COMMISSIONING AN INTEGRATED SYSTEM FOR POPULATION HEALTH AND WELLBEING

CARING PLYMOUTH

AUGUST 2015

The right care… at the right time … in the right place

Structure and Scope

- Overarching/Four Strategies
- Needs/Strategy/Annual Plan
- Strategies - 5 year vision
- Strategies= Scope/What needs to change/What happens now/What does the future look like/How do we know it's working
- Annual Plans- Specific Measurable Actions

Overall Scope

Plymouth

The entire health and wellbeing system in Plymouth as commissioned by Plymouth City Council and NEW Devon CCG

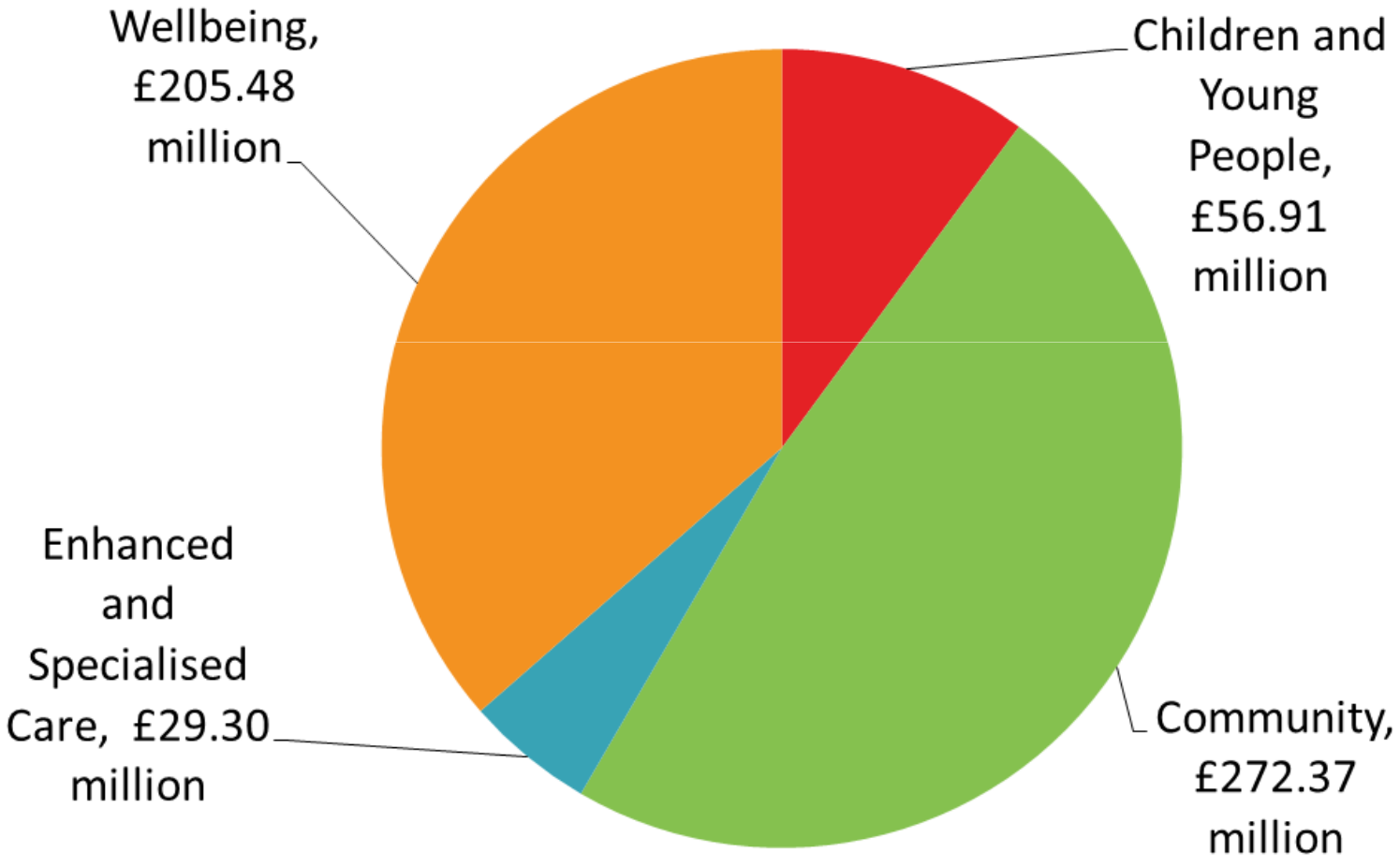
i.e. public health, children and young people's services (health and social care), adult social care, leisure, housing, community safety, hospital services, mental health services, community health services and some primary care services; and

South Hams and West Devon

The health services commissioned for people in South Hams and West Devon by NEW Devon CCG

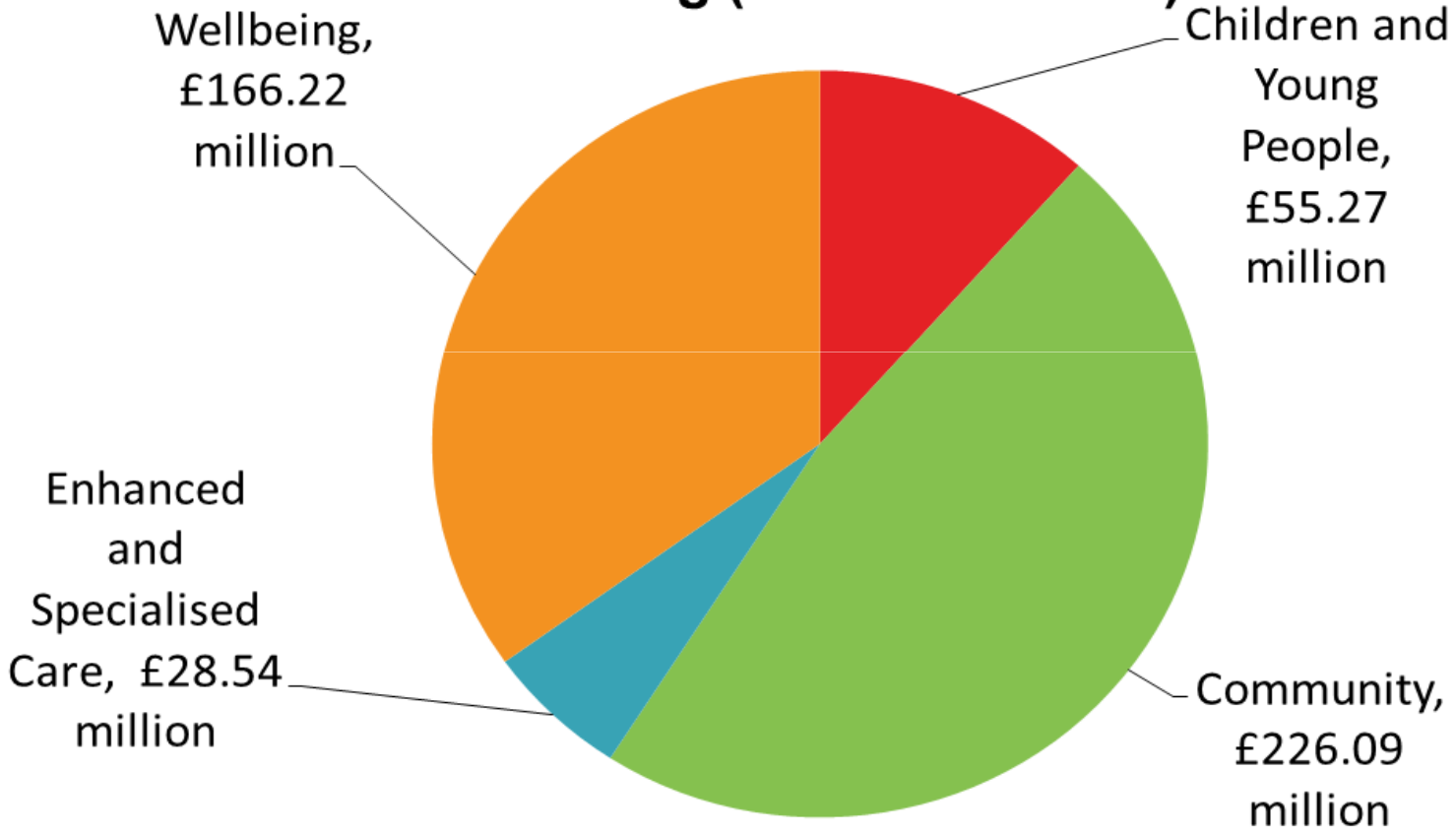
i.e. children and young people's services, hospital services, mental health services, community health services and some primary care services.
NEW Devon CCG works closely with Devon County Council as a key commissioning partner with some of these services jointly commissioned.

Plymouth (Health and Wellbeing) and South Hams and West Devon (Health) Fund (£564.06 million)



One System, One Budget - *'the right care, at the right time, in the right place'*

Plymouth Integrated Fund for Health and Wellbeing (£476.12 million)



One System, One Budget - *'the right care, at the right time, in the right place'*

Overarching Aims of An Integrated Population-Based Health and Wellbeing System

Aim 1 To improve health and wellbeing outcomes for the local population

Aim 2 To reduce inequalities in health and wellbeing of the local population

Aim 3 To improve people's experience of care

Aim 4 To improve the sustainability of our health and wellbeing system

One System, One Budget - *'the right care, at the right time, in the right place'*

Individuals At The Centre

One System, One Budget - *'the right care, at the right time, in the right place'*

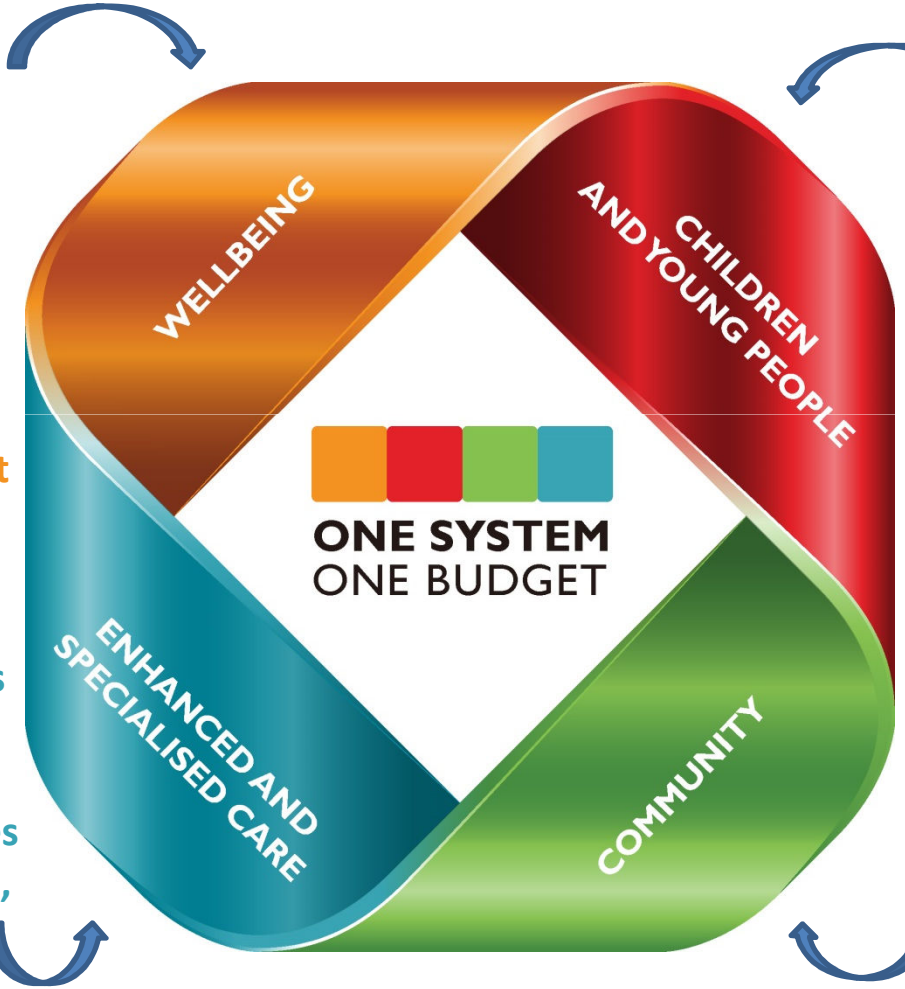
Cross cutting themes and actions

SYSTEM WIDE TRANSFORMATIONAL DRIVERS					
Prevention	**Vibrant Market**	**Creating a Modern Workforce**	**Individuals at the Centre**	**Seamless Pathways**	**Quality and Effectiveness of Care**
Primary prevention / promoting wellbeing Secondary prevention / early intervention Tertiary prevention / intermediate care and reablement	New models of care Diverse market including a strong Voluntary Community Sector (VCS)	Workforce planning New types of workers Developing the workforce	Personalised care Social network Self-management Supporting healthier behaviour	Effective pathways Transitions Removing artificial organisation boundaries	Medicine optimisation Safeguarding

One System, One Budget - *'the right care, at the right time, in the right place'*

One System- Four Strategies

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do



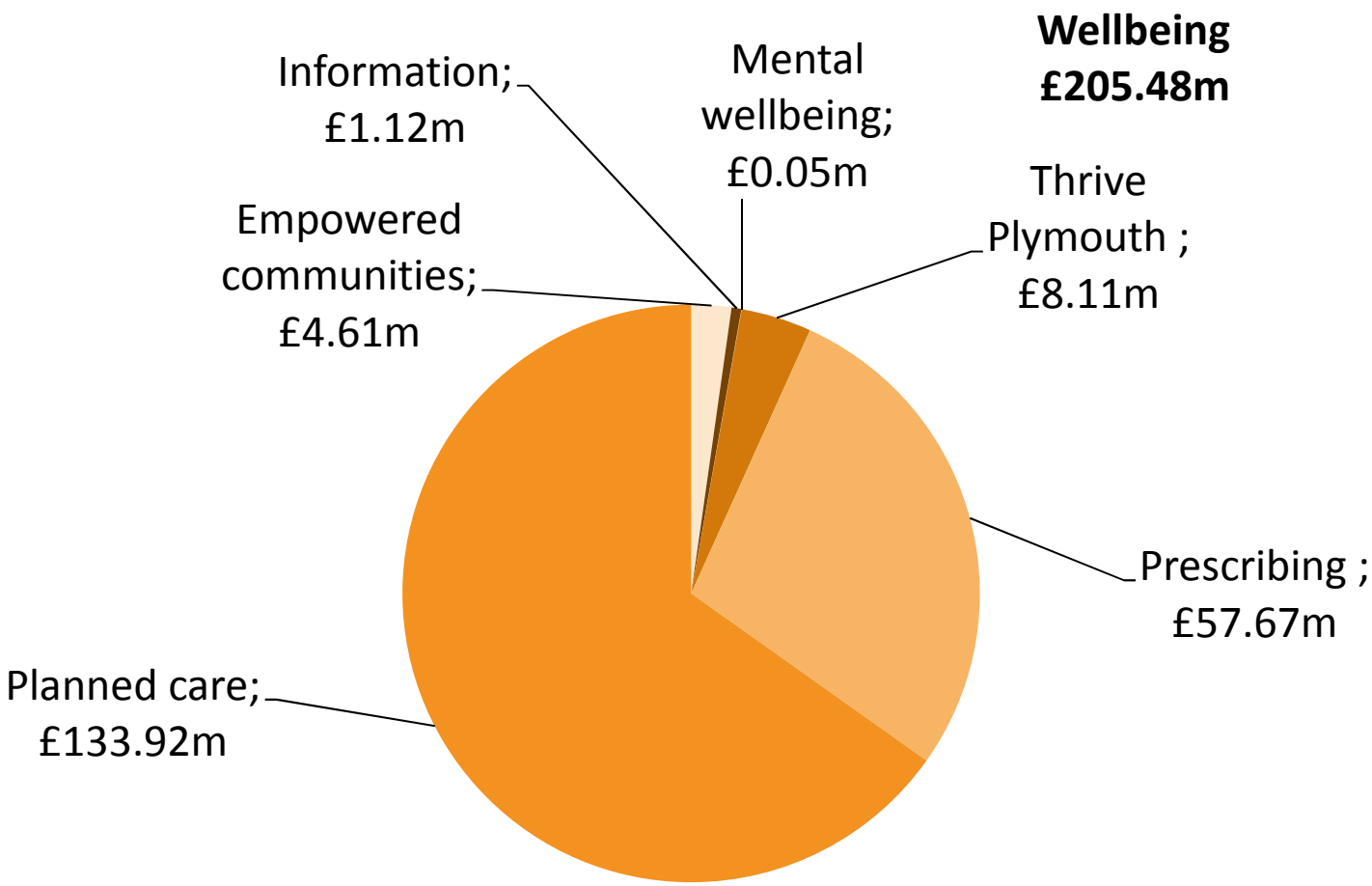
Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect

This strategy targets services that support people to maintain their independence in their own home within their community

One System, One Budget - *'the right care, at the right time, in the right place'*

Wellbeing – Scope and Spend



Wellbeing Aims

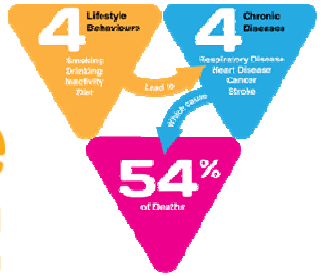
Aim 1 Sustain the improvement in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deaths due to cancer, stroke, heart disease and respiratory disease

Aim 2 Place health improvement & the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health

Aim 3 Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate

Aim 4 Rebalance commissioning spend from reactive & unplanned to planned & targeted investment. Over the course of this strategy we expect the percentage of spend on prevention and health promotion to increase

thrive Plymouth
Life, Health & Wellbeing



Wellbeing links to other strategies

Children and Young People

- Wellbeing of the unborn child and the 'best start to life'
- Wellbeing services targeted at vulnerable children
- Children Safeguarding services
- Family support

Community

- Targeted services for people who need support in the short term to recover from a crisis or short-term need
- Focus of people as individuals and not patients; who have their own beds in their own homes
- A joined up 'whole system approach' to support people with multiple needs

Enhanced & Specialised Care

- Quality specialist health and care services
- Promoting choice, independence, dignity and respect
- As close to home as possible
- Targeted resources for those who need long-term support in the community

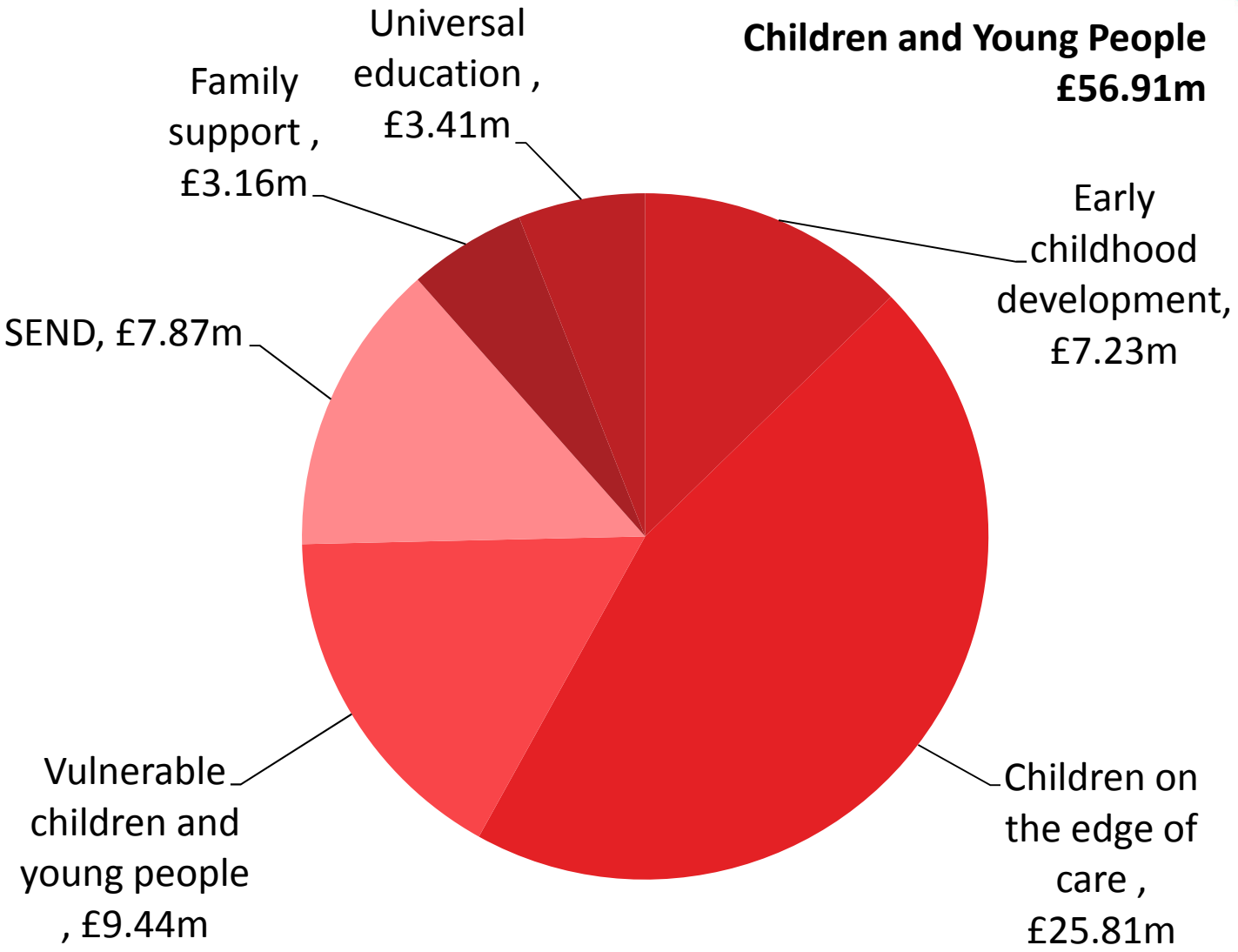
Wellbeing- Selected Actions

- Develop a comprehensive Information and Advice Commissioning Plan
- Undertake a Strategic Review of Volunteering
- Implement Dementia Friendly City Action Plan
- Develop role of Community Pharmacies
- Deliver Healthy Lives for Healthy Weight Action Plan
- Roll out the Primary Care Innovation Programme
- Deliver mental health awareness training

Wellbeing-Indicators

System element	Key Outcome / Indicator
THRIVE PLYMOUTH – Healthy lifestyle choices	Thrive Dashboard
	Excess weight adults (obese or overweight)
	Adults classed as active
	Adults classed as inactive
	Smoking prevalence in adults
	Reduction in rate of under 18 conceptions
Information	Total number of people for whom an advocate is arranged
	The number of households given Housing Advice via Plymouth City Council Casework
Empowered Communities	Number of carers receiving a statutory Carers Assessment
	Close the gap between the 10 neighbourhoods with the highest crime rates and the city average per 1000 population
	Number of reported domestic abuse incidents
	Reduction in the % of private rented accommodation that is classified as having a category 1 hazard
Mental wellbeing	Average WEMWBS Score
	Social Isolation
	Prevalence of common mental health conditions
Planned Care	Reduced demand – reduce new referrals to specialists

Children and Young People- Scope and Spend



Children and Young People- Aims

Aim 1	Raise Aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment
Aim 2	Deliver Prevention and Early Help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes
Aim 3	Deliver an Integrated Education, Health and Care Offer: ensure the delivery of integrated assessment and care planning for our children
Aim 4	Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care

Children and Young People links to other strategies

Wellbeing

- Planned care for children with physical health conditions
- Universal Information and Advice
- Universal Health Promotion
- Parental Domestic Abuse and the impact on children

Enhanced & Specialised Care

- Hospital-based care for children with physical health conditions

Community

- Urgent care for children with physical health conditions
- Joint planning for transition of young people to adult services
- Parents with drug and alcohol, mental health and homelessness problems

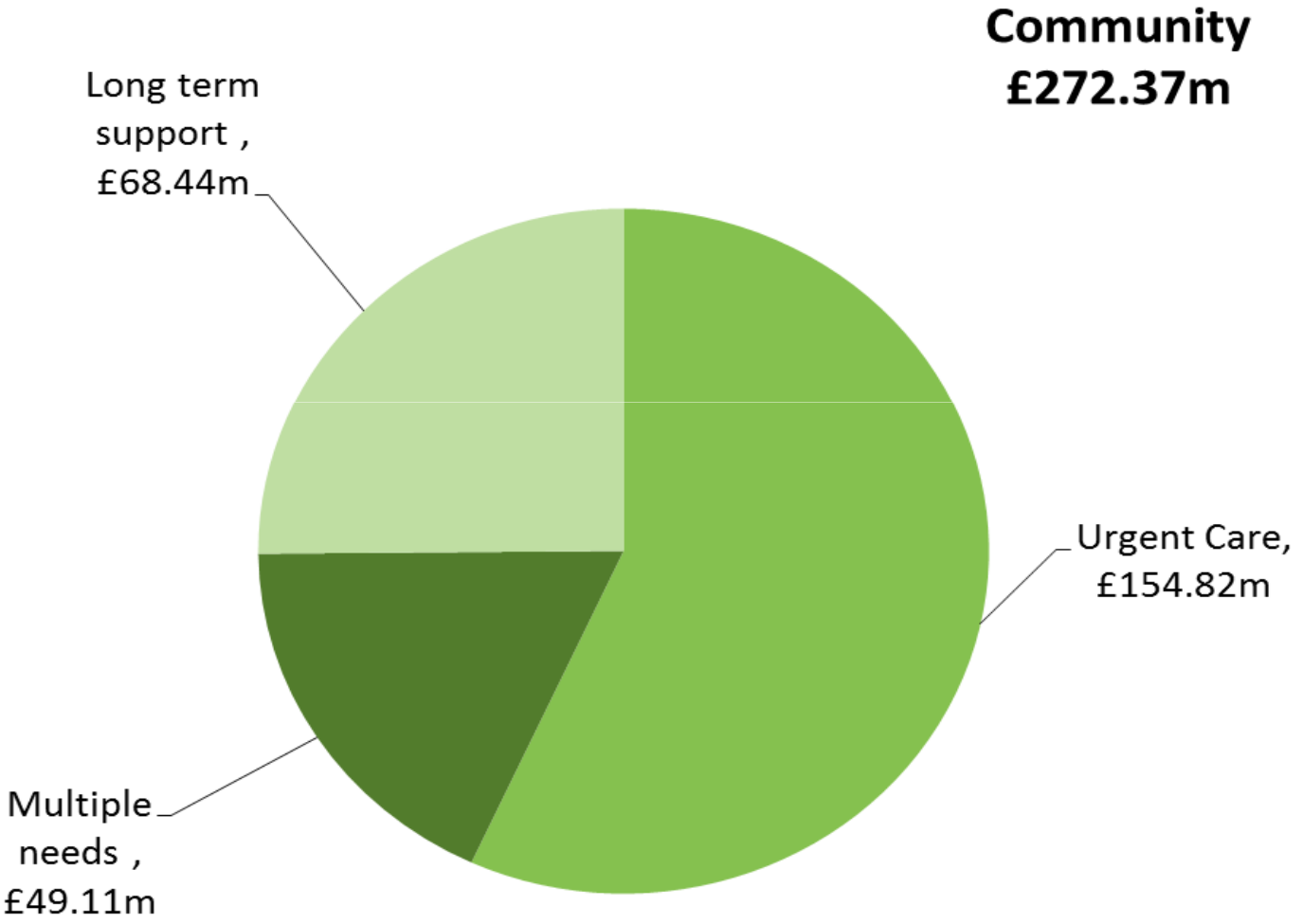
Children and Young People – Selected Actions

- Develop single Gateway for Early Help
- Development of the Targeted Family Support Service
- Co-location of Health Visiting and Midwifery Services with Children Centres
- Development of a commissioning plan for Short Breaks
- Development of co-commissioning approach with schools
- Develop wrap around support model of care for children on the edge of care

Children and Young People- Indicators

System element	Key Outcome / Indicator
Overview	Child Mortality (1-17)
	Children in Poverty
Early Childhood Development	Infant Mortality
	% of mothers who breastfeed (6-8 weeks)
	% of children making good progress at the 2 year old development check
	% of children achieving good progress in the Early Years Foundation Stage (EYFS)
	Excess weight in children (4-5 years old)
	A and E attendances (0-4 years)
Children and young people with specific health and special educational needs and disabilities	The number of 16-18 year old NEET young people with SEN needs
	The number of children and young people with an Integrated Education, Health and Care Plan
	The number of children with SEND in care
	The number of children with SEND in out of area residential/education placements
Parent and family support	Reduction in repeat referrals to Children's Social Care
	Reduction in the number of children with a "Child in Need" Status
	Success in achieving the outcomes in the "Families with a Future" (Troubled Families) outcome framework
Vulnerable Children and Young People (school age)	School attendance and exclusions
	First time entrants to the criminal justice system
	Hospital admissions as a result of self-harm
	Hospital admissions as a result of alcohol
	Hospital admissions as a result of substance misuse
	Hospital admission for mental health conditions
	The number of 16-18 year old NEET young people
Children in and on the edge of care	Number of Children subject to CP plan
	Number of Children in Care - Overall
	Number of children in residential care
	Emotional wellbeing of looked after children

Community- Scope and Spend



Community Aims

Aim 1

Provide integrated services that meet the whole needs of the person by developing:

- Single, integrated points of access
- Integrated support services & system performance management
- Integrated records

Aim 2

Reduce unnecessary emergency admissions to hospital across all ages by:

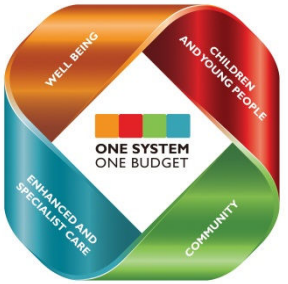
- Responding quickly in a crisis
- Focusing on timely discharge
- Providing advice and guidance, recovery and reablement

Aim 3

Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by:

- Supporting people to manage their own health and care needs within suitable housing
- Supporting the development of a range services that offer quality & choice in a safe environment
- Further integrating health and social care

Community links to other strategies



Wellbeing

- Healthy and happy communities
- Supporting and utilising social networks
- Increasing investment in public health
- Health and wellbeing at the heart of everything we do

Enhanced and Specialised Care

- Quality specialist health and care services
- Promoting choice, independence, dignity and respect
- As close to home as possible
- Targeted resources for those who need long-term support in the community

Children and Young People

- Universal early help and best start to life
- Integrated education, health and care plans
- Family support
- Safeguarding children and preventing vulnerability
- Support to keep children & young people stable at home, in alternative family arrangements, in foster care or alternative placements

Community- Selected Actions

- Development of commissioning plan to support people with multiple needs
- Establish an alternative front door to the emergency department (Robin)
- Establish an Acute Care at Home Team
- Roll out Telecare into the urgent care pathway
- Develop the Integrated Health and Social Care Provider
- Commission additional Domiciliary Care Capacity
- Develop additional Extra Care
- Increase Personal Health Budgets

Community- Indicators

System element	Key Performance Indicator (KPI)
Multiple care and support needs	Alcohol-related admission to hospital (aged 65 and over)
	Successful completion of drug treatment (opiate)
	Successful completion of drug treatment (non-opiate)
	Number of households prevented from becoming homeless
	Reoffending levels
	People accessing secondary mental health services who are in stable & appropriate accommodation
People who need urgent care	Proportion of people still at home 91 days after discharge from hospital into reablement / rehabilitation services
	IAPT access rate
	IAPT recovery rate
	Discharges at weekends and bank holidays
	Delayed transfers of care from hospital (days)
People with long-term support needs	People helped to live in their own home through the provision of Major Adaptation
	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
	Permanent admissions of older people (aged 18-64) to residential and nursing care homes
	Gap in employment rate between people with mental health support needs and the population overall
	Self-reported wellbeing
	Proportion of people who use services who have control over their daily life
	The proportion of carers who report that they have been included or consulted in discussions about the person they care for

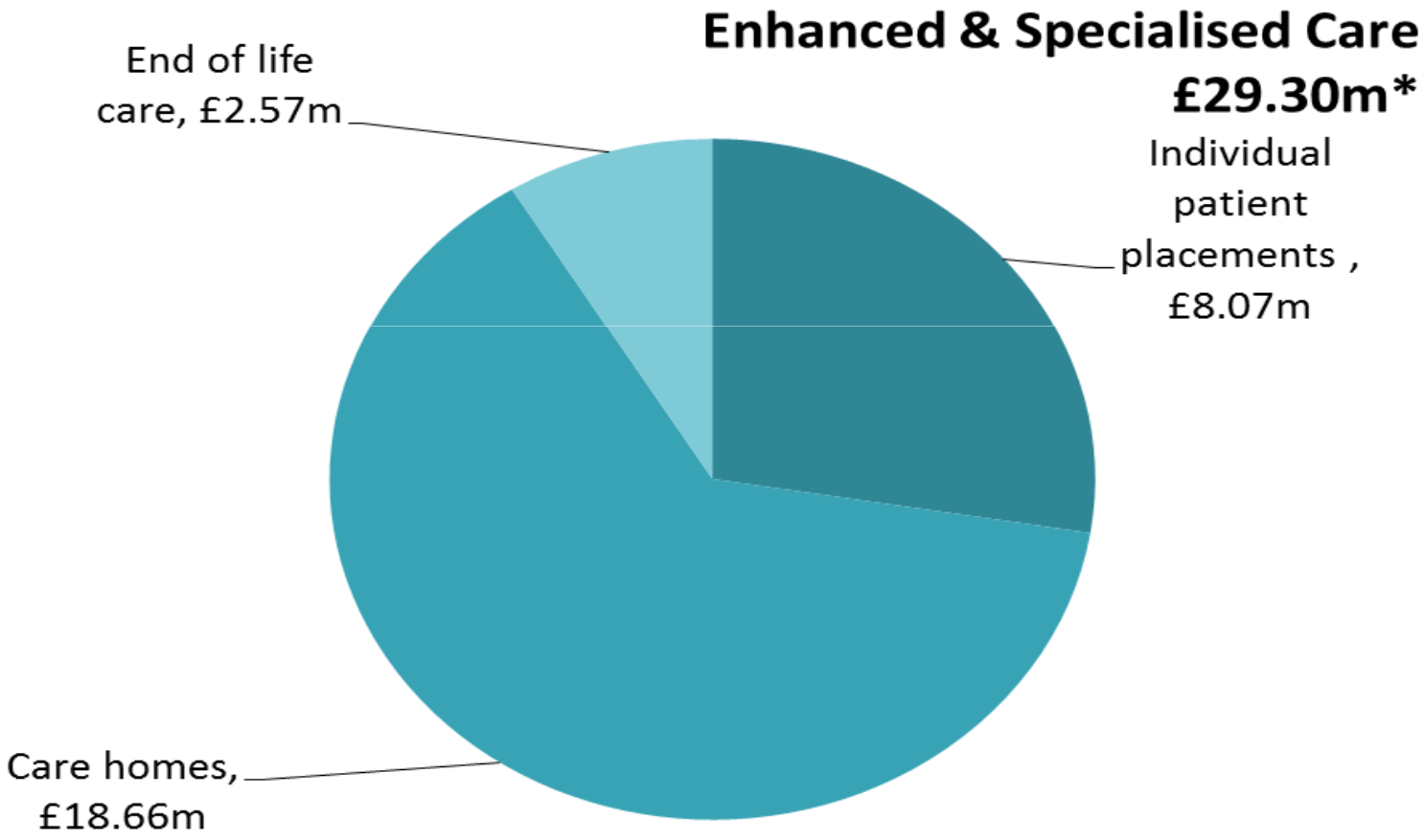
Enhanced and Specialised Care- Aims

Aim 1 Create Centres of Excellence for enhanced and specialist services

Aim 2 People are able to access care as close to their preferred network of support as possible

Aim 3 Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care

Enhanced and Specialised Care-Scope and Spend



Enhanced and Specialised Care- Links to Other Strategies

Wellbeing

- Strong, safe and healthy communities
- Supporting and utilising social networks
- Improved emotional wellbeing and mental health
- Increasing investment in public health
- Planned care and carers
- Planned care for children and young people with physical illness

Children and Young People

- Universal early help and best start to life
- Integrated education, health and care plans
- Short breaks for children and young people and their parents
- Safeguarding children and preventing vulnerability
- Support to keep children and young people stable at home, in alternative family arrangements, in foster care or alternative placements
- Residential care for children and young people, including mental health and learning disabilities

Community

- Targeted services for people who need support in the short-term to recover from a crisis or short-term need, e.g. reablement
- Focus of people as individuals and not patients; who have their own beds in their own homes
- A joined up ‘whole system approach’ to support people with multiple needs
- Targeted resources for those who need long-term support in the community

Enhanced and Specialised Care - Selected Actions

- Develop care-coordination for frail older people with GP practices
- Review the current Dementia Pathway
- Deliver workforce development programme including the Care Home Leadership Programme
- QAIT to develop a pilot project based on the Brownhill study
- Implement Winterbourne View Action Plan and Concordat
- Develop a commissioning plan for end of life care

Enhanced and Specialised Care -Indicators

System element	Indicator
Care homes	PHOF Injuries due to falls in people aged 65 and over (rate per 100,000)
	ASCOF Permanent admissions of older people (aged 65 and over) to residential and nursing care homes (rate per 100,000)
	ASCOF Permanent admissions of people (aged 18-64) to residential and nursing care homes (rate per 100,000)
Specialised	NHSOF Health related quality of life for people with three or more long term conditions
	NHSOF Estimated diagnosis rates for Dementia (Percentage)
EOL	NHSOF Bereaved carers' views on the quality of care in the last 3 months of life (Percentage)
Acute	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)
	CCGOF Total health gain as assessed by patients for elective procedures - Physical health-related procedures Hip replacement Knee Replacement Groin/ hernia Varicose veins
	CCGOF Incidence of healthcare associated infection (HCAI), MRSA, C. difficile, proportion of patients with category 2, 3 and 4 pressure ulcers, Hip fractures from falls during hospital care MRSA C.Diff Pressure ulcers Hip fractures from falls

Journey to delivery

- Second draft issued in August for feedback
- Provider and Stakeholder Workshops
- Caring Plymouth
- Seeking Plymouth Integrated Commissioning Board approval - September 2015
- Approvals October 2015
- Implementation and Monitoring
  - Performance Scorecard
  - Strategy Implementation Group
  - System Design Groups

Purpose of System Design Groups

- Each System Design Group will take responsibility for one of the four Integrated Commissioning strategies.
- to centre on
  - improving health and wellbeing outcomes
  - reducing health and wellbeing inequalities
  - To improve individual care and People's experience of care
  - improving system sustainability
- Each SDG will work collaboratively to deliver the system changes required to realise success.

Scope of SDG's

- Act as a Strategic Planning Forum, owning and working to deliver the strategies and informing future strategic developments
- Inform Commissioning decisions
- Feed through service user experience/voice into the commissioning cycle
- Create the conditions for success in delivery of the strategy
- Problem solve system performance issues
- Provide an opportunity for local market engagement
- Share system information
- Perform policy horizon scanning
- Inform workforce planning and development needs across a system
- Feed through emerging needs to the ISPIG
- Monitor delivery of the strategic intentions
- Contribute to the development of an annual plan for the system
- Escalate issues requiring others' actions which affect the success of the System Design Group
- Communicate with a wider group of stakeholders through a virtual network and make links to existing partnership groups
- Work closely with other System Design Groups to enable joined up working across the whole system
- The SDG has responsibilities spanning the whole of the commissioning cycle

Full Strategies

- Full Needs Assessments, Strategies and Annual Plans are available at:
  - www.plymouth.gov.uk/hscintegrationstrategies