

Appendix 3 - Commissioning Intentions – Themes and synergies to explore – from September Workshop

- Further and faster exploration of options for combining back office and uniform functions across partners, where it can generate demonstrable process and or finance efficiencies
- Set up process to ensure new initiatives are not commissioned without first identifying where similar existing capacity could be re-configured/reduced to release/ensure best use of resources
- Further exploration of pooled funds with appraisal of current set ups and options for more/less in:
 - Residential & nursing care placements
 - CHC
 - Reablement
 - Discharge processes
 - Personal budgets/personal health budgets
- Improving the discharge processes and experience
 - Promote consistent practice and processes across partners
 - Implement trusted assessors
 - Earlier involvement of private/vol. sector providers to promote more timely transfer to long term care, where required
 - Better analysis and understating of current options for discharge (i.e. community hospital bed use, nursing care etc.) to be clear on capacity, suitability and identify any gaps in provision
- Review current community hospital bed use across BW10 – is it utilised effectively and consistently?
- Explore options to incentivise providers to safely promote timely move on and/or avoid higher intensity services, where appropriate (i.e. further exploration of capitated contracts, commissioning by outcome/need not service type)
- Better patient/service user segmentation to deliver more targeted services that have the greatest impact on key HWBB measures/outcomes
- Develop a better understanding of savings/efficiencies of current and future service models (e.g. quantifying the benefits of investing in step down/reablement which can delay need for residential/more intense dom care)
- Prevention and community/patient/user engagement
 - Promoting community ownership of their HWBB and building stronger links (multiple work streams in this area that need coordinating)
 - Review initiatives that can make our workforce champions of public health and lead by example
 - Invest in broader use of technology (AT, more on-line services, improved data sharing)
- Making better use of local/national enterprise and businesses –
 - Can we tap into local business to deliver joint initiatives (i.e. local tech business and research/academic institutions) for patient/user benefit?
 - To make bids attractive will need to be of scale and likely pan west Berkshire
 - Set up of dedicated role to explore and maximise funding opportunities via grants and challenge funds etc. to deliver change projects/pilots
- Firmer agreement on what 7-day services means and what should be provided / what do we want to achieve? Analysis of current provision against agreed parameters, identify any gaps. Promote 7 day access/service equity across partners
- Promote crossover and consistency between partner commissioning strategies to highlight joint working and communication. Localities to agree on common section/text, as appropriate.