

Title of meeting									
Date of Meeting					Paper Number				
Title				Strategy Refresh					
Sponsoring Director (name and job title)				Paul Sly Interim Accountable Officer					
Sponsoring Clinical / Lay Lead (name and job title)				Dr Jim O'Donnell					
Author(s)				Paul Sly					
Purpose				To refresh the strategic framework in advance of the development of the 2016/17 Operational Plan.					
The Governing Body is required to									
Approve	x	Receive			Discuss		Note		
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				To be included within the 2016/17 Operational Plan.					
Legal implications/regulatory requirements				N/A					
Public Sector Equality Duty				N/A					
Links to the NHS Constitution (relevant patient/staff rights)				N/A					
Strategic Fit				Key strategic document for the organisation.					
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i>				To be incorporated within the 2016/17 Operational Plan					



<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p>	<p>To be incorporated within the 2016/17 Operational Plan.</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Refresh is based on the original 5 year strategic document which had extensive clinical engagement.</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Refresh is based on the original 5 year strategic document which had extensive clinical engagement.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><u>Executive Summary</u></p> <p>A shorted and refreshed strategy document has been developed to help guide the production of the 2016/17 operational plan.</p>	
<p><u>Recommendation(s)</u></p> <p>The GB is asked to approve the strategy refresh.</p>	

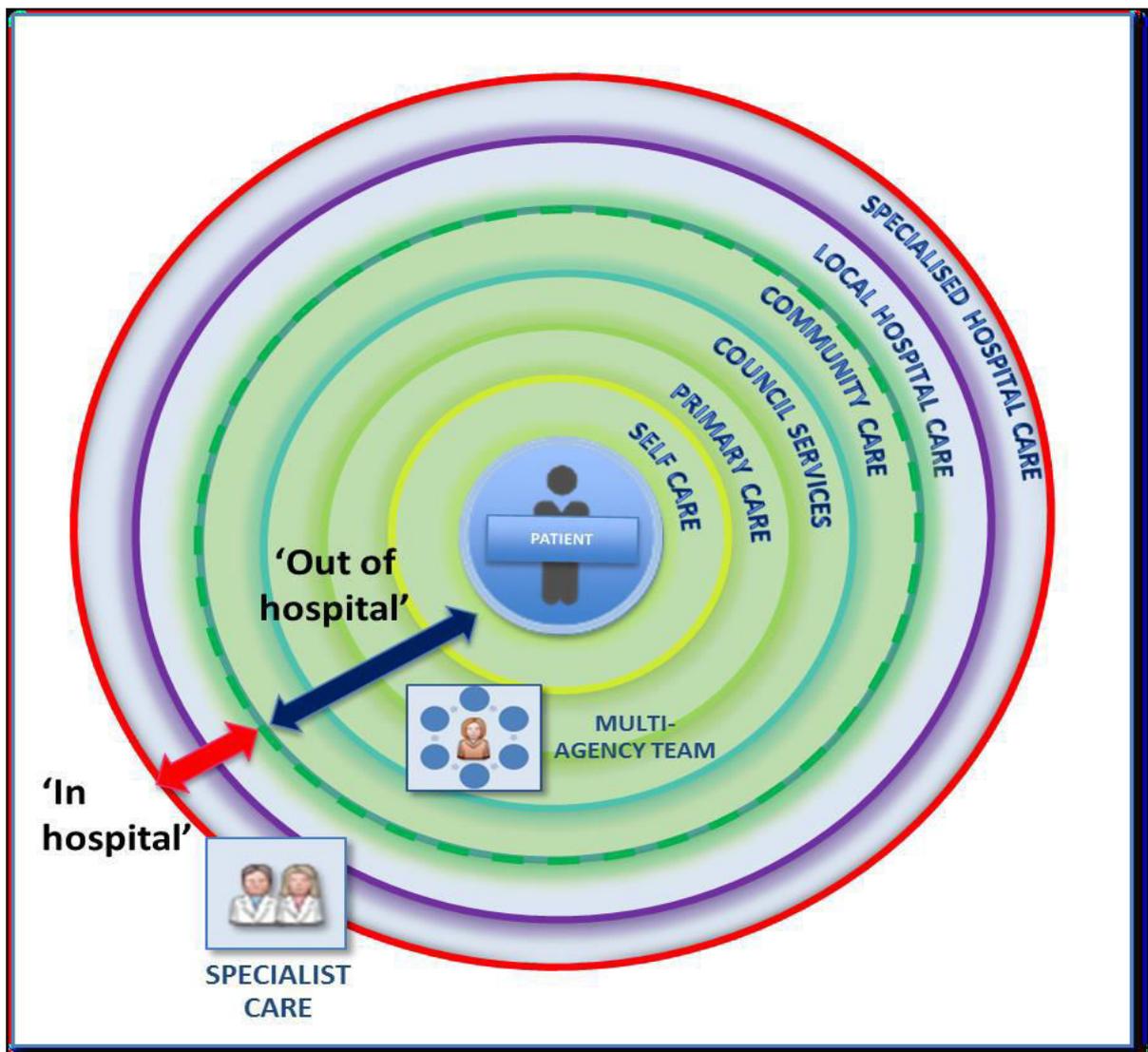


Thinking locally, working together

Commissioning strategy for East Berkshire – Developing a sustainable system

In East Berkshire the three CCGs are committed to working together to deliver high quality, affordable healthcare which delivers excellent patient experience and improved health outcomes. We are committed to being fair and diverse, improving the services commissioned for our local communities and tackling health inequalities.

We believe that individuals should take responsibility for their health and be supported by their family, social networks and communities to do so. We will engage with patients and the wider public in the design and implementation of any changes. Mental health is equally as important as physical health and our commissioning will recognise this. General practice is the foundation on which all other services are built and our aim is to ensure that it is able to deliver this, in tandem with excellent community and hospital based care as demonstrated by our “New Vision of Care” below.



In order to deliver our vision we will need a sustainable workforce that is well trained and open to working differently. We will need to review and develop our estate so that it is fit for purpose to deliver the services of the future. We will ensure that a shared care record is available so that patients only have to tell their story once and clinicians have access to the same information no matter where a patient is seen. Our digital roadmap will set out how we can maximise the use of technology assisted care and improve efficiency through digital technologies.

Change of this nature can only be achieved through a sustained and shared commitment from leaders, clinicians and staff, patients and the public. We will work collaboratively with the other commissioners of our major providers to develop and deliver a system sustainability plan. The ability to commission differently from primary care will be key to the delivery of our vision and we aim to have full delegation of primary care commissioning by April 2017. We will also take on a greater role in the commissioning of specialist services.

The key strategic themes to deliver our vision are:

Self management and prevention

- People will be encouraged to take action to improve their health now and for the future. Understanding how their lifestyles impact on their health and how they can make positive changes.
- Those living with long term and chronic conditions will be supported to understand and have confidence in managing their health needs, and we will improve medicines optimisation for people with multiple conditions.
- We will work better with community pharmacists, carers and the voluntary sector to provide people with support on an ongoing basis, tailoring our approach to different communities.

Primary Care

- Primary care will come together in clusters or federated groups. This will allow pooling of limited resources and expertise which will create efficiencies to sustain primary care.
- Primary care clinicians will develop further areas of specialist expertise and refer patients to each other.
- We will develop a model of primary care for 7 day working from 8am to 8pm which complements the existing high quality services
- New arrangements will be introduced to manage demand, including initial telephone consultations to assess whether an appointment is necessary and non face-to- face appointments.

Person Centred co-ordinated care

- Integrated care will be developed to complement the primary care clusters and federated groups. General practices will contact patients who are most at risk of developing complex care needs and develop a shared care plan.
- The shared care plan will draw on all appropriate services, including other primary care clinicians, social care, community health services, mental health services and acute specialists. They will work in integrated teams to avoid admission and support patients back into the community following acute care.



Elective Care

- Decision support aids will be used to support conversations between clinicians and patients about the best course of action for the individual.
- The traditional outpatient model will change. The aim is that primary care clinicians can increasingly draw upon specialist expertise through networks, enabled by technology, with a much reduced demand on consultant led hospital clinics.
- End to end pathways will be developed. We will take an integrated approach to commissioning these and a standardised approach to implementing them.
- The aim is reduce length of stay in hospital by embedding enhanced recovery across all elective surgical pathways and improving discharge co-ordination.

Urgent Care

- We will develop an urgent care system which removes duplication and maximises the use of resources. Entry points to urgent care will be rationalised, and we will work with NHS 111 to improve their services.
- Access to primary care will be improved through the development of seven day working. Emergency appointments will be available out of hours with a certain number held for children.
- The role of the Ambulance Service will be transformed. There will be a retraining of ambulance staff, enhancing their skills and increasing the number of paramedics who can see people in their own homes.
- People will only go to A and E when they need it. A and E will be designed to ensure that patients have the right level of intervention and support.

