



Northern, Eastern and Western Devon
Clinical Commissioning Group

NEW Devon CCG Strategic Planning – Addressing HWBB priorities

We have produced a five year strategy which will focus on how as a health and social care community we create a high quality and sustainable system that delivers on our ambition to place individuals at the centre of our work.

We recognise that we cover many providers and health communities in NEW Devon CCG. Our commissioning framework and strategy therefore delivers a single, clear and robust approach that will apply to each community consistently: our unit of account is to deliver success to all areas within the CCG.

We recognise the challenges within this planning round and believe that by setting out a clear framework and looking to work collaboratively with all providers and across organisational boundaries offers the best chance of collective success with the best patient and population outcomes. The framework will also allow us to adopt solutions for individual communities where these fit within the key principles we establish.

Our priorities emphasise areas requiring focus to achieve consistent quality of service and the NHS Constitutional standards for access. We will ensure that we support patients' decision-making in relation to their conditions to enable them to take ownership of their care. We place particular emphasis on better management of the interfaces between services, health and social care providers and other agencies. The Devon Predictive Model and the use of risk stratification will continue to be a fundamental approach to our work in keeping people well.

Clinical outcomes are good; however the cost of total provision in a number of areas is higher than other places and, when combined with the economic outlook and shifts in demography, lead to a need for change. Our strategies look to move resources towards prevention and self-care and better management of long term conditions and urgent care.

NEW Devon CCG will work with its partners to commission services that contribute to the delivery of the Joint Health and Wellbeing Strategy.

Effort has been made to align the CCG's commissioning intentions with the Plymouth and Devon Health and Wellbeing Board's (HWB) priorities.

The table below shows the relationship between the HWB priorities and the commissioning intentions, demonstrating that there is comprehensive overlap between these sets of priorities.

Commissioning intentions	Plymouth Health and Well-Being Priorities			
	Mental Health	Healthy Weight	Substance Misuse (including alcohol)	Health and Social Integration
Right Care		✓		✓
Targeted Follow-ups	✓			✓
Elective Orthopaedic Care		✓		✓
Non-Elective Care	✓			✓
Individual Patient Placements	✓			✓
Direct Access to Diagnostics				
Ambulance Conveyances				
Children, Young people and Maternity services	✓			✓
Dermatology				✓
Learning Disabilities	✓	✓		✓
House of Care			✓	✓
Ophthalmology				✓
Rapid Access				
Use of Technology				✓
Mental Health	✓			✓
Continuing Health Care				✓
Personal Care Market				✓
Personal Health Budgets				✓
Care Homes				✓



Plymouth Health and Wellbeing Board Priorities

Priority 1: Mental Health

The Commissioning Intentions that contribute to Priority 1 specifically are: Targeted follow-ups; Non-elective care; Individual patient placements; Children, young people and maternity services; Learning disabilities; Mental health. Key aspects are indicated below:

Targeted follow-ups

- To reduce and remove unnecessary follow-up appointments for patients and their carers; improving patient experience and reducing demand on resources.
- There is a priority to ensure that the functions of Community Mental Health Teams are delivered close to, or within, primary care settings, with an emphasis on close working between psychiatrists and GPs. Patients with a mental health condition should be seen by mental health specialist services for the minimum period time so that capacity is maintained, institutionalisation and dependence is reduced and links to community, home and employment are maintained.

Non-elective care

- We will continue to transform community services across Devon and commission differently for adults with complex needs. In response to the significant demographic challenge in Devon we plan to move from a bed based model of reactive care to a model of care that is closer to home and places prevention and well-being at its heart.
- It is our intention to use funding released from bed based care to increase the capacity of our community teams, the total volume of care that is available for people living in Devon and ensure that all people living with a dementia and/or cognitive impairment are identified.

Individual patient placements

- Our ambition is to reduce the use of out of area placements for adults and children, and commission care for more people with complex problems closer to home. Our focus is upon the individual patient, to ensure best care arrangements which encourage and promote recovery.
- We will improve services for people with complex needs and personality disorder and improve the integration of services for people with a dual diagnosis.
- There is a need to develop high quality multi-disciplinary CAMHS Teams as an alternative to in-patient care for children and adolescents with complex mental

health needs. We will continue to work with partners to prevent complex mental health needs through early years intervention strategies for specific families.

Children, young people and maternity services

- To ensure timely access through: delivery of an Emotional Health and Wellbeing Strategy; working with providers to maximise the productivity of services including CAMHS and speech and language therapy; and the commissioning of service enhancements including: a Place of Safety for young people with mental health problems who are taken into custody; an autistic spectrum conditions pathway across providers; speech and language therapy for young offenders; and addressing the health needs of children in care.
- To work with partners to deliver integrated assessment, care planning and delivery through the implementation of the Early Help Strategy; and Special Education Needs and Disability changes set out in the Children and Families Bill. Increase productivity of CAMHS, and therapy services.

Learning disabilities

- We will challenge the health inequalities faced by people who have a learning disability, reorganising services where necessary and ensuring that reasonable adjustments are made across health services. This will also include a review of therapies concentrating on access and equity across the CCG area.
- We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.

Mental health

- We will focus on enhancing both primary and secondary prevention approaches.
- Access - Ensuring services are available 7 days and 24 hours.
- Ensuring treatment services are available in a timely manner and facilitate a rapid response.
- Working with our two local authorities to commission integrated mental health services.
- We intend to maintain the funding for mental health services across Devon at the current level to ensure that we are addressing the concerns around parity of esteem for mental health but also recognising the urgency to develop services, especially; Psychiatric liaison/out of hours services; Psychological therapies and eating disorders.
- Developing dual diagnosis services.
- Developing a Peninsula wide approach to psychiatric intensive care.
- Integrating diagnosis and treatment pathways for children and adult services.
- Integrating the work of the 3rd sector, private, charity and peer-led organisations into clinical pathways.
- Ensure all commissioning plans for health and social care reference the need to address mental health issues.

Priority 2: Healthy Weight

The Commissioning Intentions that contribute to Priority 2 specifically are: Right care; Elective orthopaedic care; Learning disabilities. Key aspects are indicated below:

Right care

- Hip and knee replacement requiring a greater emphasis on weight loss.

Elective orthopaedic care

- Clinicians and patients will view surgery as the 'least preferred' option not the 'end goal' but with an efficient route for referral to surgery where it is the most appropriate solution.

Learning disabilities

- Disease prevention will be improved in relation to-Obesity, Diabetes, Cardiovascular disease, and Epilepsy, utilising staff that are aware of the needs of people who have a learning disability and reasonably adjusted services.

Priority 3: Substance misuse (including alcohol)

The Commissioning Intention that contributes to Priority 3 specifically is: House of care. Key aspects are indicated below:

House of care

- We will commission services that treat all long-term conditions together, focusing on the needs of the whole person, regardless of age and regardless of the number and type of conditions that they may have.

Priority 4: Health and Social Integration

The Commissioning Intentions that contribute to Priority 4 specifically are: Right care; Targeted follow-ups; Elective orthopaedic care; Non elective care; Individual patient placements; Children, young people and maternity services; Dermatology; Learning disabilities; House of care; ophthalmology; Use of technology; Mental health; Continuing health care; Personal care market; Personal health budgets; Care homes. Key aspects are indicated below:

Right care

- To maximise the value that a patient derives from their own care and treatment.
- To maximise the value the whole population derives from the investments in their healthcare.
- Through our emphasis on the value our investments, for patients and for our population, we will focus on the evidence and rationale for current treatments. The outcome of this work will be an incrementally extended list of Procedures of Limited Clinical Effectiveness.

Targeted follow-ups

- To ensure patients receive the best possible co-ordinated approach to follow-up care, in the right setting, by the right person, in the right timescale and without duplication.
- We will free providers to adopt safe but radical changes to the way follow-up care is managed, putting patients' needs first and ensuring resources are directed towards a sustainable model of provision.

Elective orthopaedic care

- There will be an increasing focus on prevention and effective conservative management will be the cornerstone of care. Individuals will be empowered to make decisions and initiate care. GPs will be better informed to support patient choices.

Non-elective care

- We will commission optimal pathways of care for people presenting to secondary care in an unplanned way, specifically we will work with providers of secondary care to establish child friendly pathways for children who, following assessment, need urgent access to specialist opinion and in recognition of the increasing needs of older people with complex needs we will work with providers to commissioning pathways of care, that include both multidisciplinary and comprehensive geriatric assessment, in all acute hospitals that make rapid admit and discharge decisions and establish pathways of ambulatory care for all secondary care specialities.
- We will re-commission pathways of urgent care in each locality, re-specifying our requirements for both out of hours primary care services and minor injury units, treatment centres and walk-in centres, to ensure that people across Devon can access the urgent care services when they need them.

Individual patient placements

- This ambition is set within a context of increasing numbers of people being placed out of area, and recognition of the system-wide commissioning arrangements which could create perverse incentives in the system. Our focus is upon the individual patient, to ensure best care arrangements which encourage and promote recovery.
- We will achieve change by commissioning services that are integrated, personalised, flexible and responsive to changes in individuals' circumstances, delivered within the least restrictive environment to meet needs, and as close to home as possible.
- All service users with complex needs in the community will be involved in the design of their own individualised support plans.

Children, young people and maternity services

- To work with Local Authorities, commissioning partners and providers to develop services to consistently deliver improved outcomes for children and young people and their families, through a focus on implementing the early help and Early Intervention Strategies in Devon and Plymouth, ensuring timely access to services, and ensuring best use of resources across providers.

- To deliver consistent services through: a common children's community nursing specification for all providers; a comprehensive and robust community paediatrics specification; and a maternity service strategy that promotes normality of pregnancy and birth and ensures equity of provision.
- Delivery of services to children and young people should be in partnership, should be timely and consistent and focused on keeping children within their own homes and community settings wherever possible and appropriate.

Dermatology

- The CCG will commission pathways of dermatological care which give swift diagnosis and access to treatment at demonstrable value for money. This approach emphasises community dermatology provision wherever it is appropriate, efficient and effective use of See and Treat pathways and of GP education and consultant advice.

Learning disabilities

- We will support people to be independent and self-reliant using good prevention approaches and helping people manage their own long term conditions wherever possible.
- We will ensure that people are supported in their communities and through services that maximise the independence of each person according to their needs.
- We will improve the experience of young people and their carers as they move between children and adult services.

House of care

- We will commission services that treat all long-term conditions together, focusing on the needs of the whole person, regardless of age and regardless of the number and type of conditions that they may have.
- Increasing the use of self-management to support people with long term conditions get access to the skills and tools they need to support themselves.

Ophthalmology

- With regard to glaucoma, our intention is to make best use of community services to ensure maximum numbers of appropriate patients can be followed up in their communities, with the governance and supervision for these services rooted in secondary care.

Use of technology

- Improving the spread and availability of services to reduce travel, carbon-footprint and increase accessibility.
- Improving the principle of self-care to reduce exacerbations in patients with Long-Term Conditions.

Mental health

- User/Carer Involvement and Engagement - Broaden involvement of users and carers in strategy setting, decision making, implementation and redesign.

Continuing health care

- To ensure quality review systems in place with all providers to enable CCG assurance of assessments, review processes and on-going case management. This will be achieved through adoption of the Caretrack commissioning database with population by community providers enabling robust analysis of performance to form the basis of contract management meetings.

Personal care market

- Support quality improvements by working with providers; build partnerships between the personal care sector and NHS providers as part of a whole system of integrated care and support for all.

Personal health budgets

- To support person-centred care, by enabling patients to have greater choice and control over the services commissioned to meet their health needs.
- To enable people with long-term conditions in Devon to live more independently, staying in their own communities and remaining in their own homes for longer.

Care homes

- The CCG will commission pathways of care that include temporary placement within a care home to prevent inappropriate admission to hospital or support early discharge. The CCG will continue to work towards a joint approach to the commissioning arrangements for Care Homes (with and without nursing) working in partnership with Devon County Council, Plymouth City Council and Southern Devon and Torbay CCG.