

Section Six High Level Commissioning Strategies

In order to make the step change in planning and designing public services it is vital that commissioning activity is focused at a system level. To support this approach a number of system level commissioning strategies have been developed and these are outlined below. These strategies will be further developed leading to the development of integrated commissioning intentions and activity.

COMMISSIONING STRATEGY FOR ACUTE CARE SERVICES - SUMMARY

Currently NEW Devon CCG commissions a range of planned care services and interventions across a variety of settings, for which the CCG has existing strategies and associated plans which are relevant to the scope of “acute” commissioning.

There is also a variety of specialist health care needs which may be provided locally or outside of the Locality and for which the CCG does not have direct responsibility but an interest in terms of delivery of pathways of care.

PCC do not currently commission planned health care services.

As part of integrated commissioning, all service provision will be considered jointly as this aligns with the proposed whole system approach.

COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE- SUMMARY

This strategy seeks to take a whole system review of services to meet all levels of need, including collaborative working and capacity building with partners to enable prevention and early help.

The Case for Change

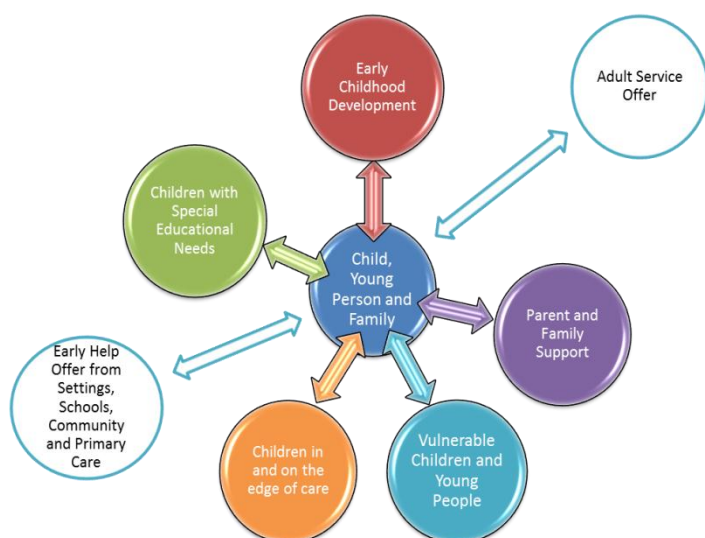
- The Children and Families Act 2014 seeks to improve services for vulnerable children and support strong families.
- Childhood represents a unique opportunity to prevent lifelong poor outcomes through targeted prevention and intervening early when difficulties arise.
- Deprivation in Plymouth is higher than average and about 22.4% (10,100) children live in poverty
- There are continued significant health and education inequalities between vulnerable children and their peers.
- Plymouth has seen a steady increase in the number of referrals to specialist services, including Children's Social Care, Child and Adolescent Mental Health Service (CAMHS) and hospital admissions.

The Current System & Spend

- A large part of the existing pattern of services has been designed and developed around specific service responses to specific need, with a range of thresholds, outcomes and targets.
- The separation of budgets and processes can cause a delay in the ability to offer the right support at the right time.
- Despite some improvements in the targeting of services to those who need them most, there is still an increase in the numbers of children with complex needs, who require a high cost service response.

The Proposed Future System – What We Need To Do

This strategy sets out five core categories of services to inform future commissioning to form an offer of integrated service provision to meet presenting need.



Commissioning Priorities

- Create an Early Help Single Point of Contact
- Remodel Family Support into a single service response.
- Review how Early Years services deliver key pathways to ensure
 - the right support for vulnerable families,
 - improvement in public health outcomes
 - children are ready for school
- Build a competent, confident and collaborative workforce that can deliver early help including for
 - Behaviour, social and emotional difficulties
 - Speech language and communication issues
 - Autistic Spectrum Conditions
- Develop business case to fully integrate the health and local authority offer for those with special educational needs and disability
- Commission an alliance/collaboration of providers to support vulnerable Children and Young People
- Develop integrated “wrap-around” support for children in and on the edge of care

COMMISSIONING STRATEGY FOR WELLBEING – SUMMARY

This strategy covers services that are generally universally accessible with key aims of promoting individual, family and community health and wellbeing, and / or preventing the need for statutory services.

The Case for Change

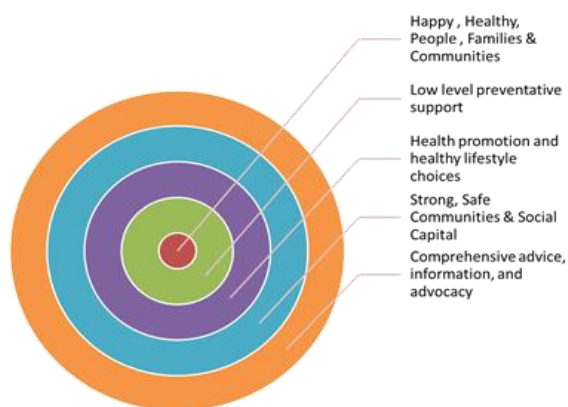
- Health inequalities – health outcomes are persistently poorer in deprived areas
- Negative health behaviours e.g. smoking are more prevalent than comparator areas and mortality rates for preventable disease are high in Plymouth: 4-4-54%
- National and local policy and legislative drivers push towards more preventative and early intervention services that build the capacity of people to make healthy life choices
- Increasing ageing population will put pressure on the health and care system
- People in Plymouth have told us they want health and care services that enable them to manage and improve health in a community setting

The Current System & Spend

- There is no defined wellbeing ‘system’ - multiple commissioners and limited join up
- Range of services have been commissioned in response to specific priorities and needs, that overlap / duplicate
- Limited understanding of the impact ‘Wellbeing’ services have on health promotion and prevention
- Majority of commissioning activity and resource through Plymouth City Council

The Proposed Future System – What We Need To Do

Commission wellbeing services that empower and enable people to live healthier lives for longer are crucial to meeting future demand for health and care services.



Commissioning Priorities

Develop a ‘Advice and Information Strategy’ in response to the Care Act

Strategic review of volunteering

Primary Care co-commissioning with Area Team

Physical Activity Commissioning Plan

4-4-54 Action Plan

Strategic review of low level preventative services to ensure a sustained impact on improving wellbeing and reducing pressure on the wider health and social care system

Wellbeing System Element	System Outcomes	Potential delivery mechanisms
Comprehensive advice, information and advocacy offer	Well informed communities empowered to make positive health choices	Advice and information (Advice Plymouth, Livewell Team PCH, libraries), social prescription, support early diagnosis
Strong, Safe Communities & Social Capital	Improve wider determinants of health	Timebanking, volunteering, carers
Health promotion & healthy lifestyle choices	Promoting and enabling healthy lifestyle choices	Primary care, physical activity services, self-management Livewell Team PCH
Low level preventative support	Reducing or delaying the need for specialist care and support	Befriending, home from hospital, sheltered housing

COMMISSIONING STRATEGY FOR COMMUNITY – SUMMARY

This strategy covers targeted health and care services for people who need support to live in the community, or who may be at risk in the future. This includes services that provide an urgent or rapid response to an immediate health and care need, to longer term services that help maintain independence for as long as possible.

The Case for Change

Projected demographic changes indicate an increase in the older population, and an increase in complexity of health and care needs

There is significant overlap in the support needs of people currently accessing homelessness, substance misuse and mental health services

National and local policy requires a focus on:

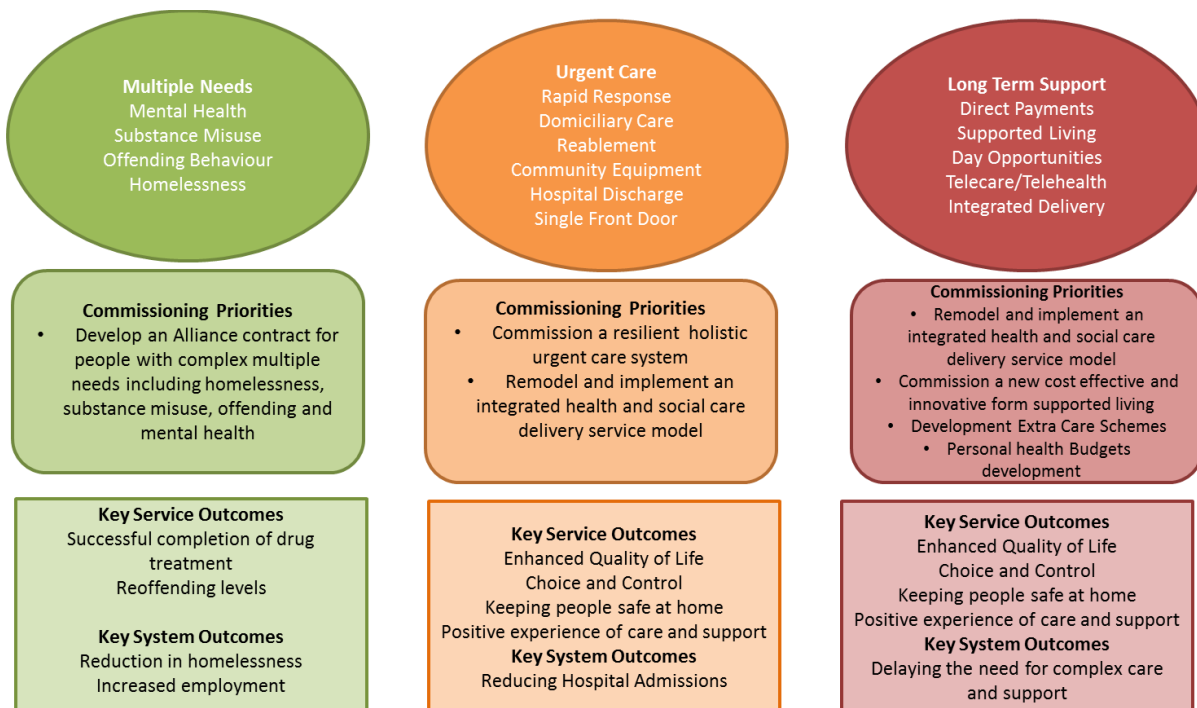
- Preventing avoidable hospital admissions / readmissions
- Improving hospital discharge - reducing delayed transfers of care from hospital to the community, and proportion of people still at home 91 days after discharge
- Preventing permanent admissions to residential and nursing homes
- Individualised care – Self Directed Support and Personal Health Budgets
- Integrated health and social care delivery

People in Plymouth have told us they want health and care services that enable them to manage and improve health in a community setting, and they only want to ‘tell their story’ once

The Current System & Spend

- No consistent approach to delivery of health and social care
- Multiple commissioners across the system - a more joined up approach would create streamlined services
- Significant budget pressure across the system

The Proposed Future System – What We Need To Do



COMMISSIONING STRATEGY FOR COMPLEX - SUMMARY

This strategy covers services that support people with complex health and care needs, who require specialised care mainly delivered in hospital, residential or nursing home settings and some support at home.

The Case for Change

Projected demographic changes indicate an increase in the older population, and an increase in complexity of health and care needs – putting pressure on the current health and care system

A high proportion of Plymouth’s mental health spend is on out of area Individual Patient Placements (IPP’s)

National and local policy requires a focus on:

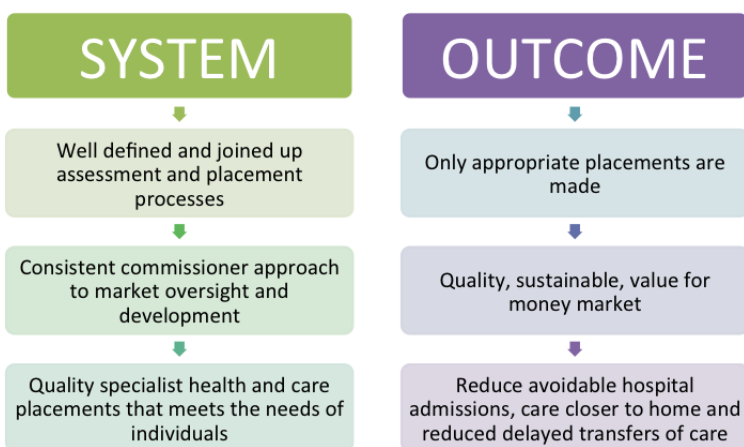
- Preventing avoidable hospital admissions – we have a statistically significant higher proportion of admissions to hospital from care homes
- Reducing delayed transfers of care from hospital to the community – local studies / information indicates that older people in hospital could be cared for in an alternative community setting
- Ensuring the quality and governance of CHC and IPP assessment processes
- Providing care closer to home where possible
- Increasing the proportion of all deaths that occur at home
- Having clear market oversight as a result of the Care Act 2014

People in Plymouth have told us they want health and care services that enable them to manage and improve health in a community setting

The Current System & Spend

- The system for assessing, sourcing and placing people in care homes or IPP’s is inconsistent across both providers and commissioners
- There are budget pressures on Continuing Health Care and Individual Patient Placements (out of area beds)
- There is limited oversight across commissioners of the care home market creating a range of rates and quality for PCC, CCG, and self-funders.

The Proposed Future System – What We Need To Do



Commissioning Priorities

Develop an integrated assessment, referral and placement process for care homes and IPP’s across health and social care

Market review of the care home sector to ensure consistent quality and rates irrespective of who is the commissioner

Review and redesign local pathways and provision in order to prevent and reduce out of area IPP’s

Develop a commissioning plan for end of life care

Commission an effective dementia care pathway