

Joint Commissioning Intentions 2019/20

Milton Keynes Health & Wellbeing Board

5th September 2018

Purpose of Commissioning Intentions

- Gives clarity to providers about what commissioners are planning to change over the period
 - Strategic developments
 - Procurements
 - Pathway developments
 - QIPP priorities
- Clarifies technical changes through contracting intentions
 - Technical contract changes
 - Pricing changes
 - Counting and coding changes
- Informs other parts of the commissioning planning cycle
 - Scheme development
 - System efficiency plan development (QIPP)
 - Local place-based plans
- The difference for the 2019/20 process
 - Co-ordinated development approach
 - Single Commissioning Intentions document

Why Joint Intentions this Year?

- To explore and maximise opportunities for commissioning synergies
- To provide a single commissioning response/view where appropriate
- To agree and work to a common set of planning assumptions
- To enable joint planning and delivery work to proceed
- To work in an aligned way to commission and contract for services in 2019/20, as far as is practical
- To jointly assess any national guidance/mandates (when published) and ensure fit with STP and place-based plans

Current context – BLMK system

Financial challenges

- The 2017/18 in-year deficit position for BLMK was £6.0m, (£3.0m surplus in CCGs and £9.0m deficit in Acute Trusts). Efficiency savings of £69.1m helped to support this result.
- Plans for 2018/19 indicate a £15.7m improvement to £9.7m surplus for the system (6 organisations) in year and will require at least £72.8m of planned efficiency savings to deliver.
- In addition to the in-year Control Total targets, a number of organisations within the system have retained deficits.

Demand and capacity mismatch

- Increasing demand for unplanned admissions through emergency care
- Increasing demand in primary care and a lack of capacity
- Running out of physical space at hospitals and community settings – we need to work differently
- Increasing expectations around the accessibility and response of healthcare

Changes to the provider and commissioner landscape

- Luton and Dunstable Hospital and Bedford Hospital merger
- Better integration and cross working across health and social care
- Single CCG leadership team being created across BLMK under the new single Accountable Officer
- The importance of Place and place based approaches to integrated working
- On-going development of BLMK as a Integrated Care System (ICS)

Development Timeline

BLMK wide Scoping workshop - July

Draft Commissioning Intentions document developed and agreed - August

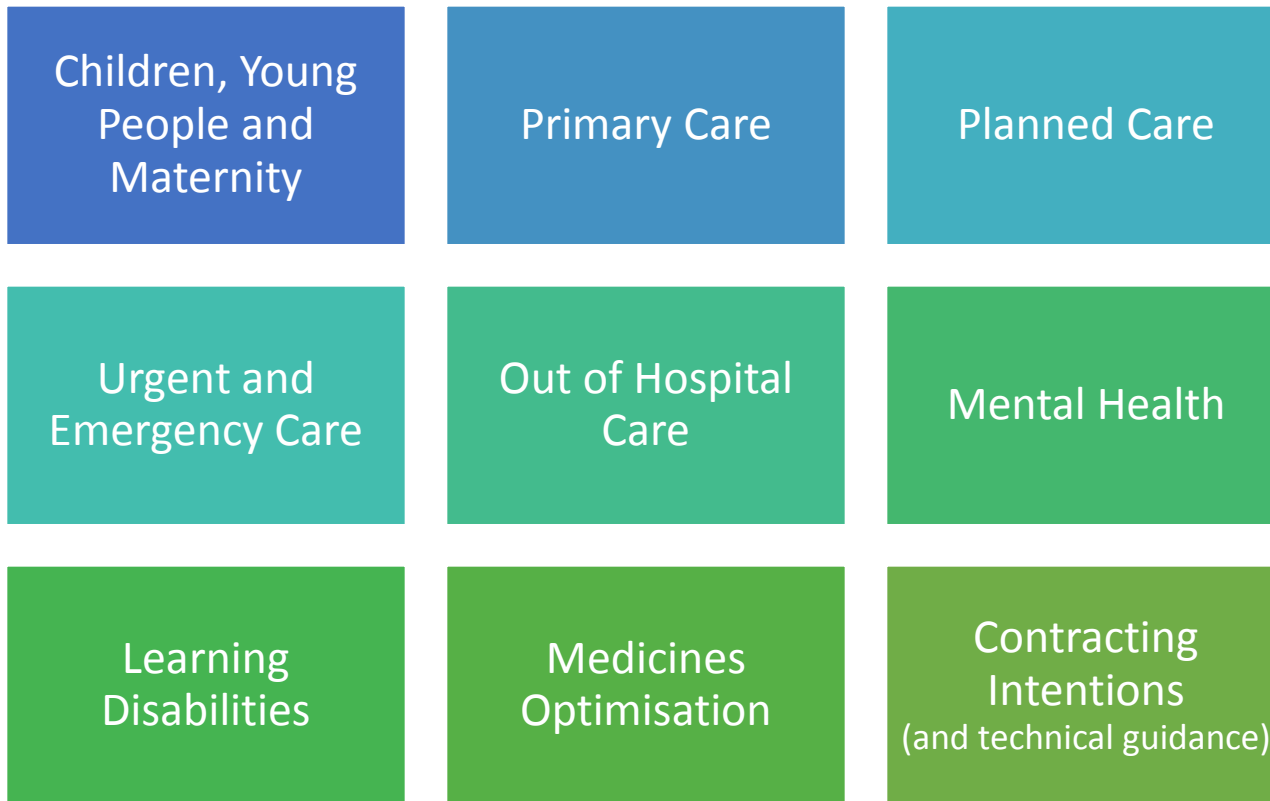
Stakeholder testing – Transformation Boards, Provider Alliances, Health and Wellbeing Boards, other local stakeholder groups – through August & September

Further refinement of document based on feedback – during September

Sign off through BLMK Committee In Common 19th September

How we have structured the intentions

We have captured the intentions around the following key strategy areas:



Delivering Commissioning Intentions 'at scale' in 2019/20 (BLMK)

Some of the key strategic area initiatives will include:

Standardise **NHS 111** on-line 'offer' for BLMK residents

Optimise **ambulatory/emergency pathways** including standardising payment for ambulatory care

Develop the **personalised care agenda** to empower BLMK residents greater control in their health and wellbeing

Continue to progress with the **primary care home model** at scale through networks/clusters

Develop a BLMK wide transformation plan to improve **children and young people's mental and emotional wellbeing**

Progress with implementing Year 2 of the **local maternity transformation plan** to improve safety

Develop a consensus model for **mental health provision 'closer to home'**

Continue to improve **bowel, prostate and lung cancer** diagnostic pathways across BLMK

Develop a collaborative work plan to improve the quality of life for people with **learning disability and/or autism**

Continue progress on digitalisation programme to support **'shared care'** access

CI 'At Place' Initiatives for Milton Keynes 2019/20 - Highlights

Primary Care

Development of **Whitehouse Health & Wellbeing Centre** (population expansion of 22,000)

Integrate **GP Fund Appointment capacity** (evening and weekend appointments)

Embed **care navigation/case management** focusing on high intensity users of health and care services

Urgent Care and 'On The Day Demand'

Optimise **ambulatory care pathways** to reduce emergency admissions

Repurpose **urgent care activity** to bookable appointments & increase on-line NHS **111 consultations**

Out of Hospital Care and Transitions of Care

Develop **personalised care agenda** (increase social prescribing and personal health budgets)

Optimise utilisation of **community beds** to streamline patient flows

Planned Care

End to end **clinical pathway development** (gastroenterology, respiratory, neurology, etc.)

Improve access for **diagnostic cancer pathways** (gastro, lung and prostate)

Children & Young People (C&YP) and Maternity

Strengthen C&YP **mental and emotional wellbeing** pathways and reduce avoidable paediatric emergency care

Progress **local maternity transformation plan** to reduce still births, etc. & improve choice & personalised care plans to enable women to give birth in midwifery-led settings

Mental Health and Learning Disabilities

Integrate approaches for physical & mental health including improving Interventional Access for Psychological therapies (**IAPT**)

Improve uptake of annual **physical health checks** and enhance community capacity for individuals with learning disabilities

How you can help

To be sure that we haven't missed anything, what else should we include for the whole BLMK system or specifically for our local Place in relation to:

How services are organised – could more be delivered in the community?

Preventing ill-health – what could be do to help people keep healthy so that they don't need to go to A&E, the hospital or the GP?

What could we do to make a difference to the health and wellbeing of children and young people, pregnant women, the elderly or people with mental health?

Are there any things which the NHS should fund less of?