



Northern, Eastern and Western Devon
Clinical Commissioning Group

Integrated Health and Wellbeing

Delivering “One System, One
Budget”

Why are we doing this?

- Significant health inequalities
- Requirement to focus on providing Best Start to Life
- People experiencing fragmented services
- Greater complexity of needs & rising demand
- Financial challenges
- Political consensus
- Do nothing option - rationing and reduction
- Or Transformation to improve public services

People have told us

“I want services that support me to manage my situation in life not just my condition”

“I want the information I need to make healthy choices and stay healthy, and to have systems in place that can help me at an early stage to avoid a crisis”

“I want the ability to talk to a health or social care professional when I need to and to tell my story once - share my information with colleagues”

“I want to be able to have services provided in lots of different places, at a time that suits, me having choice and control over the care I need”

“I want access to a range of services that support me and the people who care for me to lead a full and healthy life”

HWB Board Vision of Integration

Integrated Commissioning

- Building on co-location and existing joint commissioning arrangements the focus will be to establish a single commissioning function , the development of integrated commissioning strategies and pooling of budgets.

Integrated Health and Care Services

- Focus on developing an integrated provider function stretching across health and social care providing the right care at the right time in the right place.
- An emphasis on those who would benefit most from person centred care such as intensive users of services and those who cross organisational boundaries

Integrated system of health and well being

- A focus on developing joined up population based, public health, preventative and early intervention strategies.
- Based on an asset based approach focusing on increasing the capacity and assets of people and place

Our Response to the Integration Challenge

- **Creating One System**
 - Integrated Governance Arrangements
 - Integrated Commissioning Strategies covering Cradle to Grave
 - Commissioning of Integrated Health and Social Care Provider
- **Creating One Budget**
 - Section 75 between PCC & NEW Devon CCG
 - Pooling Funds of £460 million
 - Underpinned by Risk Share and Financial Framework

Section 75 - Overview

- Section 75 of the National Health Service Act (2006) (formerly Section 31 of the 1999 NHS Act) provides the framework for health bodies and local authorities to pool money, delegate functions and integrate resources and management structures. The framework allows for the commissioning of existing or new services and provide for arrangements for working together.
- Section 75 has been drafted by Plymouth City Council Legal Team based on Bevan Brittan model

Overview of integrated fund by partner contributions

Net Integrated Fund £462m			
PCC Net Contribution £131m		CCG Net Contribution £331m	
Net Pooled Fund £241m		Net Aligned Fund £221m	
PCC Contribution £123m	CCG Contribution £118m	PCC Contribution £8m	CCG Contribution £213m

Notes

PCC contribution is based on full 14/15 gross People Directorate and ODPH commissioned contracts budgets

Gross PCC contribution based on 14/15 budget is £308m

CCG contribution is based on 14/15 budget

Changes will be made to these figures as budgets are finalised for 15/16 and services included in the integrated fund become further defined

Integrated Fund by Strategic Area

Pooled

Children and Young People £43m	Wellbeing £17m
Community Based Care £149m	Complex Care £32m

Aligned

Children and Young People £8m	Wellbeing £0m
Community Based Care £3m	Complex Care £210m

Further identified contributions and income to pooled funds are:

Central/back office running costs of CCG	£7m
Staffing related costs within Adult Social Care	£14m
Grant and service user income	£22m

Integrated Commissioning Board

- The Board will:
 - Act as the **single health and wellbeing commissioning body** for the City of Plymouth for people of all ages and will commission in line with the priorities identified in the Joint Health and Wellbeing Strategy
 - Provide **focus and direction** for the integrated commissioning function to ensure that it achieves the strategic objectives of the partners of the fund
 - Encourage **collaborative planning** and ensure that integrated commissioning is working well
 - **Monitor** the performance of the integrated commissioning function and ensure that it delivers the statutory and regulatory obligations of the partners of the fund
 - Provide **assurance** to the governing bodies of the partners of the integrated commissioning fund on the progress and outcomes of the work of the integrated commissioning function

ICB Key Functions

- **Commissioning Leadership for Health and Wellbeing**
 - The **Health and Wellbeing Board** will continue to act as **system leaders** for Health and Wellbeing in Plymouth and will set the **strategic direction** in the Health and Wellbeing Strategy, informed by the Joint Strategic Needs Assessment
 - The Integrated Commissioning Board will commission in line with the Joint Health and Wellbeing Strategy through the development of four **integrated commissioning strategies** to ensure **integrated service delivery, improved outcomes** and a focus on **reducing inequalities**.
 - Produce **reports for the Health and Wellbeing Board**, to report on the progress of integrated commissioning
 - The Health and Wellbeing Board will hold the Integrated Commissioning Board to account for the promotion and delivery of integrated commissioning

ICB Key Functions

- **Promoting and ensuring integrated commissioning**
 - Approve proposals for the priorities of the integrated commissioning approach to address the issues highlighted through the joint strategic needs assessment and by the Health and Wellbeing Strategy (with decision making within existing CCG and PCC governance structures)
 - Approve the four Integrated Commissioning Strategies (Children and Young People/Wellbeing/Community Based Care/Complex Care) and associated Annual plans
 - Designated ICB Officers to act as Senior Responsible Officers for each of the Strategies
 - Ensure that commissioning activity is aligned to and delivered through the Annual plans
 - Approve any in year commissioning decisions not referenced in the Annual Plans

Overview of Commissioning Strategies

- Cover the wellbeing, health and social care system for people of all ages in Plymouth
- Drive the commissioning activity across Plymouth City Council and the Clinical Commissioning Group
- Interdependencies – the solution to an issue raised in one strategy may lie in another
- Common themes thread throughout each one – prevention, transitions, medicines management

Integrated Strategies

Children and Young People

"Services that provide the Best Start To Life"

Wellbeing

"Population based prevention approaches and early intervention services"

Health and Wellbeing

Complex Care

"Services that support people with complex needs who need specialised care"

Community Based Care

"Targeted services for those who may be at risk in the future and services for people who need support in the community"

Scope of Strategies

Children's Commissioning Strategy	Wellbeing Commissioning Strategy	Community Based Commissioning Strategy			Complex Care Commissioning Strategy
	Low level preventative services	Multiple Needs	Urgent Care	Long Term Support	
Early Help	Health Promotion & Healthy Lifestyle choices	Mental Health	Rapid Response	Supported Living	Residential Care
Family Support	Strong safe communities and social capital	Substance Misuse	Dom Care	Direct Payments	Respite
Early Childhood Development	Carers	Offending Behaviour	CHSC (Rapid)	Day Opportunities	Individual Patient Placements
SEND	Domestic Violence	Homelessness	CES	Telecare/ Telehealth	Nursing Care
Children in and on the edge of care	Information, Advice & Advocacy & Housing Options		Hospital Discharge	CHSC (Localities)	Acute Activity
Vulnerable Children & YP	Emotional wellbeing and mental health		Single Front Door		

Structure of Strategies

WHAT THE PLYMOUTH HEALTH AND SOCIAL CARE SYSTEM NEEDS TO RESPOND TO.....

National and Local Strategic Drivers - focus on **Prevention** and **Integration** and **Person centred care**

Demographic changes – increased demand and complexity of need, high levels of deprivation

Local consultation – people want choice and control and to have more care delivered at home and in their communities

HOW ARE WE DOING AT THE MOMENT...

Limited coherent approach towards commissioning for whole systems

High spend on specialist care

Limited focus on prevention

Outcomes – what the future system needs to achieve / how will we know if it is working.....

Increased healthy life expectancy (quality of life as well as length of life)

Reduce health inequality

Delaying and reducing the need for care and support – less need for residential care and hospital

Preventing people from dying prematurely – reduce levels of preventable disease

People are cared for and recover well - better quality care with people more able to return home more quickly

People have a positive experience of care and support

Safeguarding and Safe Practice

Children well-prepared for adulthood – health, education and aspiration

WHAT ARE WE PLANNING ON DOING ACROSS THE SYSTEM TO MEET NEED AND IMPROVE OUTCOMES....

All strategies meet the above challenges in different ways:

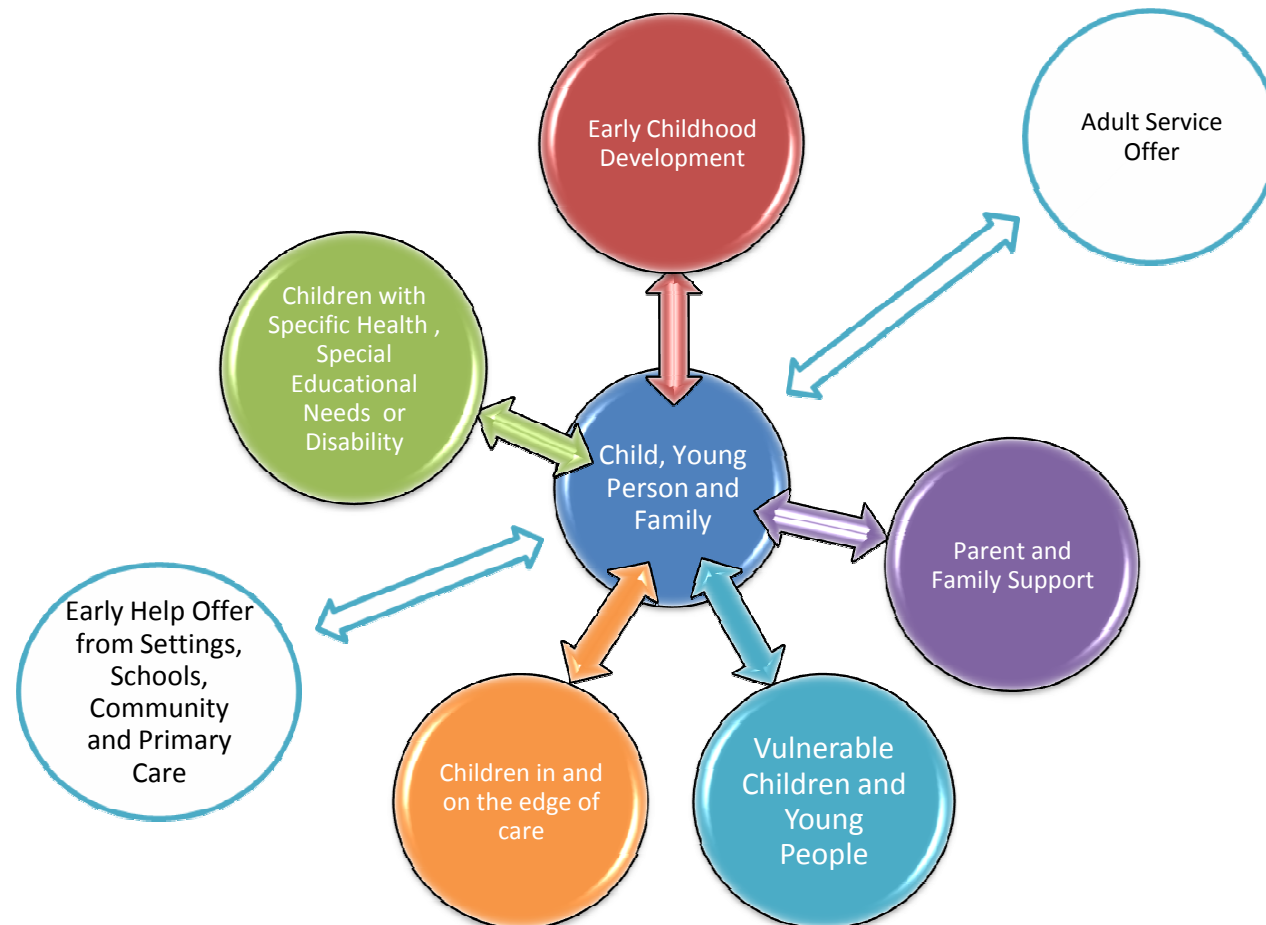
Wellbeing – promoting health lifestyle choice and reducing preventable diseases

Community – integrated care maximising independence for longer

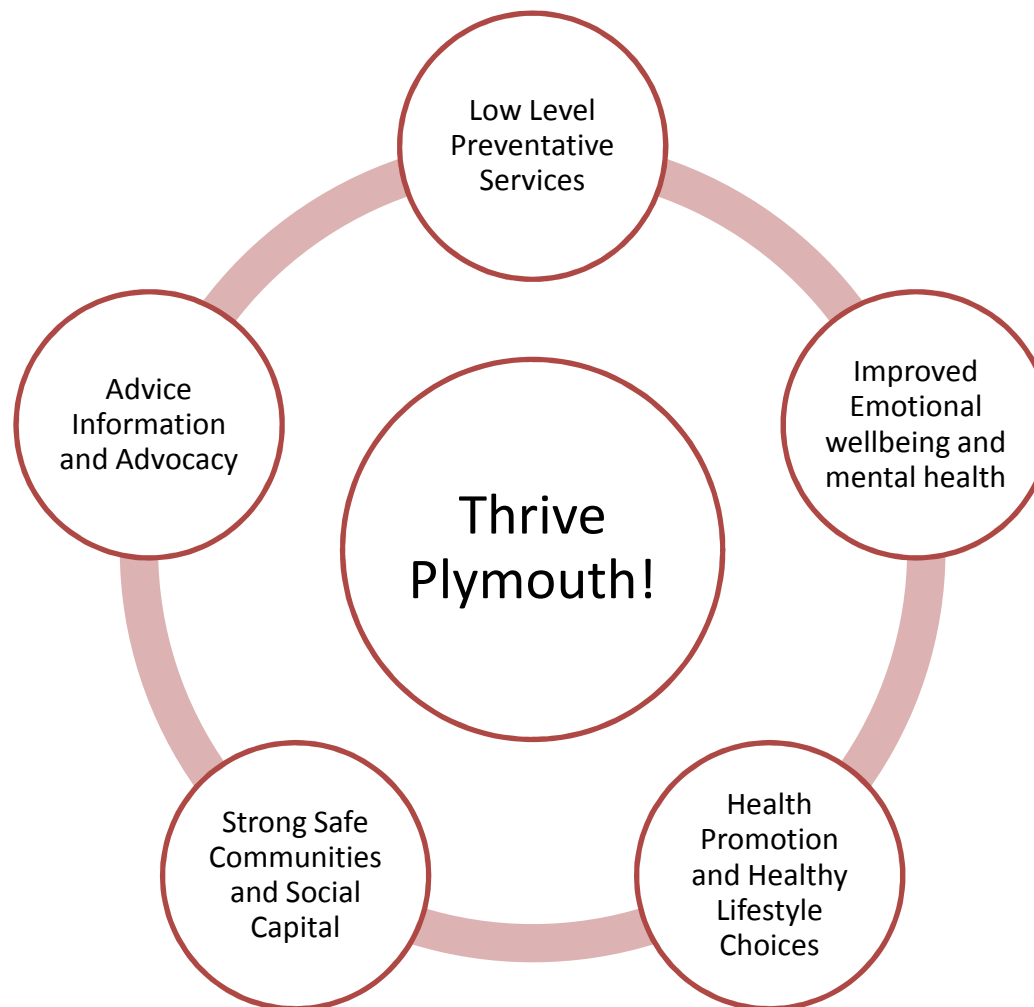
Complex - ensuring consistent high quality placements only when necessary

CYP – ensuring children are well prepared for adulthood

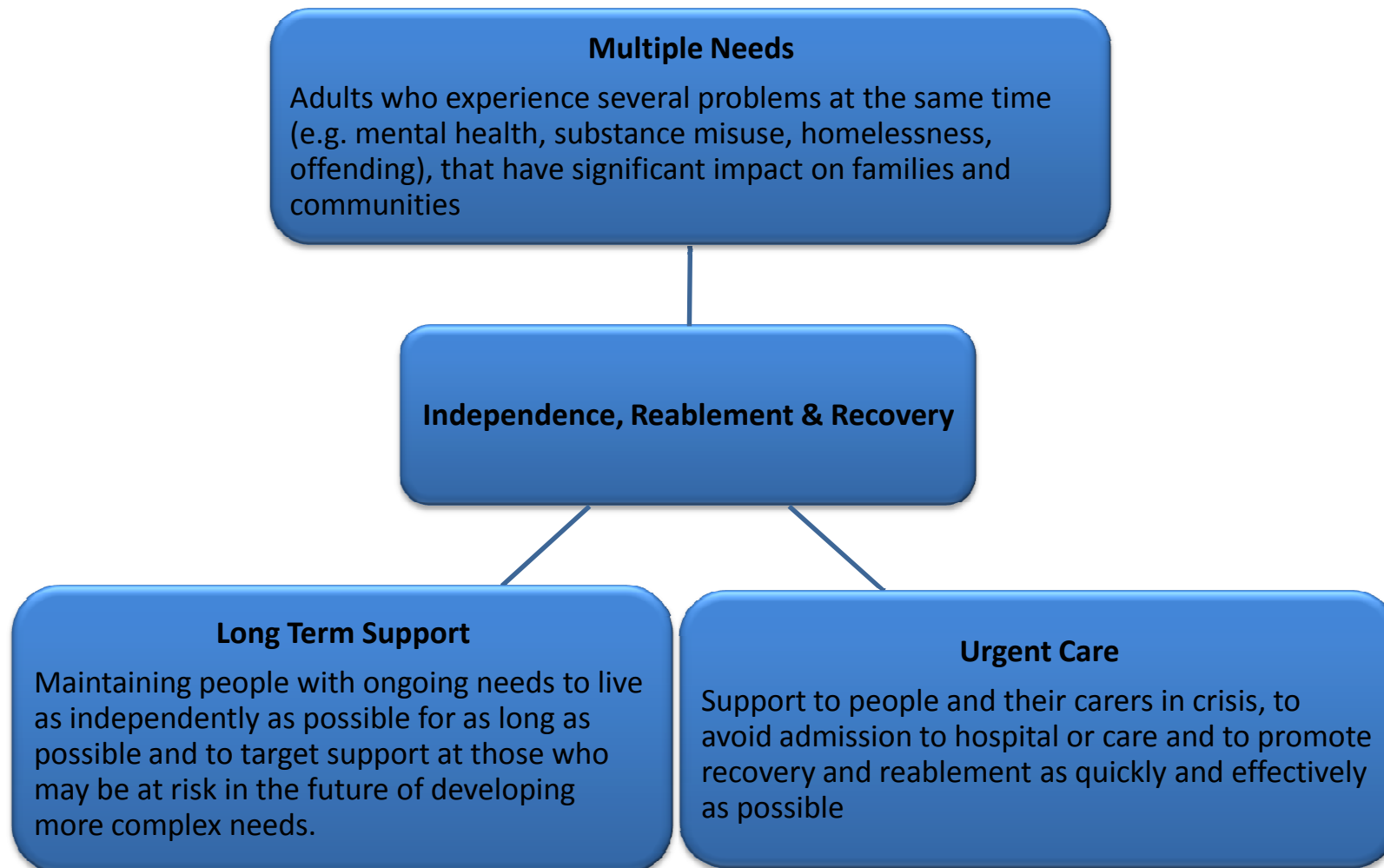
Children and Young People System Overview



Wellbeing System Overview



Community System Overview



Complex Care System Overview

Complex Care - System Overview			
"Quality specialist health and care delivered close to home that promotes choice, independence, dignity and respect"			
Individual Placements	Residential and Nursing Care		End of Life
"Care provided at home or as close to home as possible in the least restrictive environment"	"Meeting the needs of people with dementia or multiple long term needs and avoiding unnecessary hospital admissions"		"People supported to die with dignity in the settings they chose"
System Enablers			
Prevention and Wellbeing	Pro-active Primary Care	Seamless Integrated Care Pathways	Skilled professionals, supported by Clinical Effectiveness and Medicines Optimisation
System Outcome			
Reducing Reliance on Acute Provision and Acute Episodes of Care			

Integrated delivery of care

- **Integration of delivery of community health and adult social care** for the Plymouth population commencing **1st April 2015**
- **170 staff** transferring from PCC to Plymouth Community Healthcare CIC on **1st April 2015**
- **Redesign** of delivery model to bring together the delivery of health and adult social care services (e.g. single 'front door', integrated therapies)
- **Assurances** to service users regarding continuity of care

Why are we doing this?

Improving Outcomes

- Provide and enable brilliant services that strive to exceed customer expectations
- People will receive the right care, at the right time in the right place.
- Help people take control of their lives and communities.
- Children, young people and adults are safe and confident in their communities.
- People are treated with dignity and respect.
- Prioritise prevention
- A Sustainable Health and Wellbeing System
- Improved system performance

Next Steps

- Go live 1st April 2015
- Consultation on integrated strategies
- Developing integrated commissioning
- Delivering and transforming integrated delivery
- Delivery of commissioning intentions