



COMMISSIONING AN INTEGRATED SYSTEM FOR POPULATION HEALTH AND WELLBEING

DRAFT



Northern, Eastern and Western Devon
Clinical Commissioning Group



CONTENTS

Introduction and Strategic Challenge

Purpose and Scope

Our System Aims

One System – Four Commissioning Strategies

One Budget

Plymouth Health and Wellbeing

Devon Health and Wellbeing

The Plymouth Plan

Policy Context

System Diagnosis

Individuals at the Centre

An Integrated Commissioning Response

System Working Principles

System Wide Transformational Drivers

Creating an Integrated Care Network

Creating a High Quality Safe System

Creating a Financially Sustainable System

System Level Outcomes

Implementation and Delivery



INTRODUCTION AND STRATEGIC CHALLENGE

Public sector organisations across the country are facing unprecedented challenges and pressures due to a changing demography, an increasing complexity of need and the requirement to deliver better services with less public resource. Locally we face a particular financial challenge because of the changes in local demography, the historic pattern of service provision, the impact of deprivation and significant health and wellbeing inequalities. We want to do better for and with our local population.

Due to the complexity and scale of our system-wide challenges, local organisations have tended to focus mainly on meeting their own challenges and meeting the responsibilities they hold for the local population. A lot of this work has been successful and has delivered much that is good right across our system. That said, we know that this existing good practice will not be enough to meet the current challenge. This makes imperative an integrated and collaborative approach to work across all the organisations that commission and deliver health and wellbeing.

Sitting alongside this over-arching strategy are four individual strategies, each with an accompanying needs assessment document, and a glossary of terms.



PURPOSE AND SCOPE

This document is a strategic framework setting the strategic context and principles that will drive commissioning activity across Plymouth City Council and the Western Locality of NHS Northern, Western and Eastern Devon Clinical Commissioning Group (NEW Devon CCG) for the populations of Plymouth (see scope below) and South Hams and West Devon (see scope below) over the next five years.

We take a systems leadership approach, recognising that only through doing this with collaboration and co-operation as central principles will we achieve a more sustainable system of health and wellbeing that delivers whole-person care with improved health and wellbeing outcomes, reduced health and wellbeing inequalities, improved experience of care and improved system sustainability.

The scope of this document includes:

- The entire **health and wellbeing** system in **Plymouth** as commissioned by Plymouth City Council and NEW Devon CCG: 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
- The health services commissioned for people in **South Hams and West Devon** by NEW Devon CCG: 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.

Commissioning of most primary healthcare services and specialist healthcare services is the responsibility of NHS England. These do not sit within the scope of this document but references are made where relevant as these services represent significant parts of the health and wellbeing system.

OUR SYSTEM AIMS

Aim One	Aim Two	Aim Three	Aim Four
To improve health and wellbeing outcomes for the local population	To reduce inequalities in health and wellbeing of the local population	To improve people’s experience of care	To improve the sustainability of our health and wellbeing system



ONE SYSTEM... FOUR COMMISSIONING STRATEGIES

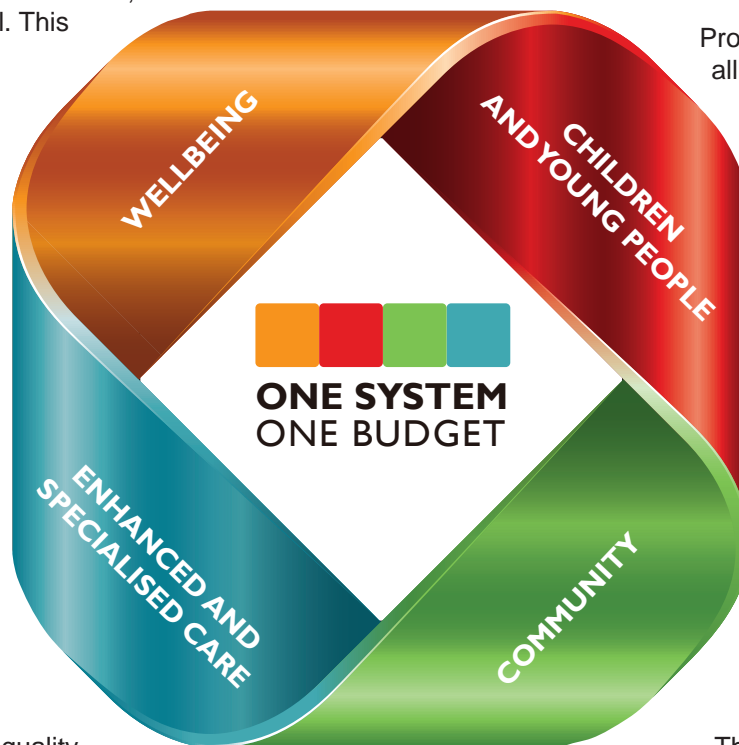
In order to deliver system wide change and improve outcomes, four commissioning strategies that cover the entire needs course (wellbeing, children and young people, community care through to enhanced and specialised care) and life course (pre-conception through early years, adulthood and to older age) have been developed:

WELLBEING

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.

CHILDREN AND YOUNG PEOPLE

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.



ENHANCED AND SPECIALISED CARE

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

COMMUNITY

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

Services that:

- support people and communities to be and stay healthy through advice and guidance, primary prevention, and planned care services for people of all ages, across the whole life journey, and covering both physical and mental wellbeing

Services that:

- provide the best start in life for all children from conception to school age
- Have an integrated approach to early help and specialist support for children at risk of poor outcomes

Services that support:

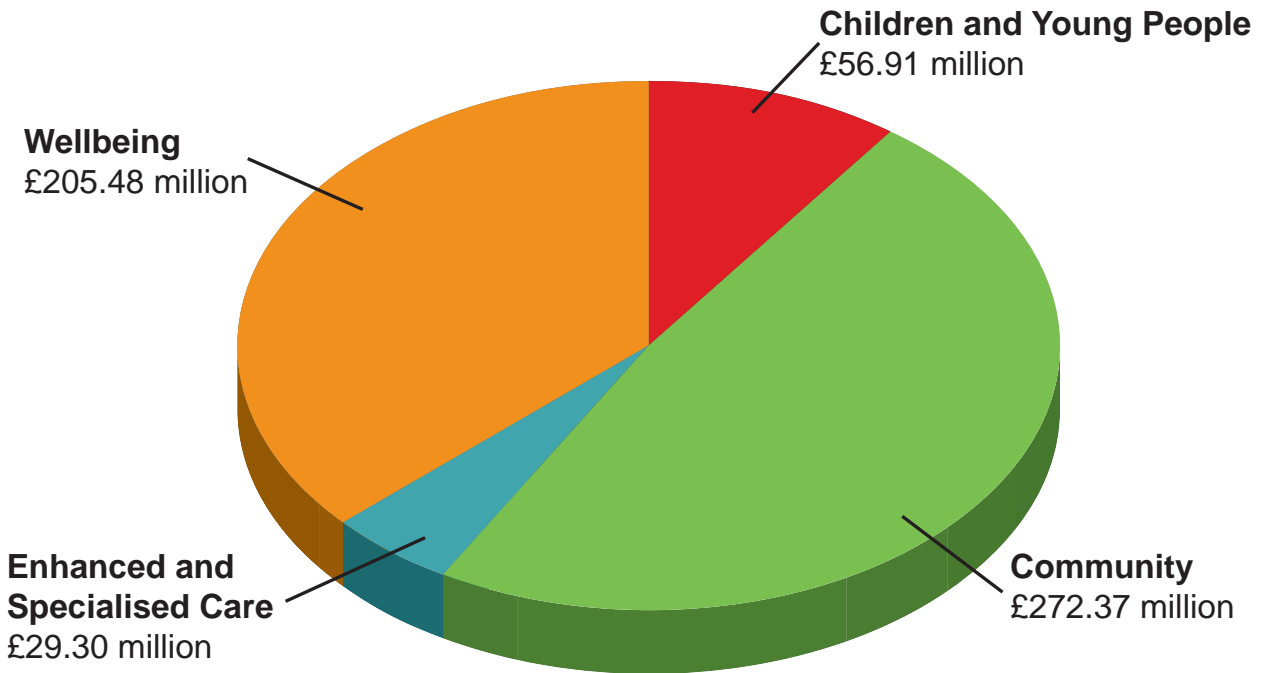
- Support people with multiple care and support needs
- Support people requiring urgent care: responding to a crisis - providing a timely response, reablement and recovery
- Support people with long-term support needs, who need on-going personalised support

Services that:

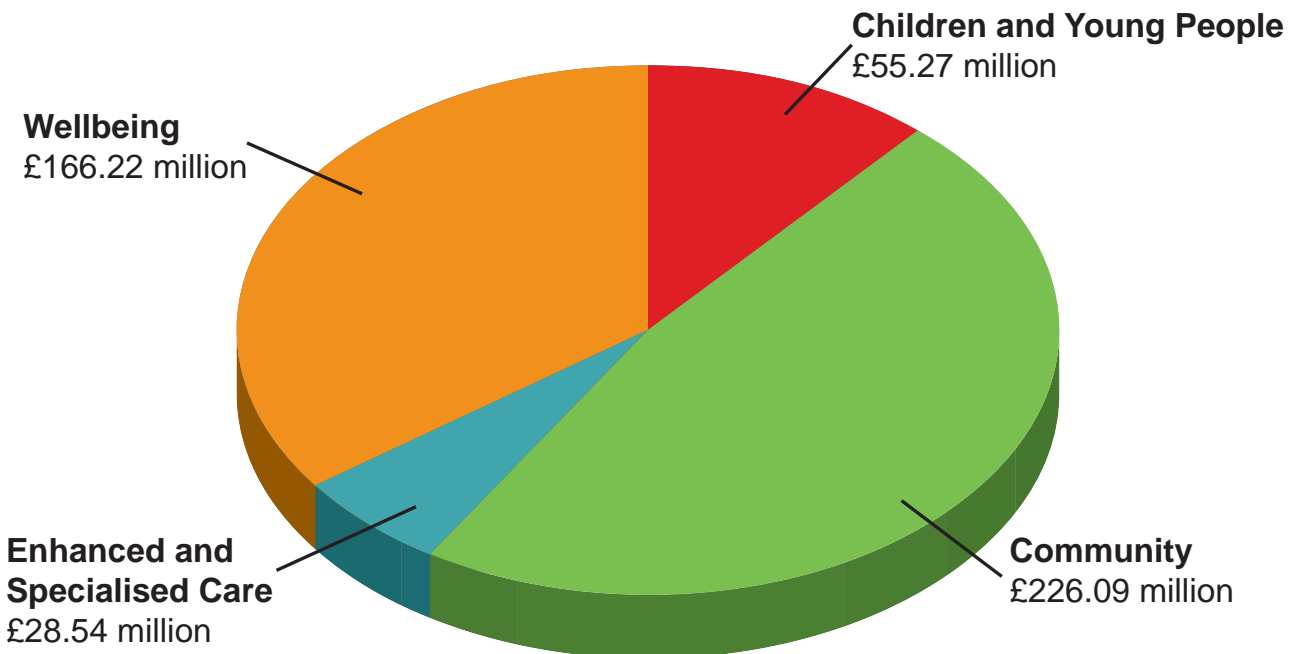
- Provide the "top tier" of care covering Individual Patient Placements, care homes for both working age adults and those over 65, end of life care, acute hospital services and specialist and tertiary services

ONE BUDGET

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



Plymouth Integrated Fund for Health and Wellbeing - £476.12 million



The funding shown is 2015/16 net budget broadly apportioned to the scope of the strategies. Running costs of the CCG and PCC are excluded from this apportionment.

Over time, our ambition is to increase the scope and size of the pooled funds, recognizing the potential that the associated budgets in both primary care and specialist commissioning could bring to whole system integration.



PLYMOUTH HEALTH AND WELLBEING

Recognising the challenges Plymouth faces, and within the context of a systems leadership approach, Plymouth Health and Wellbeing Board has agreed a vision that by 2016 we will have developed an integrated whole system of health and wellbeing based around the following elements:

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 and 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 Wellbeing

A focus on developing joined-up population-based public health, and preventative and early intervention strategies

Built on an asset-based approach focusing on increasing capacity and assets of both people and place

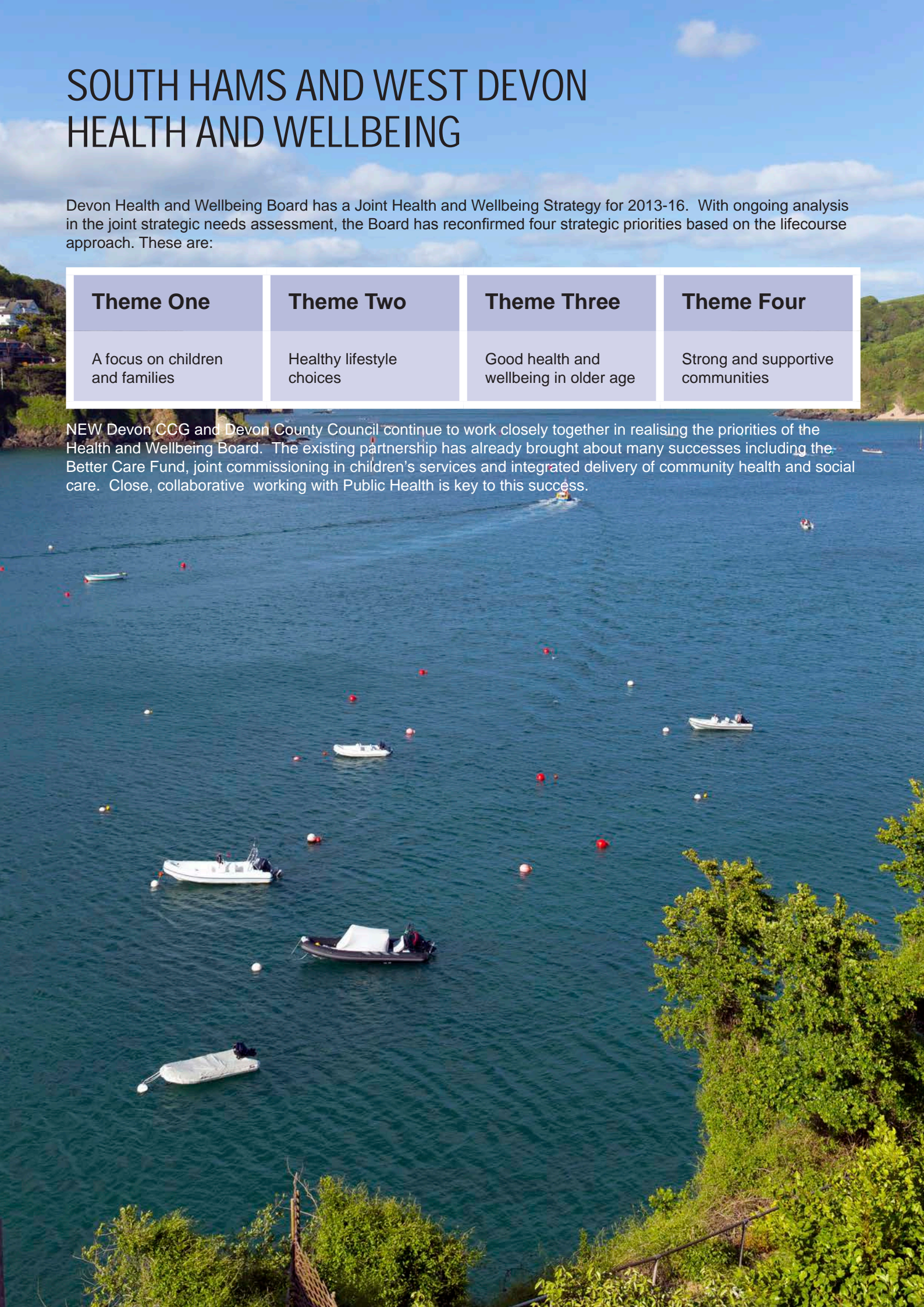


SOUTH HAMS AND WEST DEVON HEALTH AND WELLBEING

Devon Health and Wellbeing Board has a Joint Health and Wellbeing Strategy for 2013-16. With ongoing analysis in the joint strategic needs assessment, the Board has reconfirmed four strategic priorities based on the lifecourse approach. These are:

Theme One	Theme Two	Theme Three	Theme Four
A focus on children and families	Healthy lifestyle choices	Good health and wellbeing in older age	Strong and supportive communities

NEW Devon CCG and Devon County Council continue to work closely together in realising the priorities of the Health and Wellbeing Board. The existing partnership has already brought about many successes including the Better Care Fund, joint commissioning in children's services and integrated delivery of community health and social care. Close, collaborative working with Public Health is key to this success.



THE PLYMOUTH PLAN

The Plymouth Plan¹ will be a single strategic plan for the city of Plymouth, looking ahead to 2036 and beyond, and will bring together all the city's long-term strategic plans into one place. It will incorporate the strategic policy elements of the following:

- Local Transport Plan
- Local Economic Strategy
- Waste Strategy
- Health and Wellbeing Strategy
- Children and Young People's Plan
- Sustainable Communities Strategy
- Visitor Plan
- Vital Spark Cultural Strategy.

This document and the four Integrated Commissioning Strategies will become the 'Plan for Health and Wellbeing' for the Plymouth Plan.

¹ www.plymouthplan.co.uk

POLICY CONTEXT

There are a number of policy drivers that our strategic direction is shaped by and must respond to. The Marmot Review (2010) proposed a new way to reduce health inequalities, arguing that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. The review sets out a framework for action under two policy goals: to create an enabling society that maximises individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies. Central to this review is the recognition that disadvantage starts before birth and accumulates throughout life.

The NHS Five Year Forward View (2014) sets out a view on how services need to change and what models of care will be required in the future. Its key arguments are that much more attention should be given to prevention and public health; patients should have far greater control of their own care; and barriers in how care is provided should be broken down. This means putting in place new models of care in which care is much more integrated than at present. The Forward View differs from many other plans for the NHS in arguing that England is too diverse for 'one size fits all' solutions. Instead of setting out a blueprint for the future, it outlines a number of care models that may be adapted in different areas to put in place services fit for the needs of local populations.

The Care Act (2014) modernises and consolidates the law on adult care in England into one statute and has been described as the biggest change to the law in 60 years. Key changes include the introduction of national eligibility criteria, a right to independent advocacy, new rights for carers that put them on the same footing as the people they care for, and from 2016 a cap on care costs faced by self-funders. Central to the Act is the concept of wellbeing, with councils now having a duty to consider the physical, mental and emotional wellbeing of the individual needing care. They will also have a new duty to provide preventative services to maintain people's health.

The Children and Families Act 2014 seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The changes to the law give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life. It also ensures that vital changes to the adoption system can be put into practice, meaning more children who need loving homes are placed faster.

Devon is one of three areas in England to be part of the Success Regime (2015). The Success Regime aims to help create the conditions for success in these challenged areas. Its purpose will be to protect and promote services for patients in local health and care systems that are struggling with financial or quality problems, or sometimes both. It will provide increased support and direction, and aims to secure a system-wide improvement to meet the Five Year Forward View challenges of the future on health and wellbeing, care and quality, and funding and efficiency.



SYSTEM DIAGNOSIS

Health and wellbeing outcomes for people in Plymouth are generally poorer than in Devon and across much of England. Outcomes for Plymouth's population are rated worse than the England average for 13 out of 32 measures of Public Health England's Health Profiles. Mental health is poor, demonstrated by the fact that common mental health problems are estimated to be 20% higher than would be expected for the demographic and economic make-up of the city. In addition, there is currently a life expectancy gap of 9.4 years between neighbourhoods in Plymouth. Closing that gap is crucial to the city thriving and an outstanding quality of life being enjoyed by everyone (Thrive Plymouth).

Health and wellbeing outcomes for people in South Hams are generally better than in Devon and across much of England, though inequalities and challenges related to rurality and other factors exist. Outcomes for the South Hams population are rated worse than the England average for 1 out of 32 measures of Public Health England's Health Profiles (incidence of malignant melanoma). Life expectancy is not significantly different for people in the most deprived areas of South Hams than in the least deprived areas.

Health and wellbeing outcomes for people in West Devon are generally better than in Devon and across much of England, though inequalities and challenges related to rurality and other factors exist. Outcomes for the West Devon population are rated worse than the England average for 2 out of 32 measures of Public Health England's Health Profiles (incidence of malignant melanoma and people killed or seriously injured on the roads). Life expectancy is not significantly different for people in the most deprived areas of West Devon than in the least deprived areas.

Housing is a social determinant of health and has a major impact on community health and wellbeing. Recent research has shown large disparities in life expectancy and other health indicators between the wider population and homeless people. Within our system it is recognised that demand for social housing substantially exceeds supply, levels of statutory homelessness is rising and within Plymouth a third of dwellings (approximately 30,000) are classified as being 'non decent', with the worst conditions found in the private rented sector.

Child poverty continues to be a feature of our system and there is a greater concentration of families with multiple and complex needs in areas of social deprivation. Our needs analysis highlights that we have a growing number of children, young people and families with a range of complex needs including high levels of risk-taking behaviour, such as crime and substance misuse, mental health problems, and risk of harm to others, including sexual harm and risk of sexual exploitation. Referrals to Child and Adolescent Mental Health Services have increased significantly, and Devon and Plymouth have seen increasing referrals to children's social care and an increase in overall numbers in care.

Overall, our population is an ageing one and growth in 65+ years' age groups is broadly in line with national average. As such, there is a projected increase in demand for over-65s care home places and the demand for community domiciliary care, reablement and hospital discharge services has continued to increase due to people growing older and wanting to remain living independently in their own homes for as long as possible.

Demographic projections are showing that the number of emergency admissions to hospital is expected to rise by around 1.1% per year. However, due to the aging population it is expected that the total number of emergency bed days will increase by around 1.6% per year. Sustained demand on the urgent care system is significant and is not restricted to acute hospitals, with most health and adult social care service areas experiencing increases in demand. Ensuring efficient patient flow through the whole urgent care system is a key element in ensuring high quality patient care.

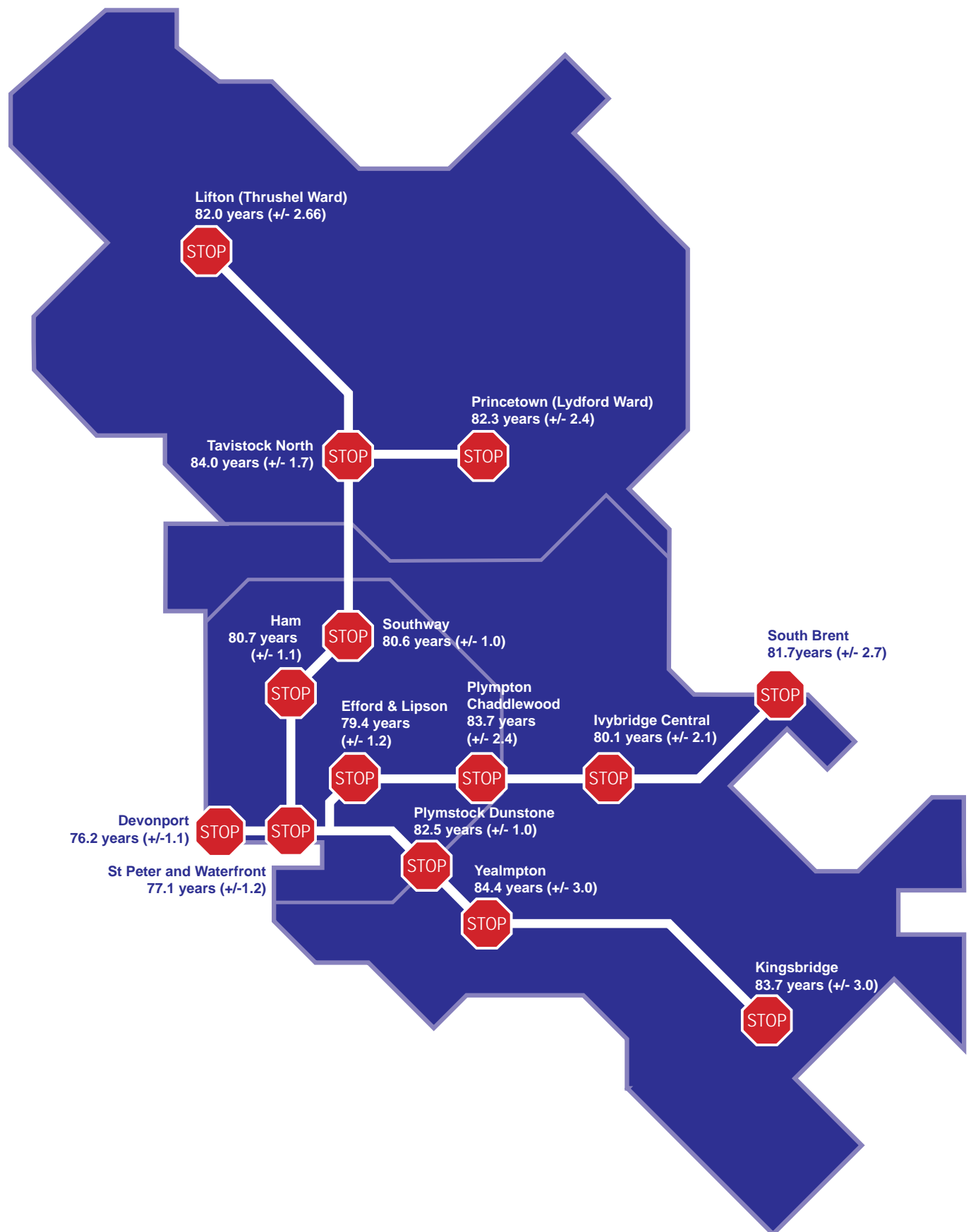
It is also known that the number of people with long-term conditions and multiple long-term conditions is rising, which will place an additional demand pressure on the system. Similarly, getting the most from medicines is becoming increasingly important as more people are taking more medicines to prevent, treat or manage their conditions and keep them well.

There are also areas of increased demand and spend for planned care interventions.



NEW DEVON CCG, WESTERN LOCALITY LIFE EXPECTANCY ROUTE MAP 2009-13

Data provided by Devon and Plymouth public health teams



MAPS TO FOLLOW...

INDIVIDUALS AT THE CENTRE

Individuals and carers, families and communities all, have their own individual needs and experiences. We know from many sources of information, not least the engagement 'Your Health, Your Future, Your Say'² which was run as part of the Transforming Community Services programme by the Western Locality of NEW Devon CCG, that many factors relevant to health and wellbeing and the care available are very important to people.

Fairness is important and we have paid attention to the principles of the Plymouth Fairness Commission in our approach.

We know that people in different age groups, people in different urban and rural communities, people with different short-term or long-term health conditions as examples have different priorities – although many common priorities too. These factors and priorities inform our approach of 'individuals at the centre'.



² <http://www.newdevonccg.nhs.uk/your-ccg/western-devon/what-we-are-working-on/your-health-your-future-your-say--/100806>





AN INTEGRATED COMMISSIONING RESPONSE

In order to meet the challenges, NEW Devon CCG and Plymouth City Council (PCC) have formed an integrated commissioning function working towards a single commissioning approach, an integrated fund, and risk and benefit sharing agreements.

Central to this approach is the development of integrated governance arrangements. The Integrated Commissioning Board will provide system leadership and clinical oversight to the integrated commissioning arrangements. It will provide focus and direction for integrated commissioning, ensuring collaborative planning and performance monitoring. It will also provide assurance to the governance bodies of both NEW Devon CCG and PCC. In order to ensure whole system collaboration, the Board has also representation from the Office of the Police and Crime Commissioner, Devon and Cornwall Police, Devon and Cornwall Probation, and education.

Commissioners will work as one team, informed and supported by clinicians and public health experts, and will collectively develop an integrated commissioning approach through the development of four integrated commissioning strategies that will direct all future commissioning.

Recognising the necessity of partnership working, we are developing System Design Groups for each strategic area. The intended purpose of the System Design Groups is to create an opportunity for stakeholders (providers across the spectrum of care, partner organisations and individuals) to collaborate, review, design and implement structures, functions and pathways which deliver the aspirations of the integrated population health and wellbeing system. Each System Design Group will work collaboratively to develop a whole system approach to their strategic area, and then work proactively to ensure system success, with the primary focus of realising the aims of the respective strategy.

The primary driver of our integrated commissioning approach is to improve the quality of service provision with the aim of improving outcomes for individuals and returning value for money and system sustainability. Integrated commissioning must deliver improved health and wellbeing.

For South Hams and West Devon, NEW Devon CCG and Devon County Council have integrated funding to meet the requirements of the Better Care Fund. The CCG and Devon County Council have not created an integrated fund wider than this for commissioning health and wellbeing services in South Hams and West Devon but several services are jointly commissioned and integrated in their delivery. Joint governance exists, with a Joint Co-ordinating Commissioning Group (JCCG) as a prime example. The strategic relationship between NEW Devon CCG and local authorities is crucial to system success.



SYSTEM WORKING PRINCIPLES

It is recognised that addressing our challenges requires a whole system approach, with each partner playing a key role in meeting our aims for and with individuals and achieving system sustainability. Therefore, in order to successfully meet the challenge and move forward at pace, the following principles will guide future behaviours and decision-making:

- The health and wellbeing of the citizens is at the forefront of decision-making
- The Health and Wellbeing Strategy will guide our future system design
- “One system, one budget” to deliver the right care at the right time in the right place, learning from integration of commissioning and integration of the delivery of care across our area
- Commissioning and services should be seamless, wrapped around people and not structured around organisational convenience
- Individuals should be at the heart of the system
- We will share risk and realise benefits across the Health and Wellbeing System, taking proper account of the partners’ accountabilities and duties
- Decisions taken should not be done in such a way as to destabilise other partners
- Partners will provide information in an open and timely manner
- Decision-making will be open and transparent
- We listen to and value the contributions of others
- We work within a learning environment
- We will create and use common frameworks for communication
- We will deliver evidence-based beneficial change
- Partners will proactively support and engage staff.

SYSTEM-WIDE TRANSFORMATIONAL DRIVERS

There are a number of cross-cutting themes that run through the whole system and which are essential in developing and delivering whole system success, illustrated below as system wide transformational drivers:

SYSTEM WIDE TRANSFORMATIONAL DRIVERS					
Prevention	Vibrant Market	Creating a Modern Workforce	Individuals at the Centre	Seamless Pathways	Quality, Safety 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) Technology as an enabler	Workforce planning New types of workers Developing the workforce	Engagement and Involvement Personalised care Social network Self-management Supporting healthier behaviour	Effective pathways Transitions Removing artificial organisation boundaries	Customer Feedback Safety Systems Quality Assurance and Improvement Medicine Optimisation Safeguarding
Value for Money Efficiency/Productivity/Demand Management/Fair Funding					



CREATING AN INTEGRATED NETWORK OF CARE

In order to develop a high performing, sustainable system, it is recognised that there is a need for both high quality provider services and systems that facilitate communities and citizens to feel engaged and empowered to be equal partners. Commissioning activity must therefore be directed to creating the conditions of an integrated network of care, based around the following core elements.

Accessible and responsive primary care in the home as well as the GP surgery is the foundation of a successful network of care and will provide the route into a whole range of integrated services. Access into services must be clear and transparent and services should be easily accessible with services often co-located in a number of Community Wellbeing Hubs. Within the community there should be an integrated community health and social care provider, delivering the right care, at the right time, in the right place. Running alongside this is the need for a range of responsive and personalised community-based providers, promoting independence rather than creating dependency. A vibrant voluntary and community sector should be viewed as an equal partner in the network of care, providing a range of preventative interventions.

Central to our care system is the need for good quality, cost-effective hospital care that provides a crisis, response delivers specialist treatment and care, and empowers and enables people to recover quickly. For those who need enhanced care, provision should be personalised, of high quality and treat people with dignity and respect. All care should be delivered by a well-trained, valued and motivated workforce.

Any successful network must connect people with their communities and ensure they are happy and safe in those communities. Individual and community safety is a core part of wellbeing and partners must therefore work together and pool resources to reduce crime, protect vulnerable individuals and groups and create safe and sustainable communities. Underpinning the care network are engaged and empowered citizens taking responsibility for their own wellbeing through information and advice and access to community resources. People should be supported to self-manage their own care and carers should be supported in their caring role.

In order to create this network, a number of system enablers will need to be in place including maximising the public estate, development of new models of care, and harnessing of new technology such as electronic care records.

CREATING A HIGH QUALITY SAFE SYSTEM

A key concern for both organisations is the on-going sustainability of the services and service quality in the face of financial targets, and both organisations recognise that there is a need for a strategic and innovative response to achieve system sustainability.

The integrated commissioning system for population health and wellbeing is currently underpinned by a breadth of quality and safety systems which have been established by PCC and the CCG as distinct organisations. These are in accordance with Statutory Duties and / or relevant government policy; the governance and oversight of which is currently managed by each organisation for health and social care respectively. Examples of safety systems include:

- Safeguarding Children and Adults
- Feedback from people using the services
- Contractual Performance Management
- Incident Reporting and Investigation
- Medicines Optimisation

There are a number of well-documented³ challenges and / or risks to quality that the Commissioning an Integrated System for Population Health and Wellbeing Strategy seeks to redress. However, by necessity new interfaces have been created; these have the potential to duplicate effort and / or fracture systems designed to assure safety and quality and could create new challenges for teams working within them.

It makes sense to develop new integrated ways of working, monitoring and reporting to assure the Integrated Commissioning Board that individuals are receiving high quality, safe and effective services.

A strategic review of safety and quality systems has been commissioned to support the change process, and which will inform the options appraisal for the future scope, function and form of the integrated commissioning unit. The over-arching aim of the review is to ensure that the safety and quality assurance systems currently in place are fit for purpose, and to make recommendations for the future in the light of the integration agenda. The review will include children, young people and adults.

³ The Kings Fund (2012) Transforming the delivery of Health and Social Care: the case for change; National Quality Board (2013) Quality in the new health system: maintaining and improving quality from April 2013

CREATING A FINANCIALLY SUSTAINABLE SYSTEM

Organisations are facing significant financial challenges. A “do nothing” approach would see the expected funding gap over the next five years increase substantially.

Each of the commissioning strategies seeks to improve health and wellbeing, reduce inequalities in health and wellbeing, improve people’s experience of care and increase sustainability across the health and wellbeing system through: a stronger focus on prevention; demand management initiatives; developing new models of care; decommissioning and recommissioning; creating better value pathways; embracing technology; encouraging innovation; promoting self-management; and making every contact count. These measures on their own are, however, unlikely to be enough to create long-term system sustainability and there is an imperative to create a level financial playing field.

Despite poorer health outcomes, a comparison across the separate Devon Health and Wellbeing Board areas, based on the national funding formula and health and wellbeing outcomes as the comparator, reveals that NEW Devon Clinical Commissioning Group (CCG) has a budget containing too little financial resource for services in and for the population of Plymouth. The Western Locality within the NEW Devon CCG is approximately 7 per cent, or approximately £30m, below target.

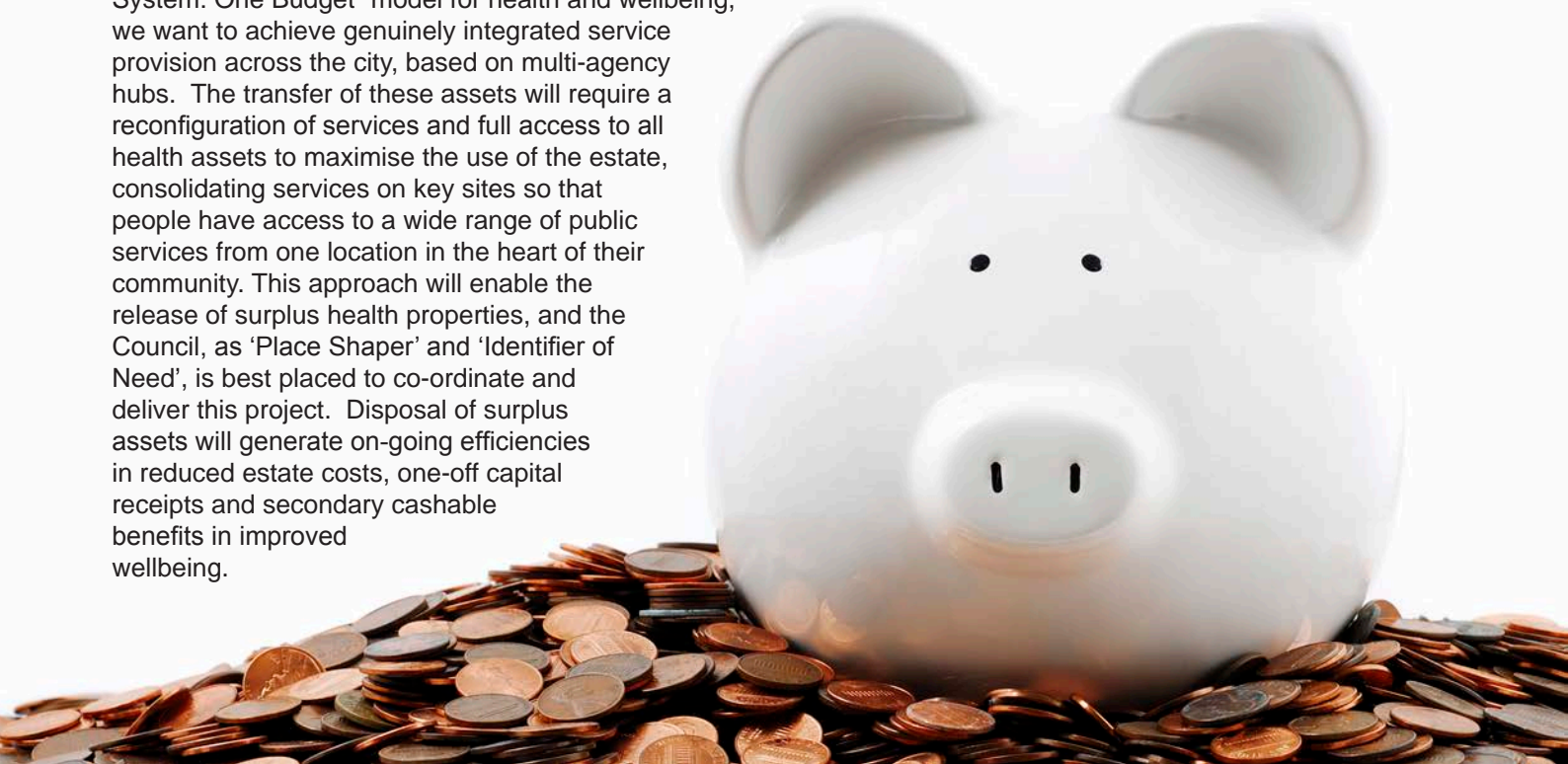
Under the Payments By Results system, funding for hospitals is often driven by use of services rather than need. This contributes to lower local funding for Plymouth’s NHS Acute Trust, and is compounded by one of the lowest Market Forces Factors in the country applied to acute health services.

Despite persistent lobbying of the Government, Plymouth still receives a lower than expected Public Health grant. In 2014-15 the Public Health grant for Plymouth was £47 instead of £58 per head as calculated using the national formula, leaving a gap of almost £3 million. Continuing under-funding will result in Plymouth being unable to address growing health inequalities, leading to poorer outcomes, lower life expectancy, reduced economic productivity and escalating demand on health and care services.

In response, System Leaders have created a series of asks of Central Government:

- That the Government requires NHS bodies to ensure fair funding and access to health care for populations within each Health and Wellbeing Board boundary
- That the Government recognises that some of the key financial challenges facing Plymouth Hospitals NHS Trust are driven by externally defined funding mechanisms
- That the Government reviews and amends legislation so that all health care, social care and wellbeing funding may be pooled, enabling full integration of health and wellbeing commissioning
- That the Government reviews the Public Health grant for Plymouth and the basis of the allocation formula.

It is also recognised that there are potential benefits in adopting an over-arching strategy for public service assets and, as such, as part of the One Public Estate Programme (OPE), we will be seeking to transfer control of all currently held NHS Property Services assets to Plymouth City Council. Building on the achievement of the “One System: One Budget” model for health and wellbeing, we want to achieve genuinely integrated service provision across the city, based on multi-agency hubs. The transfer of these assets will require a reconfiguration of services and full access to all health assets to maximise the use of the estate, consolidating services on key sites so that people have access to a wide range of public services from one location in the heart of their community. This approach will enable the release of surplus health properties, and the Council, as ‘Place Shaper’ and ‘Identifier of Need’, is best placed to co-ordinate and deliver this project. Disposal of surplus assets will generate on-going efficiencies in reduced estate costs, one-off capital receipts and secondary cashable benefits in improved wellbeing.



SYSTEM LEVEL OUTCOMES

Key system level outcomes that our approach is designed to impact on are set out below:

Increased healthy life expectancy (quality of life as well as length of life)
Reducing health inequality
Increasing the amount spent on prevention through the lifecycle of this strategy
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
Children and adults are safeguarded
Children well-prepared for adulthood – health, education and aspiration
Reduction in children living in poverty
Continuing to reduce the volume of victim-based crime (per 1,000 population)
Number of recorded violence against the person offences (per 1,000 population)

GLOSSARY

A glossary of terms used through this document and the Commissioning Strategies Glossary is available as a separate document.

IMPLEMENTATION AND DELIVERY

Each commissioning strategy is accompanied by a detailed implementation plan with specific actions that will lever system change, and which will be refreshed annually. Improvements to the system will be continuously shaped and developed by the System Design Groups.

The intended purpose of the System Design Groups is to create an opportunity for Providers, Stakeholders, Commissioners and Individuals to collaborate, design, operationalise and provide system resilience. There will be a System Design Group for each of the strategic areas, and each will work collaboratively to develop a whole system approach to their strategic area and then work proactively to ensure system success, with the primary focus of reducing health and wellbeing inequalities across the city.

Progress against the strategic aims and high level outcomes set out above will be overseen by the multi-agency Plymouth Integrated Commissioning Board, with the Health and Wellbeing Board holding the system and commissioners to account.





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