existing strengths and relationships rather than starting from scratch.

## Evidence-based

- Changes to services must be based on clear evidence of what people have told us and what works already.

## Technology

- We must join up data across providers.



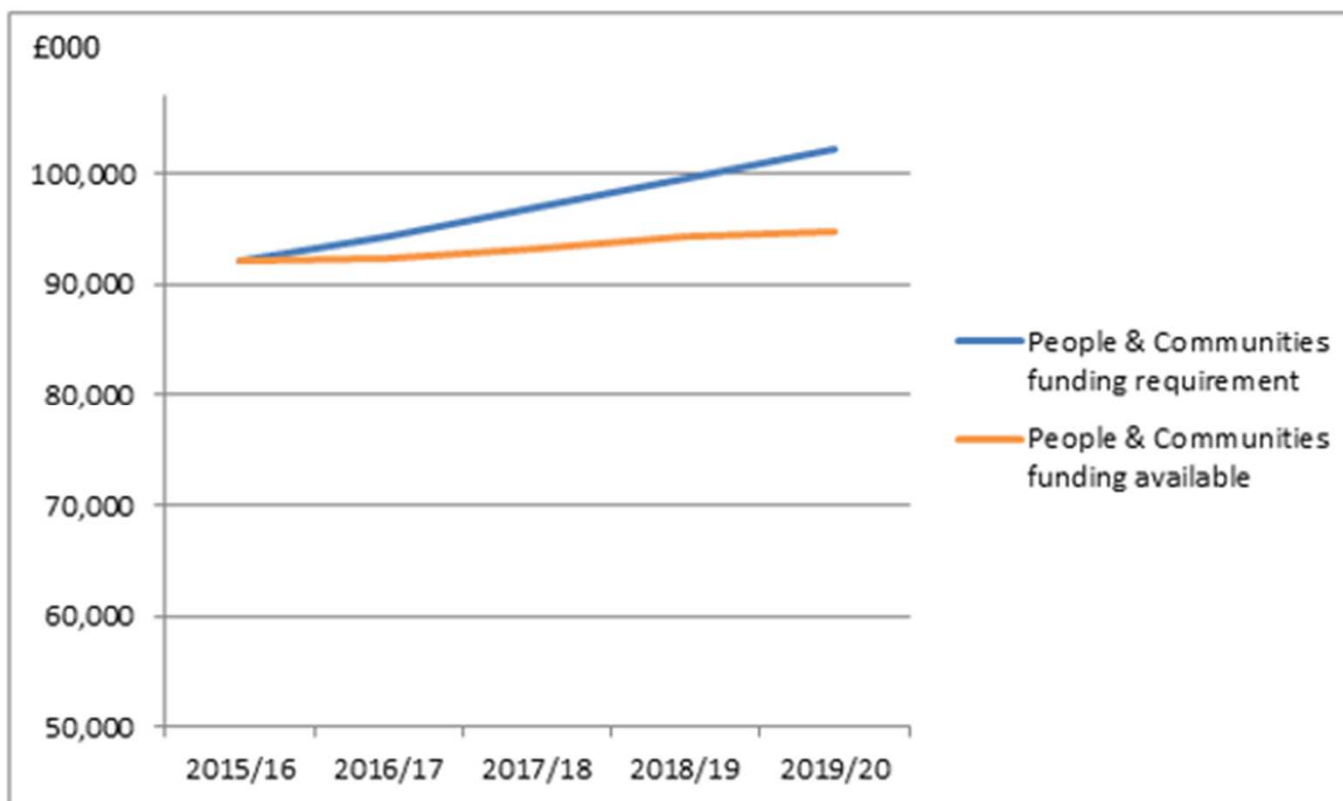


# Financial Planning

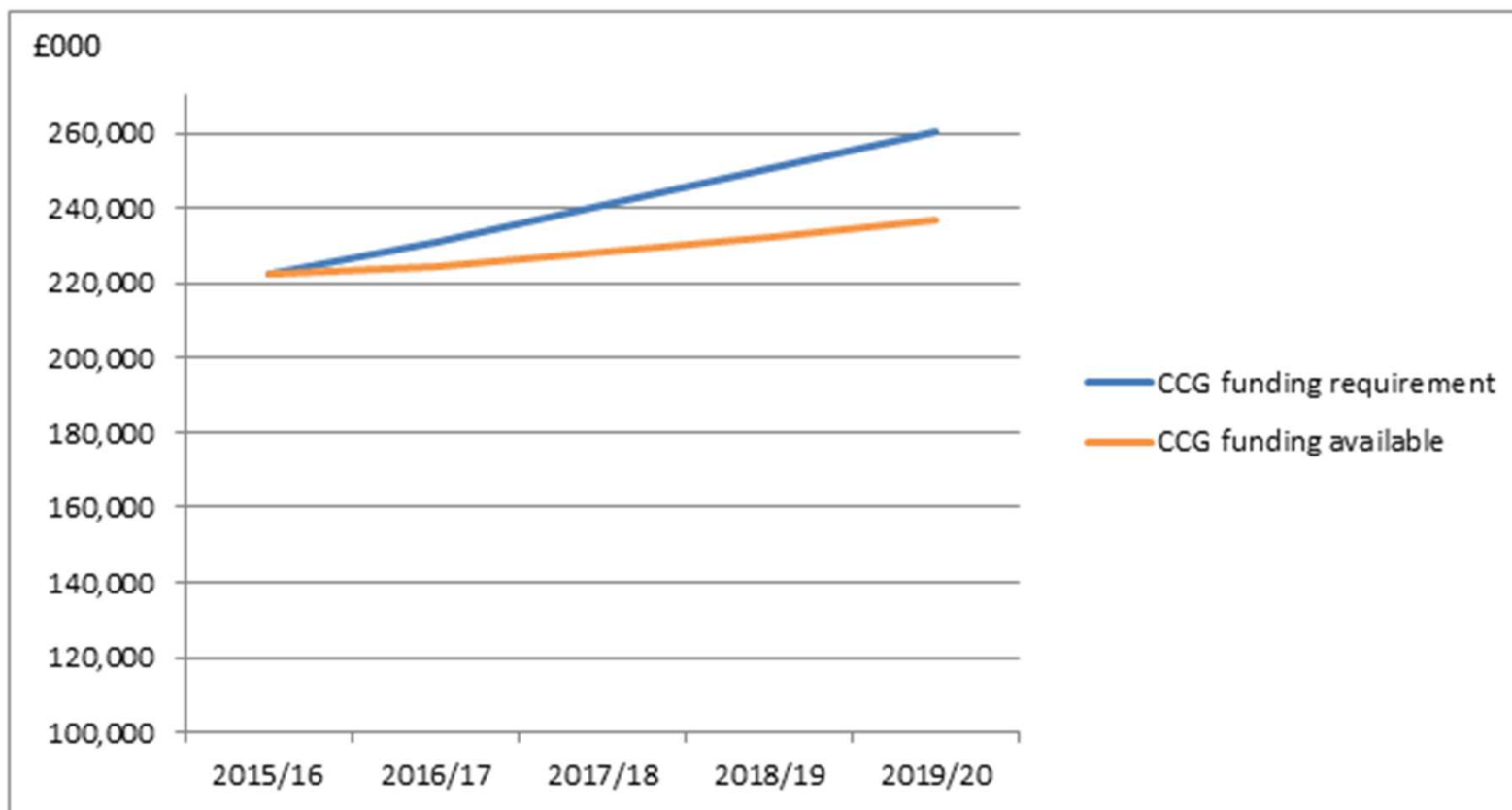
# The Funding Envelope

|                                | <b>CCG</b>                             | <b>Council</b>                         |                   |
|--------------------------------|--|--|-------------------|
| <b>Category</b>                | <b>Current commissioner spend £000</b> | <b>Current commissioner spend £000</b> | <b>Total £000</b> |
| Complex & Specialist           | 20,567                                 | 14,296                                 | <b>34,863</b>     |
| Early Intervention             | 2,714                                  | 23,120                                 | <b>25,834</b>     |
| Universal Information & Advice | 5,067                                  | 3,472                                  | <b>8,539</b>      |
| <b>TOTAL SPEND</b>             | <b>28,348</b>                          | <b>40,888</b>                          | <b>69,236</b>     |

# Council Funding



# CCG Funding



# Key funding reduction principles

- I. The funding envelope will be adjusted from the 2016/17 baseline to align with Council and CCG reductions in health and care funding arising from both organisations' financial planning and annual budget-setting processes.
- II. Identified areas for cash-releasing efficiency savings or improving value will need to align to new commissioning & provider delivery models.
- III. Demographic change pressures will need to be managed within available resources.
- IV. New investment requests will reviewed on an individual basis and require sound quantitative and qualitative evidence of system benefits.
- V. Commissioners and providers will continue to work in partnership to jointly identify areas of opportunity including back office efficiencies.

# Contractual Models

# Provider Engagement Approach

## Method

- Workshops
- Surveys
- 1:1's

## Stats

- 150 individuals
- 77 Organisations engaged

## Topics

- Commissioning models
- Contracting methods
- Workforce Strategy
- Technology

# Provider Engagement: Messages

## Models

- Support for locality based models but clearer guidance on how this may be phased or implemented is required

## Relationships

- Mixed relationships between providers

## Commercial Considerations

- Clarity required around contractual model and market testing approach

## Role of Primary Care

- Strong consensus that primary care should form the basis of a locality based approach

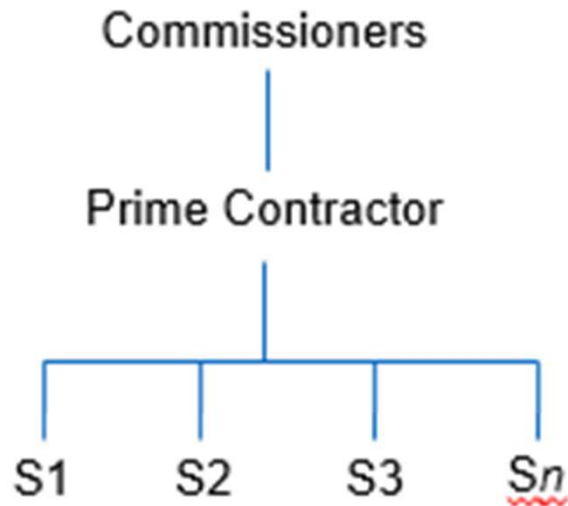
## Resilience and capacity

- Providers need time and help to establish sufficient resilience and capacity to play a meaningful part of the provider redesign process.

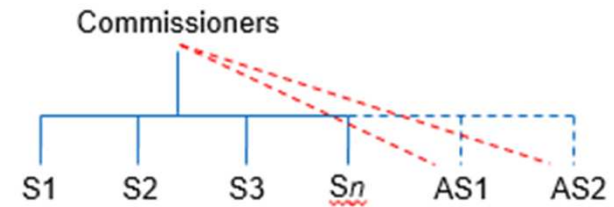


# Recommended Approach

## Prime Contract

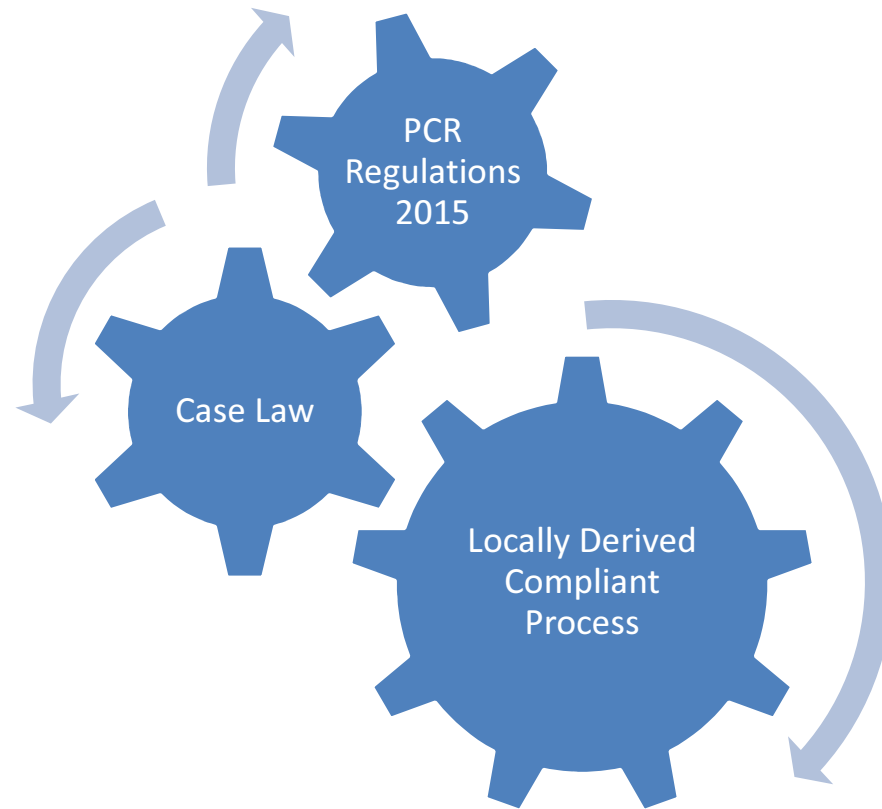


## Dynamic Purchasing System



# Market Testing

# Key Considerations



# Approach

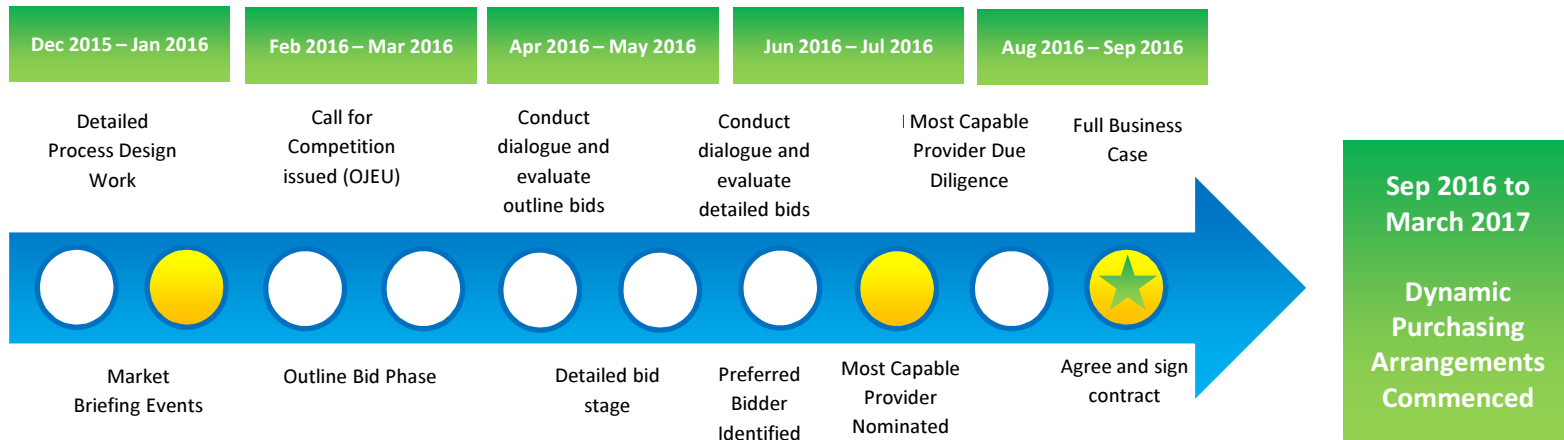
**Open  
Procurement  
Process  
(Light Touch)**

**VS**



**Single or  
Consortium  
Provider  
Negotiation**



# Timeline



**key**

-  Approval required by Governing Bodies to approve Full Business Case and proceed with contract award
-  Approval required by Joint Commissioning Committee at key milestones



THANK YOU