



WELLBEING COMMISSIONING STRATEGY

DRAFT



Northern, Eastern and Western Devon
Clinical Commissioning Group



INTRODUCTION

Evidence shows that people with high levels of wellbeing live longer, have lower rates of illness, recover more quickly from illness and stay well for longer, have more positive health behaviours, and generally have better physical and mental health (Department of Health, 'Wellbeing: Why It Matters To Health' Policy. London: DoH, 2014).

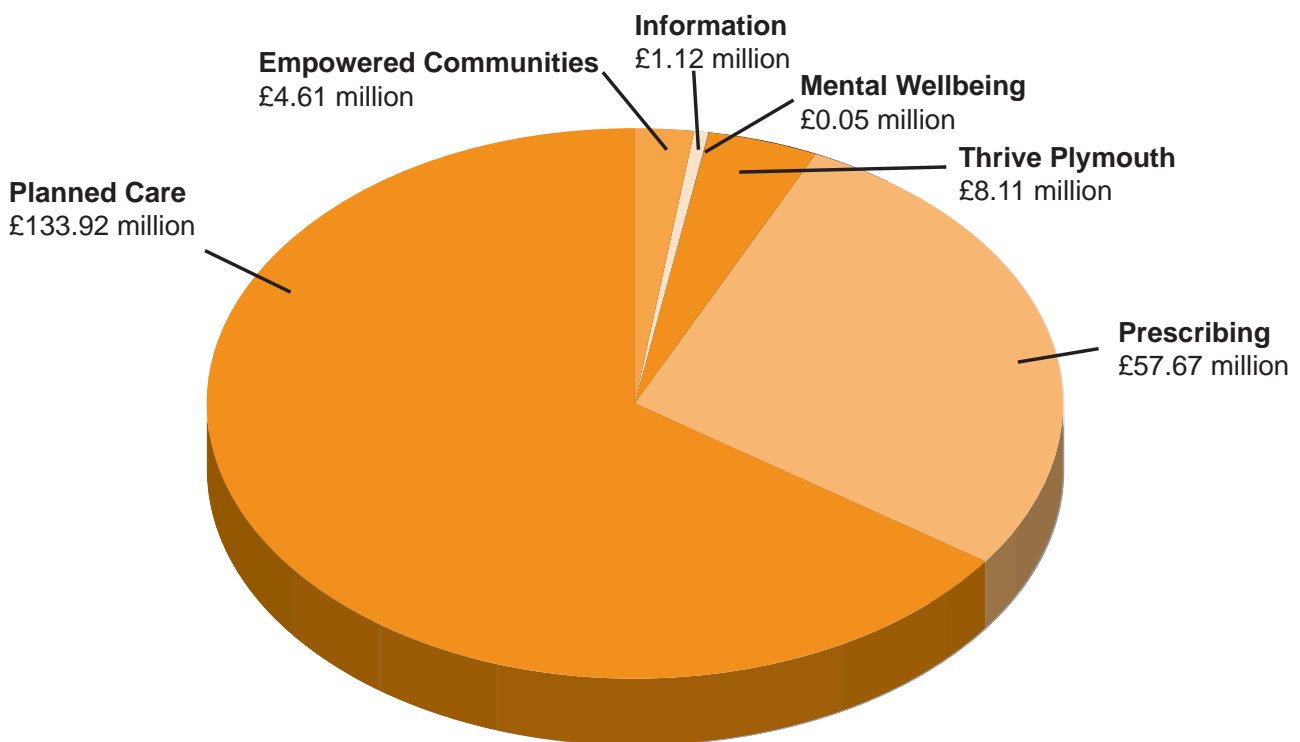
This strategy is one of four integrated commissioning strategies that focus on promoting healthy and happy communities by setting out an approach to a radical upgrade in preventive health. It covers people of all ages and also covers people in different categories of risk of ill-health. Specifically, it supports transformative change through creating a significantly enhanced focus on primary prevention which covers everyone, as well as targeted approaches which we call secondary prevention, and planned care interventions including medicines optimisation.

The strategy sets out a significant change in how we will support and improve people's capacity to live healthy and happy lives and, in doing so, reduce the level of health inequality across the city. It does so by describing a 'future system' into which, over time, an increased proportion of investment from the whole health and social care system will be focused on primary and secondary prevention. This approach will improve outcomes for more people, reduce pressure on services in the city, support value for money and produce efficiencies.

At the heart of the wellbeing strategy is the 4-4-54 construct, on which the 'Thrive Plymouth' programme is based. This approach will tackle the 4 key behaviours that contribute to the 4 key illnesses that cause 54% of all deaths in the city. Poor diet, lack of physical activity, tobacco use and excess alcohol consumption are risk factors for coronary heart disease, stroke, cancers and respiratory problems which together contribute to 54% of deaths in Plymouth. By focusing on changing behaviours that can lead to the development of these diseases, there is likely to be a reduction in the number of people who experience them, with consequent benefit to the individual, family, community and public purse.

In 2015/16, the identified spend on services within scope of the Wellbeing Strategy is £205.48 million. This comprises the CCG and PCC's relevant spend within the Plymouth Integrated Fund and the CCG's relevant spend for South Hams and West Devon. The approximate breakdown of this is shown in the chart below.

The identified spend of services within the scope of Wellbeing £205.48m



We will have rebalanced commissioning spend from reactive and unplanned to planned and targeted investment. Over the course of this strategy we expect the percentage of spend on prevention and health promotion to increase.

The strategy describes five key elements to a wellbeing system with Thrive Plymouth as the focus:

- **Thrive Plymouth** - Healthy lifestyle choices
- **Empowered communities** - Strong safe communities and social capital (community networks and resources)
- **Planned care** - An effective system of planned care that prioritises prevention
- **Information** - Comprehensive advice, information and advocacy
- **Mental wellbeing** – Physical, emotional, social and spiritual wellbeing

The benefits of improving wellbeing are significant but so is the challenge. Out of the 32 health indicators presented in the Annual Health Profile produced by Public Health England, Plymouth has 13 that are significantly worse than the English average. South Hams has 1 indicator that is worse than the English average. West Devon has 2 indicators that are worse than the English average.

The health of people in Plymouth is varied compared with the England average. Deprivation is higher than average and an estimated 21.6% (11,335) of children live in poverty. Life expectancy for both men and women is lower than the England average. People in South Hams and West Devon experience less poverty and deprivation generally although for some, poverty and deprivation have a marked negative effect on their health and wellbeing.

Over the years, many approaches have been taken to address the health inequalities. Whilst these have seen some success, inequalities still persist. What this tells us is that we must work differently as partners and leaders if we want to significantly reduce health inequalities.

The Health and Social Care Act 2012 and Care Act 2014 provide new and exciting opportunities to work across health and social care and address the key issues that undermine health and wellbeing. The Care Act states that 'local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person'. This means that all the integrated commissioning strategies have a direct link to this Wellbeing Strategy. While some members of the population may require more targeted, intensive or specialist help, they should still have access to universal or primary prevention support, including accessing local social networks. This will support wellbeing at challenging times of

need across the entire life course, including at end of life, to help sustain and support recovery from illness.

In Michael Marmot's landmark report 'Fair Society Healthy Lives' he states: "The extent of people's participation in their communities, and the added control over their lives that this brings, has the potential to contribute to their psychosocial wellbeing and, as a result, to other health outcomes". We recognise this locally and this strategy will be seeking to create an environment that builds social capital and facilitates co-production between commissioners, services and communities.

The opportunities provided through the Health and Social Care Act 2012 and the Care Act 2014, set alongside our determination to tackle health inequality through 'Thrive Plymouth', and underpinned by our drive to engage with local communities and citizens to improve their own health, is the key to how we will work differently. This strategy sets out our programme for improving health and wellbeing in that context.

The Wellbeing Strategy covers advice and guidance, and preventative and planned care services for people of all ages, across the whole life journey and covers both physical and mental wellbeing. Specifically, it supports transformative change through creating:

- A significantly enhanced focus on primary prevention which covers the whole population
- Targeted approaches which we call secondary prevention
- Planned care interventions including medicines optimisation

The services covered by this strategy will impact on the whole of our population, as distinct from those covered by the other three strategies which are more targeted at specific client groups like vulnerable children or adults with complex needs, or for people who need specialist or enhanced services.

The geographic coverage of this strategy and its integrated funding is complex because:

- It covers healthcare services commissioned by NEW Devon CCG for the Western Locality (Plymouth, South Hams and West Devon)
- It covers health promotion and prevention services commissioned by Plymouth City Council for the citizens of Plymouth, and we will work with Devon County Council Public Health to align strategies and approaches wherever possible
- It will direct our commissioning of planned care provision by the acute hospital in Plymouth which serves a population wider than both of the above, although the pooled and aligned funding will only apply to the population of NEW Devon CCG

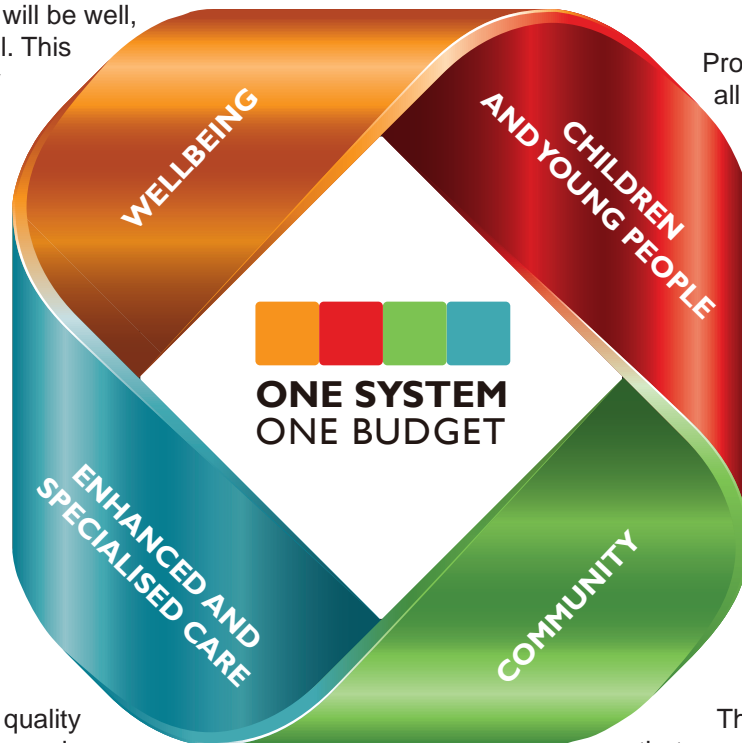
ONE SYSTEM... FOUR COMMISSIONING STRATEGIES

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.

Commissioning an Integrated System for Population Health and Wellbeing Overall strategic direction and response to national strategy

- Integrated commissioning – now and future
- Needs assessment

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

- 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

- 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



DEFINITION OF WELLBEING

There are many descriptions and definitions of wellbeing. Wellbeing is the holistic consideration of a person's life experiences and includes physical and mental health, purpose and meaning, life satisfaction and positive emotions, and relationships.

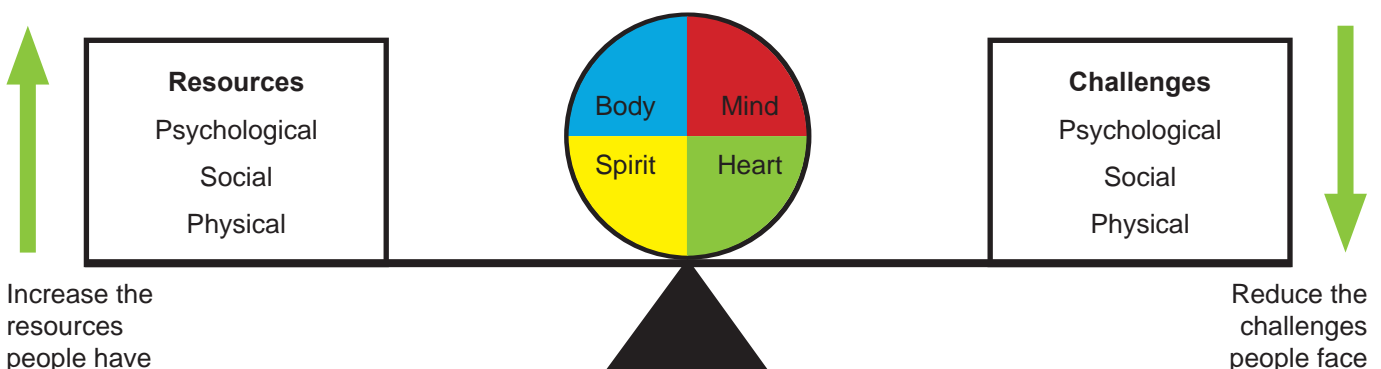
Plymouth's Health and Wellbeing Board recognised that people have different views of what wellbeing means to them personally and for their communities, and adopted a holistic view of health and wellbeing based on four broad and wholly inter-related and co-dependent dimensions:

- **The Mind:** including mental health and wellbeing, happiness, personal growth, development and learning
- **The Body:** including physical health and wellbeing, having the best start in life, growing and ageing well, having access to good jobs, homes and health services
- **The Heart:** including social health and wellbeing, having good friendships, feeling loved and valued, valuing others and engaging with the world around us

- **The Spirit:** including a sense of community, of meaning in life, a sense of belonging and of making a difference

This strategy incorporates these dimensions within a dynamic definition of wellbeing, developed by Dodge et al (2012). Wellbeing is seen as the balance point between an individual's resources and the challenges that they face in their everyday life. This is shown as a see-saw in the figure below. When people have more challenges than resources, the see-saw dips along with their wellbeing. A lack of challenge for an individual would equally cause a dip in wellbeing. This definition reflects the human preference to return to a set point of wellbeing that is defined by the individual.

In the context of this commissioning strategy, services that support wellbeing will be aiming to build an individual's capacity to meet the challenges they face in their lives, and also contribute to a wider approach of addressing the determinants of health and wellbeing by reducing unacceptable challenges that people face, e.g. poor quality housing and homelessness.



Definition of Wellbeing [adapted with permission from Rachel Dodge, Annette P Daly, Jan Huyton Lalage D Sanders. The challenge of defining wellbeing. International Journal of Wellbeing Vol. 2 (3) 2012]



AIMS OF THE WELLBEING STRATEGY

We will:

Aim One

- 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

"I want the services I value now to be strengthened"

"I want the information I need to make healthy choices and stay healthy"

Aim Two

- Place health improvement and 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 in Plymouth

Aim Three

- 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

"I want no barriers to care caused by boundaries"

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

Aim Four

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



WHO WILL BENEFIT FROM THIS STRATEGY?

Work by the King's Fund identified that health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The Health Map illustrated below details how many different factors influence people's health. Most experts agree that tackling these 'broad determinates of health' is more impactful than healthcare in ensuring a healthy population.

It is these broad determinants of health that are targeted for improvement in this strategy and where the real benefits of integrating local government and NHS commissioning are to be found. By pooling or aligning the funds used for NHS planned healthcare and the treatment of ill health with local authority funds used for the prevention of ill health and the promotion of wellbeing, we can minimise the organisational boundaries that have previously made it difficult to shift resources upstream and deliver cost effective earlier interventions.

Health Map



The Health Map demonstrates the importance of individuals' attributes in determining health outcomes and, more crucially, highlights the role that structural factors in the social, physical and economic environments play in this respect. To maximise outcomes for individuals, families, communities and the city as a whole, the right social, cultural, work and economic environments will need to be created to support individuals to make the right choices for their health and wellbeing.



The Wellbeing Strategy has prevention at its core, with two areas covered specifically. Primary prevention is covered wholly, as are some aspects of secondary prevention. The following definitions are taken from the Care Act 2014:

PREVENT: primary prevention/promoting wellbeing

Primary prevention is aimed at people who have no particular health or care and support needs. The intention is to help a person avoid developing needs for care and support, or help a carer avoid developing support needs.

It includes universal offers like health promotion, first aid, learning and services like contraception services, and community activities that prevent social isolation.

REDUCE: secondary prevention/early intervention

Secondary prevention is more targeted. Interventions are aimed at people who have an increased risk of developing health or care and support needs, or at carers with an increased risk of developing support needs.

The goal is to help slow down or reduce any further deterioration, to prevent further needs from developing, and to stop a crisis occurring.

Really efficient and cost-effective planned care (sometimes called elective care) which makes the best use of available resources to provide value for patients wherever and however they receive care is crucial to wellbeing. Planned care and medicines optimisation will play an increasing role in secondary prevention for all ages through the delivery of this strategy.

- Planned care is “services and treatments that are not carried out in an emergency”; delivered in a way that prevents ill health and maximises recovery as quickly as possible
- Medicines optimisation is about making sure that people are getting the right medication and using it in the right way to get maximum benefit

Framing these services in a ‘wellbeing’ strategy maximises the opportunities for this and sets a clear signal to think differently about how and where these are commissioned and provided.

Other examples of secondary prevention covered in this strategy are “social prescribing” services, targeted weight management services and carer support services.



WHY DO WE NEED TO CHANGE?

The health of people in Plymouth is generally worse than the England average; in the city there are higher than average levels of deprivation. The inequality in health that is driven by social inequalities is demonstrated by the fact that, between the least and most deprived groups, there is a 7.9 year gap in life expectancy in men and a 5.8 year gap in women.

Poor health behaviours cluster in the more deprived socio-economic groups and this also drives health inequalities. There are higher than average numbers of people who smoke and, hence, a higher proportion of smoking-related deaths. There are higher levels of alcohol-related ill health and of drug misuse. In certain areas of the city there are high levels of dental decay in children by the time they start at primary school: this is a disease which, in theory, is entirely preventable.

Health in Plymouth is significantly worse than England as measured on 13 of the 32 health indicators in the annual Health Profile. In relation to the 11 Regional Centre comparator areas, Plymouth is 5th in terms of health profile indicators. 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.

The population is broadly similar to the national average, although there are considerably more young adults in the age 20-29 age group, attributable largely to the student population in the city. There is a small but rapidly growing black and minority ethnic population in the city and in the last 10 years there has been significant growth in the very young aged 0-4 years. Overall, our population is an ageing one and growth in 65+ age groups is broadly in line with national average. These are the main population characteristics relevant to impact on health and wellbeing needs.

The levels of deprivation drive the ongoing challenge of tackling the resulting health and social inequalities and represent a major challenge to improving the health of the population as a whole. Over the next 10 years 'Thrive Plymouth', the new approach to tackling health inequality in the city, will focus on poor diet, lack of exercise, tobacco use and excess alcohol consumption, which are the four behaviours that drive health inequalities in the city.

A third of Plymouth's dwellings (approximately 30,000) are classified as being 'non decent', i.e. offer poor thermal comfort and standard of repair – with the worst conditions found in the private rented sector.

In 2014/15, there were 18,796 crimes recorded; this is a reduction of 1% (184 fewer crimes/victims of crime) than for the same period the previous year, continuing the downward trend in overall crime since 2009/10.

A third of adults living in Plymouth have problem debt and we are 48th most indebted out of 406 local authority areas across the UK. Universal Credit is set to begin rollout in Plymouth in January 2016, and this provides a number of significant risks that impact on financial exclusion and increased levels of personal debt.

There are areas of increased demand and spend for planned care interventions in secondary or specialist services where an alternative approach could have prevented this need.

In terms of medicine taking, the needs assessment highlights the need to optimise medicines to maximise health and wellbeing, whilst recognising the increased need for improved preventive treatment. By helping people to get the most out of their medicines, we can help to keep people healthy and well in the community.

The impact of the information described in the needs assessment affects the entire population across the life course; this wellbeing strategy responds accordingly by commissioning and influencing services that support children, young people, families and adults.

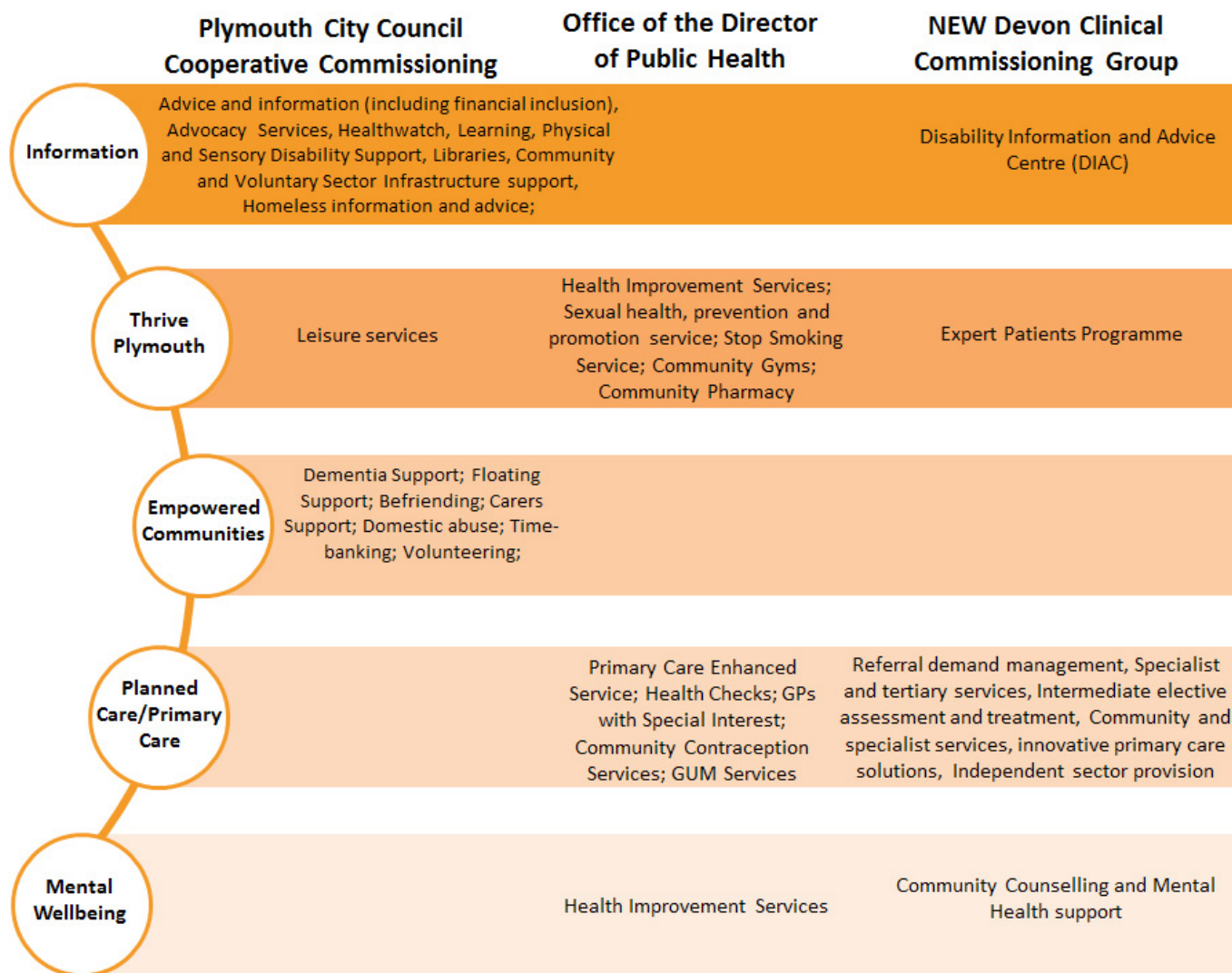
Theme	Needs and areas to address
Demographic	<ul style="list-style-type: none"> ■ Increasing population size ■ Increasing older population over 75 ■ Increasing number and diversity of Black and Minority Ethnic (BME) population
Deprivation	<ul style="list-style-type: none"> ■ Plymouth is ranked 72 out of 326 in terms of deprivation (1=most deprived; 326=least deprived) ■ Child poverty ■ There are higher levels of long-term health problems or disability when compared nationally; there are lower levels of reported good or very good health when compared nationally
Determinants	<ul style="list-style-type: none"> ■ Clear social gradient in health which shows life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of Plymouth than in the least deprived areas ■ Housing conditions are worst in the private rented sector with 37.2% categorised as non-decent ■ Under-employment' is comparatively high in Plymouth ■ High levels of problem debt
Need: Areas reported as being significantly higher than England in the Health Summary for Plymouth	<ul style="list-style-type: none"> ■ Under-18 conceptions ■ Alcohol and drug misuse ■ Adults smoking ■ Sexually transmitted infections ■ Incidence of malignant melanoma ■ Early deaths from cancer ■ 37.2 % of all domestic abuse crimes in 2013/14 involved violence with injury
Need - Additional	<ul style="list-style-type: none"> ■ Mental health need estimated as being 20% higher than would be expected for a city with our population ■ Increase in the rate of hospital admissions for self-harm ■ Increase in the rate of hospital admissions for circulatory diseases ■ Increase in hospital admissions for falls in adults aged 65 and over ■ Increase in dementia in the over-69s by 2020 ■ Increasing demand on carers ■ Planned care – increased demand ■ Local variance in prescribing costs against national average ■ Inequalities in oral health of young people, evidenced by high levels of dental decay and large numbers of extractions under general anaesthetic.
Consultation	<ul style="list-style-type: none"> ■ Increased focus on prevention and support in the community



WHAT HAPPENS NOW?

There has not, up to now, been a wellbeing system defined. A wide range of provision reflects services that have been commissioned in line with strategies, commissioning plans and business cases focusing on specific priorities that include a universal or preventative offer supporting wellbeing.

There has always been ambition to design services that work better together within and across systems, and progress has been made. However, the current commissioning categories have not enabled us to maximise the potential to create a coherent system for wellbeing.



These services are delivered by over 60 providers (not including Primary Health Practices and Pharmacies), with around 40 coming from the independent, voluntary and community sector. Services generally perform well against the measures in their contracts but this service performance is not always reflected in improvements in key outcomes or in reducing inequality across the city.

The existing approach has meant that different commissioners use their budgets and commissioning processes to fund the services for which they are responsible and this sometimes results in unnecessary duplication or gaps in service. People who use services have to repeat their story to access support; those people on pathways linking differing services often do not experience this as seamless and timely. Importantly, no coherent evidence-based approach to population level primary prevention has been strategically agreed and delivered by all the key stakeholders across the city.

Outcomes in this context for the person have too often been shaped by more of a “silo” approach to service and system design, which does not place the person needing the service at the centre of the range of support they require and the outcomes they need.

Some planned care services have recently had more of a preventative focus, but this is very limited.

Links with service areas responsible for developing and influencing the “wider determinants” of health, e.g. economy, employment, housing, are not yet maximised, and improving these to ensure that health and wellbeing is a key factor in decision making, and service development will be key to reducing health inequalities.

Whilst there has been some investment in developing social capital, this has been limited. Current commissioning practices have not facilitated a strategic approach to developing social capital and community self-help to support wellbeing.

Other Partners

Services set out above sit alongside a range of other key stakeholder contributions who also commission prevention services that support wellbeing. For example:

- Devon County Council (including Devon Public Health) provide similar services to the people of South Hams and West Devon as Plymouth City Council and will be crucial partners in ensuring this integrated wellbeing approach is available to the whole Western Locality of NEW Devon CCG
- NHS England commission primary care, such as GP core services, dental and ophthalmology services, which are universally available to the whole population and play a key role in preventing and detecting ill health, as well as a range of immunisation and screening programmes that prevent ill health
- The Police Crime Commissioner (PoCC) invests in activity (much of which will sit alongside activity described in the Community Strategy) that includes some prevention work. This investment is used to support the commissioning intentions of Safer Plymouth



- Plymouth City Council and NEW Devon CCG, through the accompanying integrated strategies, have a duty under the Care Act 2014 to promote the wellbeing of the people these strategies are intended to reach. In doing so, “promoting wellbeing” will not just be something “siloesd” within this strategy but an offer that is integrated across the whole system of health and social care. For example, the promotion of wellbeing for people at the “end of life” and their carers will be a core offer. This strategy will focus on delivering whole or targeted population level interventions
- The Children and Young People’s Strategy will also include activity that supports the wellbeing of children, young people and families e.g. health visitors, family support

There are a number of services and support rework available that are not currently commissioned by the local authority, NEW Devon CCG, NHS England and the Police Crime Commissioner:

- Schools contribute significantly to the city’s wellbeing through prevention activity that supports the wellbeing of their school population and the best start to life for all children and young people
- Business’ contribute significantly to the city’s wellbeing through running programmes to help improve the wellbeing of their employees
- The universities and higher education colleges contribute significantly to the city’s wellbeing through prevention activity that supports the wellbeing of their university population
- DWP – Welfare and employment support services

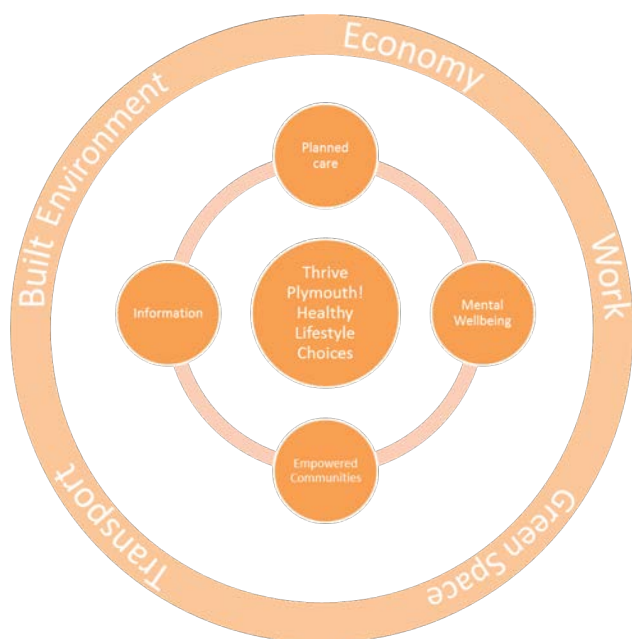
Finally, the voluntary and community sector delivers commissioned services as well as services and support that are funded through charitable grants are truly voluntarily based:

The voluntary and community sector provides a wealth of services and support that reflects local (neighbourhood) need and is a key enabler of local social capital and community self-help



WHAT DOES THE FUTURE LOOK LIKE?

Commissioning Framework for Wellbeing



Thrive Plymouth - healthy lifestyle choices

Thrive Plymouth is the central population-focused approach to reducing health inequality in the city that will reduce preventable deaths, improve lifestyle behaviour and, in time, reduce the overall spend in the system. All the additional elements of the commissioning framework contribute to Thrive Plymouth but require a specific focus in line with the city's strategic ambition and the needs identified. This strategy will drive forward a population level primary prevention programme through Thrive Plymouth (4-4-54) to tackle the four key behaviours that impact on four key diseases and contribute to 54% of all deaths in Plymouth.



Thrive Plymouth; 4-4-54 www.plymouth.gov.uk/thrive

Thrive Plymouth is not based on the delivery of commissioned services alone, but through enabling social change in areas such as influencing key stakeholders, providing accessible advice and information to everyone to change behaviours and supporting individual activation to help them achieve choice and control. The new system recognises the importance of people and communities' roles in maintaining and improving their own health. This will be done through encouraging, involving and educating people and communities.

Commissioned services will deliver a range of high quality, evidence-based interventions, and include an enhanced focus on the key behaviours that contribute to risk factors for coronary heart disease, stroke, cancers and respiratory problems. These behaviours are poor diet, lack of exercise, tobacco use and excess alcohol consumption. Changing these four behaviours would help prevent these four diseases and reduce the number of deaths due to those chronic diseases.

All services can have an impact on health and wellbeing, and the new system will maximise the impact of all interactions – making every contact count. Health promotion and improvement services will be delivered in a range of settings based within communities and provide cradle to grave support for our people and communities to help them live healthier lives and maximise their own health and wellbeing. Services will be evidence-based and will take a multi-risk factor approach and support people in addressing all their lifestyle behaviours that are impacting on their health and wellbeing. Services will be accessible to all but will provide the greatest support to those with the greatest need. Services will ensure that physical health and mental health have equal parity. All service providers will be expected to take every opportunity to support their service users in improving their health and wellbeing.

As well as providing a range of information and knowledge which is evidence-based and consistent, services will deliver activities and interventions that support people to improve their health and wellbeing. GP practices and pharmacies will be supported to carry out primary prevention activity themselves and to also increase referrals to health improvement services and maximise their patients' access to the range of primary prevention services and social networks in their communities.

Community and voluntary organisations will also be supported to make an active contribution to the improvement of health and wellbeing for the people they support.



Empowered Communities

Strong, safe communities and social capital (community networks and resources)

The demographic changes described in the needs assessment will increase demand and complexity for wellbeing, health and social care services, particularly around the older population, carers, people with dementia and long-term conditions. Supporting our communities to respond to this will be critical to the future wellbeing system.

The new system recognises that there is a huge amount of positive health and wellbeing activity already happening in communities, and there is an opportunity to work with and build on this. Communities often have the answer to how to improve the health and wellbeing of the local population. Through this strategy we will support local communities to be as healthy as they can be by ensuring communities have control and influence over how services are designed and developed locally to them. Communities themselves will shape how they can make best use of their own “assets” (people and place) to maximise wellbeing. Carers will be recognised, valued, and supported in their caring role.

This system element will also respond to the needs identified around preventing crime, (particularly violent crime, sexual violence and domestic abuse), disorder, and anti-social behaviour, as well building feelings of safety in communities. These are key challenges that must be addressed in order to achieve strong, safe communities.

Improving housing decency levels is a key ambition of this strategy. Poor quality housing has a cross-cutting impact on society; for example, it impacts negatively on health (physical, mental and emotional), contributes to child poverty, reduces educational attainment, increases fuel poverty and reduces attendance at work. There is a clear link between the areas of worst housing condition, deprivation and greatest health inequality.

Information

Comprehensive advice, information and advocacy

The system of advice, information and advocacy services across the city will provide consistent and accurate messages that are evidence-based and easily accessible for people, families and children wherever they live. Services will be accessible to all who need them, comprehensive, high quality, and will support individuals, families and communities to have choice and control. These are fundamental building blocks to ensuring that people are empowered to take their own decisions to help improve their wellbeing and their health in its broadest sense, including early help, health, wellbeing, social care, housing and financial inclusion.

It will meet statutory duties to provide a comprehensive advice and information offer and will ensure that individuals and populations have access to independent support to ensure people know their rights and how they can challenge or clarify decisions made which affect their wellbeing.

This system element will support patient activation, meaning people will be able to access information and advice to empower them to make decisions that support and help sustain their own recovery from illness and maximise the benefits obtained from all planned interventions.



Mental Wellbeing

Physical, emotional, social, and spiritual wellbeing

The needs assessment identified that Plymouth has higher levels of common mental health issues than comparator areas. Whilst all commissioned activity aims to improve mental wellbeing, it is acknowledged that the current spend on specific services for this service element is limited. Demographic and population changes may increase loneliness and social isolation, thus impacting on emotional wellbeing, and helping people build resilience to challenges they face is critical. This is not just about what services there are available but what social capital can offer. Taken together, more resilient people and whole families are able to cope better with life, including those with many forms of mental illness. Improving the emotional wellbeing and mental health of individuals, families and communities is recognised as a key cross-cutting component that must be addressed to support all aspects of improving wellbeing. In addressing this, an enhanced focus on tackling the stigma associated with mental ill health is key, as is improving the wellbeing of those with mental ill health; ensuring that there is parity of esteem enabling access to wellbeing services or support that maintain both physical and mental wellbeing.

To address the identified high levels of local need relating to common mental health problems, there will be a focus on improving the emotional wellbeing and mental health of individuals, families and communities. This is recognised as an important requirement to support all other aspects of improving wellbeing. Tackling the stigma associated with mental ill health and ensuring parity of esteem between mental health and physical health will be the underpinning requirements of all services.

A public mental health approach is required that promotes mental health and wellbeing in the whole population. Such an approach seeks to make sense of the complex interplay between social, economic and environmental factors that influence individual and community mental health and wellbeing. It seeks to improve mental health and wellbeing by reducing risk factors and promoting protective factors. The approach identifies that improvements in wellbeing can be achieved through a wide range of evidence-based interventions, from universal measures that apply to the whole population, through to targeted approaches aimed at high risk groups and people with diagnosed mental illnesses. The provision of these interventions is within the remit of many organisations across the public, private and voluntary and community sectors.

Services will support people to build their individual resilience and ability to deal with the challenges they face, recognising that resilient people are more able to cope with life challenges, including many forms of mental illness. Mental health will be promoted by aiming to:

- Strengthen individuals and communities
- Reduce structural barriers to mental health
- Create mentally healthy environments

As a result, more people will be supported to maximise their emotional wellbeing and mental health, stigma associated with mental ill health will be reduced, and people with mental illness will have equal access to services to support them to improve their health and wellbeing.

More people will be supported to understand mental illness and how to look after and protect their mental health and wellbeing.



Planned Care

An effective system of planned care that prioritises prevention

Planned care for all ages is “services and treatments that are not carried out in an emergency”. They are usually delivered in an acute hospital setting, and are a fundamentally important function with benefits that reach across the entire wellbeing system.

Medicines optimisation is about making sure that people are getting the right medication and using it in the right way.

With increasing demand for acute care from an ageing population, we are committed to ensuring that we commission care that is safe for people, cost-effective and delivered in the most appropriate location. We are committed to delivering integrated care pathways that encourage organisational partnership and co-operation.

The aims are:

- To maximise the value that everyone gets from the investments in their healthcare
- To maximise the value that a person gets from their own care and treatment
- All health and care interventions will be delivered in a way that prevents ill health and maximises recovery as quickly as possible. Framing these services in a “wellbeing” strategy maximises the opportunities for this, and sets a clear signal to think differently about how and where these are commissioned and provided

The commissioning intent is to implement an evidence-based, integrated model of elective care, intervening at the optimum point for maximum benefit. This will improve value for patients, reduce costs and ensure future sustainability in the face of increasing demand. There will be an increasing focus on prevention and self-management, 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. 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. We will encourage direct access to services wherever appropriate, encourage the use of alternatives to the traditional face to face contacts and commission face to face contacts with patients only where there is demonstrable clinical value to patients.

There will be a comprehensive provider market delivering innovative, co-ordinated care, including technology-driven approaches, to the management of patients who need a clinical follow-up or continued management of long-term conditions. These will:

- Reduce and remove unnecessary follow-up

appointments for patients and their carers; improving patient experience and reducing demand on resources

- 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

Although the NEW Devon CCG does not directly commission primary care services, locally it has regularly expressed its commitment to working with GP practices to transform the way in which services are delivered.

Currently there is a high spend on specialist care and, in comparison, a limited focus (and relatively limited resourcing) on primary prevention services. Over the lifetime of this and the accompanying strategies, there will be a shift in the amount of investment and proportion of investment toward improving and promoting wellbeing and community-based support.

Prevention is recognised through a range of evidence and policy drivers as key in reducing pressure at the complex, acute and intensive end of provision, as well supporting savings across the whole system.

The proportion of investment spend on primary prevention, as a percentage of the total spend on health and social care, should increase over the five years of the integrated commissioning strategies.

Increasing the proportion of funding for wellbeing as a percentage of the whole of the health and wellbeing system and then investing this in evidence-based interventions should save potential future spend.

Wellbeing Interdependencies

The approach must ensure that improving wellbeing is integrated into strategic objectives across the wider system described in the Plymouth Plan. This includes policies that impact on strengthening the local economy, work and jobs, natural environment, built environment, and activities such as shopping, transport and employment. The services in scope of this strategy will provide a universal and preventative offer, be designed to target issues that have the biggest impact on wellbeing across the city and build capacity within communities (social capital) with the aim of supporting the development of healthy and happy communities and reducing the pressure on the wider health and social care system.

This strategy is the catalyst to maximising the relationship between stakeholders to develop the interdependencies to produce an effective and efficient "wellbeing system". Opportunities to work in partnership, co-commission and joint working must be taken forward to maximise the use of resources and impact. Pathways described, or that will be developed in support of the accompanying integrated commissioning strategies, should set out the links to the wellbeing system, enabling universal and preventative interventions to be accessible to anyone at any point within the whole system.



HOW DO WE KNOW IT'S WORKING?

The following outcome performance indicators have been identified as key to measuring how this strategy contributes to improvements across the whole health, wellbeing and social care system in Plymouth. Some of these will form part of a comprehensive performance dashboard that will be used to monitor an overview of the system.

System Element	Key Outcome / Indicator	Indicator / Source type
THRIVE PLYMOUTH – Healthy lifestyle choices	Thrive Dashboard	Local
	2.12 - Percentage of adults classified as overweight or obese	Public Health Outcome Framework
	2.13i - Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity	Public Health Outcome Framework
	2.13ii - The percentage of adults classified as “inactive”	Public Health Outcome Framework
	2.14 - Prevalence of smoking among persons aged 18 years and over	Public Health Outcome Framework
	2.04 - Rate of conceptions per 1,000 females aged 15-17	Public Health Outcome Framework
Information	Total number of people for whom an advocate is arranged	Care Act Metric
	The number of households given Housing Advice via Plymouth City Council Casework	Local – Housing Options
Empowered Communities	Number of carers receiving a statutory Carers Assessment	Local - Carefirst
	Close the gap between the 10 neighbourhoods with the highest crime rates and the city average per 1000 population	Local - Safer Plymouth
	Number of reported domestic abuse incidents	Local - Police
	Reduction in the % of private rented accommodation that is classified as having a category 1 hazard	Local – Housing Options
	Dementia Diagnosis Rates	NHSOF
Mental wellbeing	Average WEMWBS Score	Local
	1.18i - % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey (Social Isolation)	Public Health Outcome Framework
	1.18ii - % of adult carers who have as much social contact as they would like according to the Personal Social Services Carers survey (Social Isolation)	Public Health Outcome Framework
	Prevalence of common mental health conditions	Local
Planned Care	Reduced demand – reduce new referrals to specialists	Local - CCG
	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	CCGOF

