



# Your Care, Your Way

Health & Wellbeing Board Update  
February 2016



# Engagement & Consultation

# Engagement Approach

## Method

- Workshops
- Surveys
- 1:1's

## Stats

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

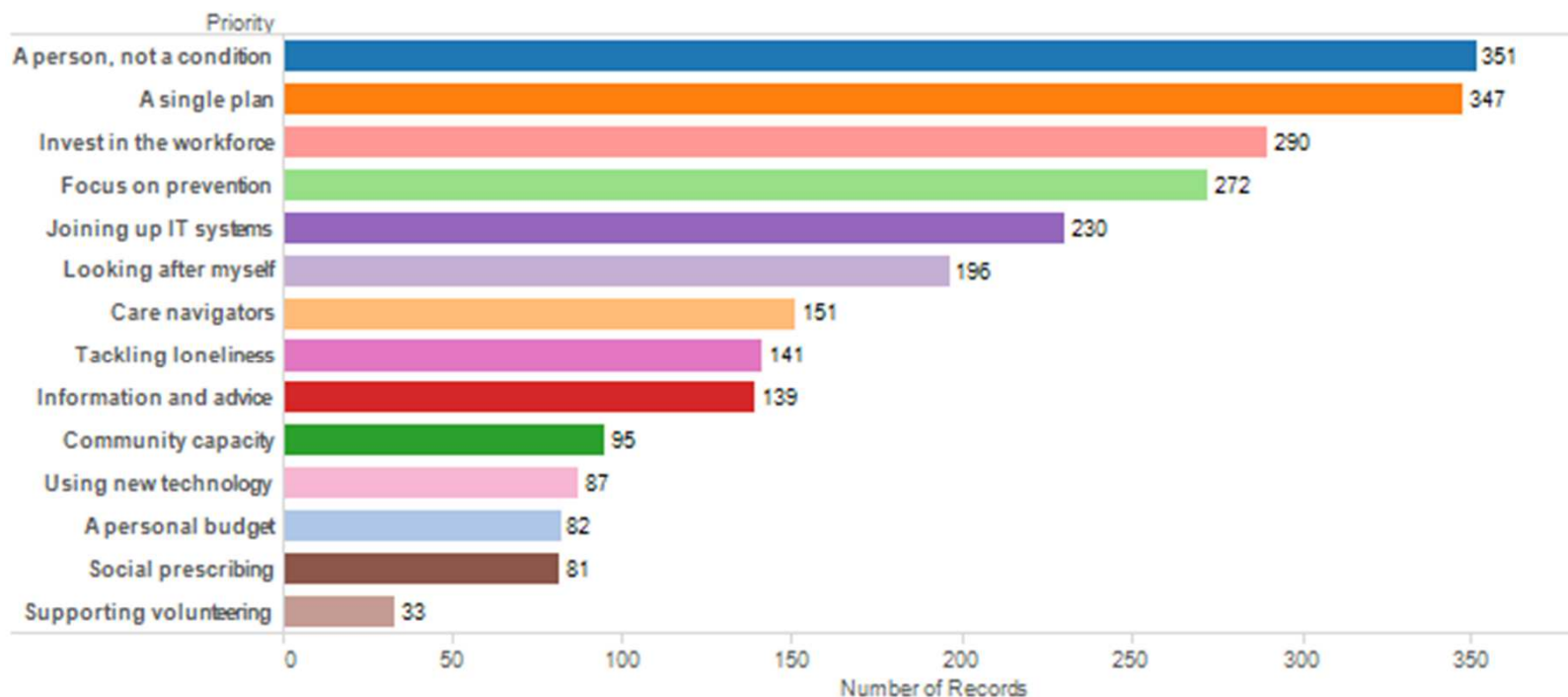
## Topics

- Vision
- Commissioning Models
- Priorities

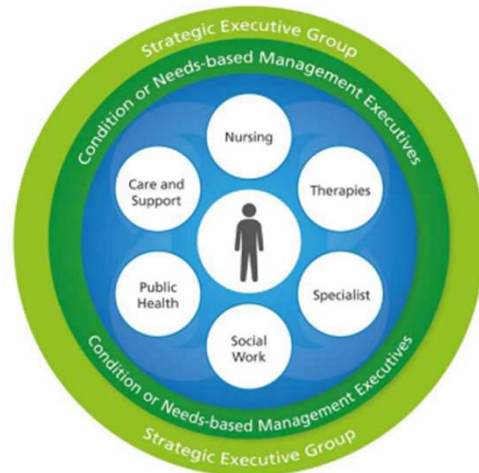
# Developing our priorities...



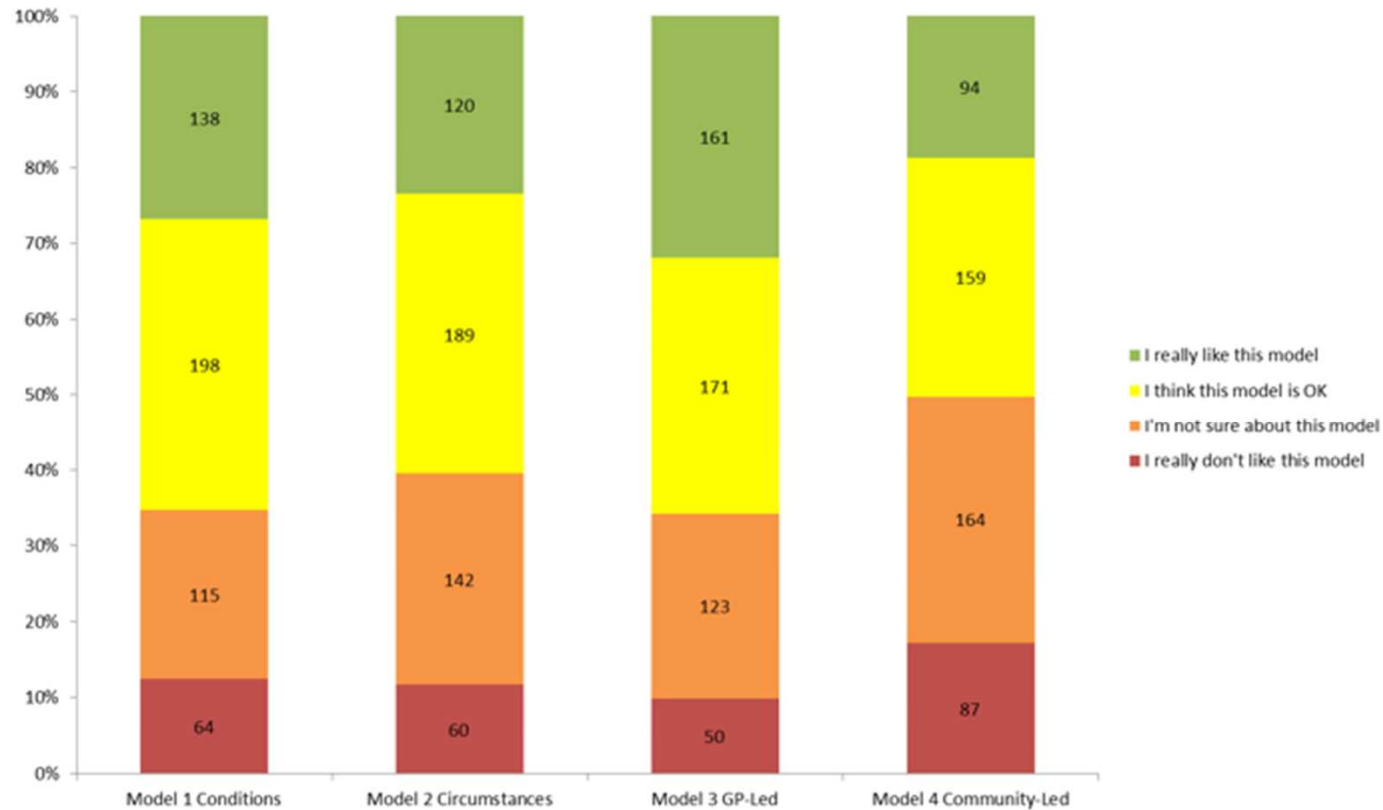
# Public Engagement Analysis : Priorities



# The Models...Condition or Locality?



# Public Engagement Analysis : Models



# 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

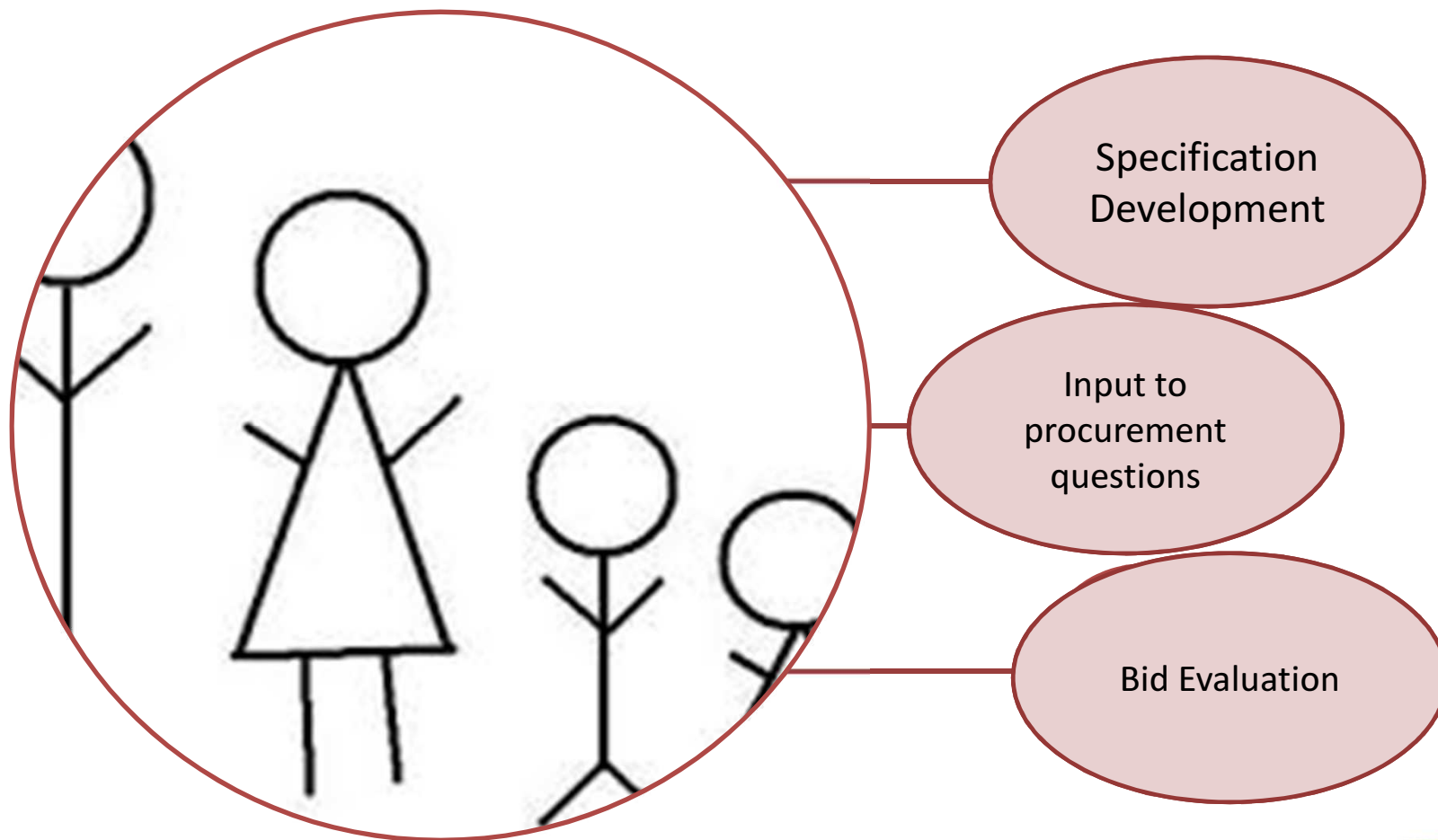
- Changes to services must be based on clear evidence of what people have told us and what works already.

## Technology

- We must join up data across providers.



# Continuing Co-Production



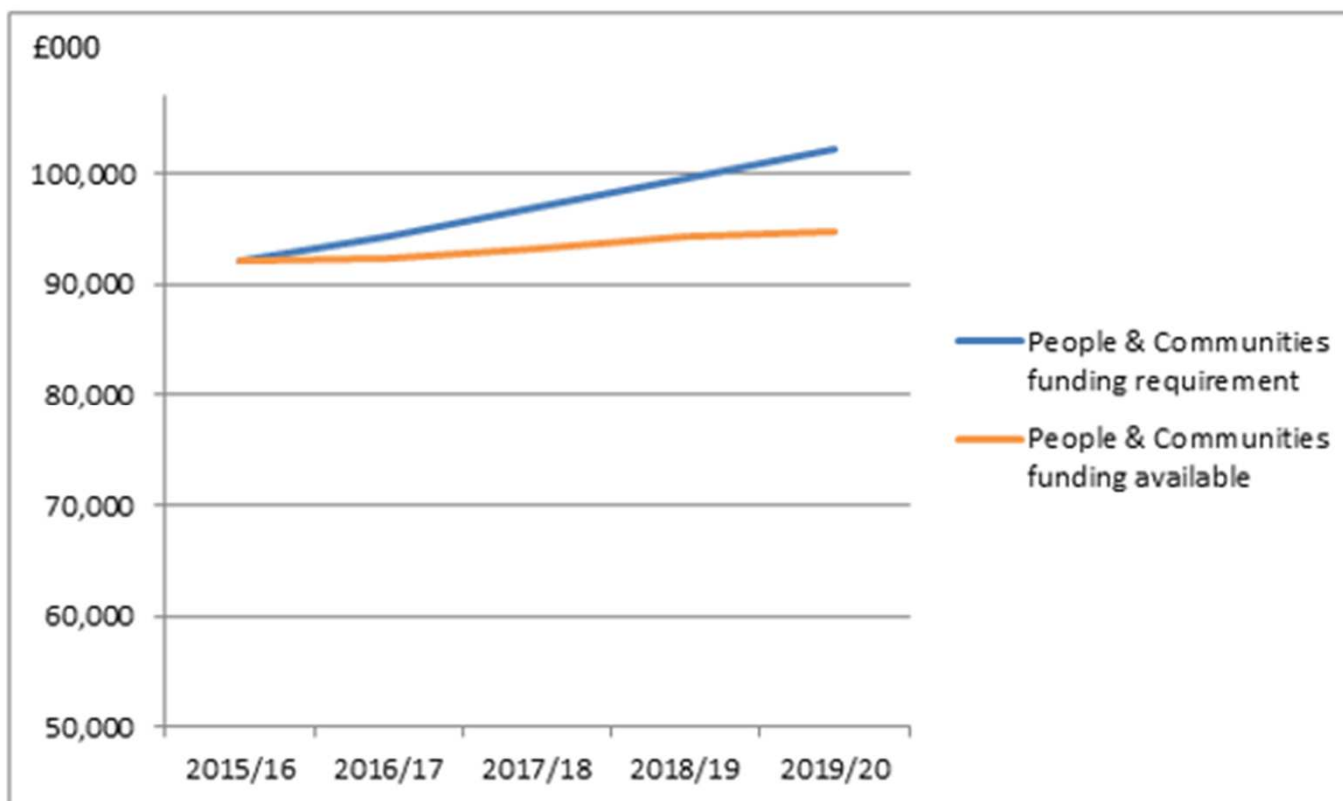


# Financial Planning

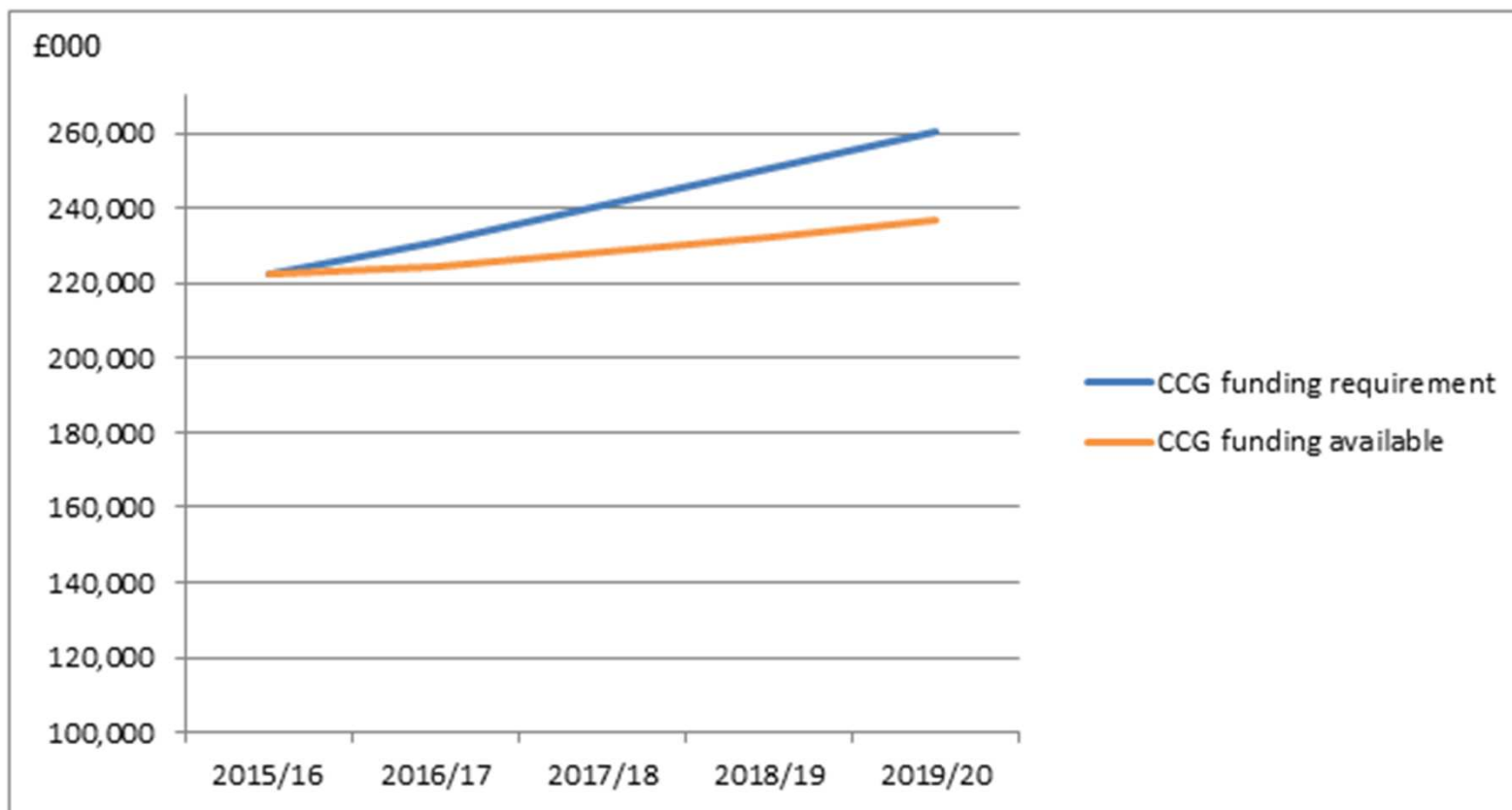
# The Funding Envelope

	<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: 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

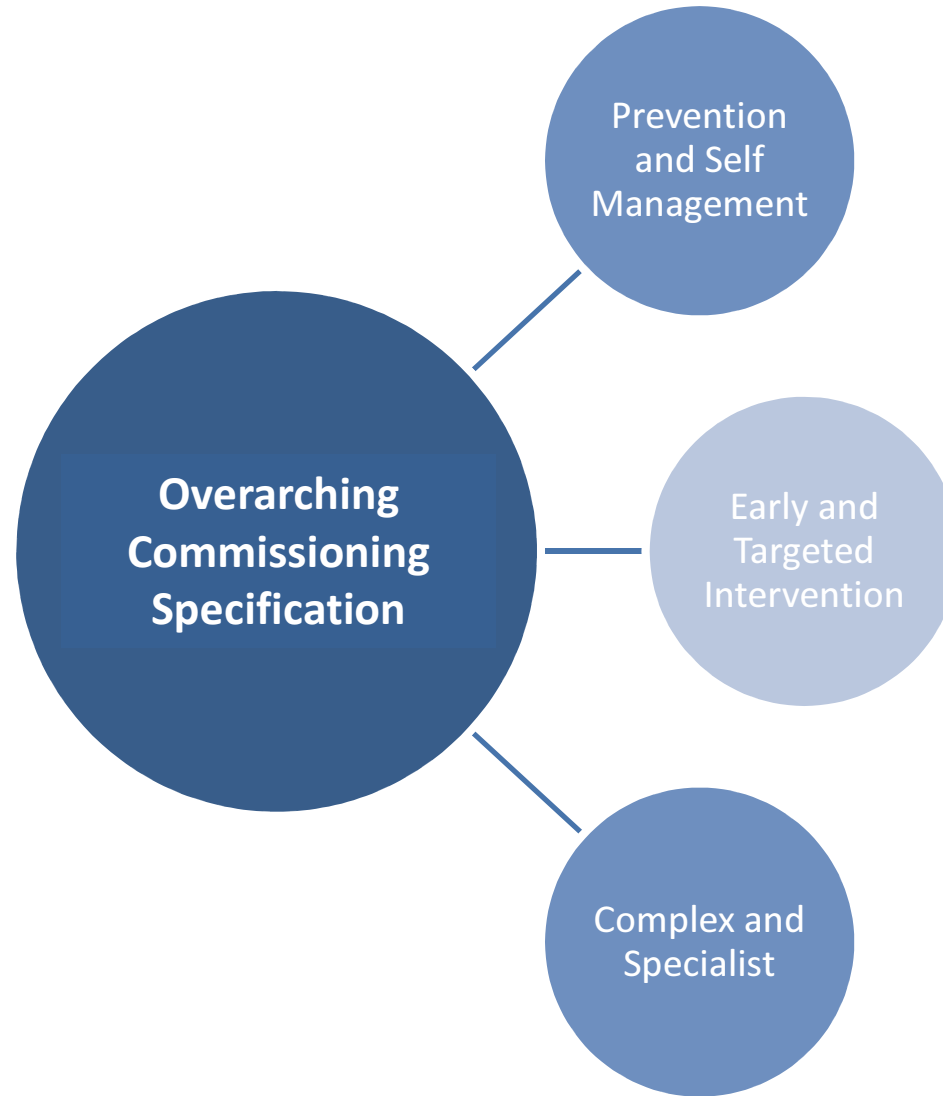
- Strong consensus that primary care should form the basis of a locality based approach

## Resilience and capacity

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

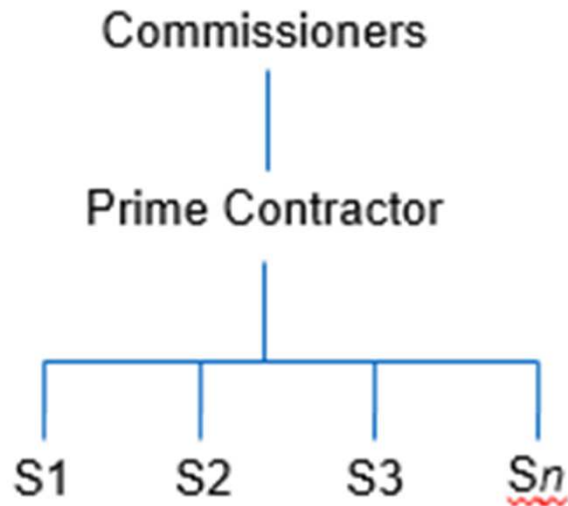


# How will we specify services?

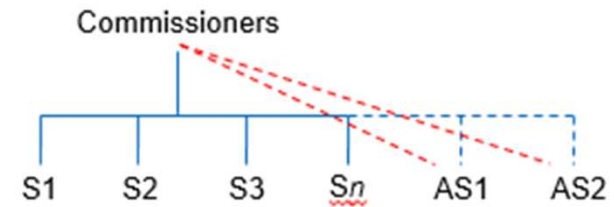


# Recommended Approach

## Prime Contract

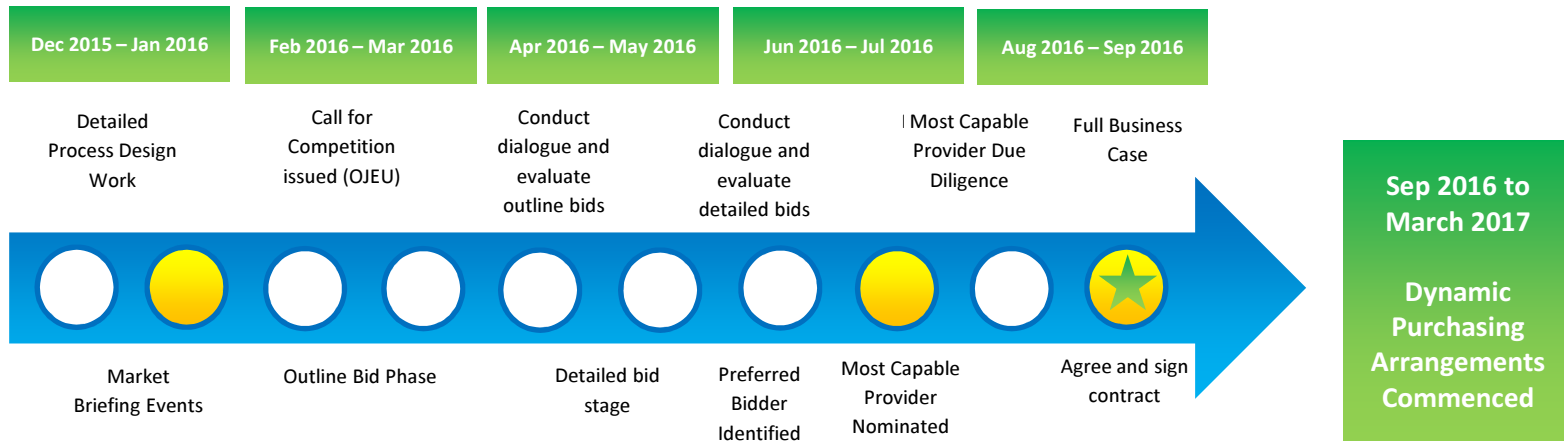


## Dynamic Purchasing System





# Market Testing

# 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

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Bath & North East  
Somerset Council

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**NHS**  
Bath and North East Somerset  
Clinical Commissioning Group