Integrated Commissioning System Action Plans 2016-2017

HEALTHY PEOPLE
living healthy lives in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Wellbeing – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Sustain the improvement in healthy life expectancy and health inequality and reduce both all age all cause deaths due to cancer, stroke, heart disease, and respiratory disease	Deliver a suite of work programmes covering the multi-factors of Thrive Plymouth. Including: • Physical Activity Action Plan • Plan for Sport • Schools • Collaborative approach to healthy eating	March 2017	Public Health Outcomes Framework (PHOF): • % of adults classified as overweight • % of adults classified as physically inactive • smoking prevalence	People and communities are supported to make healthy life choices
Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working within the wider community in which they operate	Create and implement a single strategic vision for health and wellbeing hubs that work for different neighborhoods across the city	March 2017	• Office for National Statistics (ONS) Self Reported Wellbeing • Social Isolation • Average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	People and communities are supported to make healthy life choices
	Redesign commissioned advice and information services, and develop an implementation plan for a comprehensive 'One Help Plymouth' offer	October 2016	• Number of enquiries through Advice Plymouth • Adult Social Care Framework (ASCOF): people who found it easy to find advice and information	People and communities are empowered to make healthy life choices
	Implement a new model for community engagement and empowerment through the delivery of the Housing Plan and Safer Plymouth Plan	March 2017	• Removal of Category 1 hazards • Domestic abuse incidents	People live in suitable accommodation People and communities feel safe
	Implement the redesign of community integration support for new Refugees	March 2017	• ONS Self Reported Wellbeing • Social Isolation • Average WEMWBS	People live in suitable accommodation People and communities feel safe

Wellbeing – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
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	Redesign and commission a new sexual health system	March 2017	Public Health Outcomes Framework (PHOF): • Under-18 conceptions • Late HIV Diagnosis • Indicator 3.02 chlamydia detection • Termination of pregnancy	People are protected from unplanned pregnancy and sexually transmitted disease Children are protected from sexual exploitation
	Implement a coordinated and comprehensive range of primary care development initiatives to ensure a sustainable system for the future, maximise prevention opportunities, and provide an alternative setting for secondary care services, via: • Developing federations • Primary care co-commissioning • Primary Care Innovation Programme • Primary Care Transformation Fund • Primary Care Home	March 2017	Clinical Commissioning Group Outcomes Framework (CCGOF) • Referral To Treatment time Success Regime targets: • Reduction in 1st outpatient appointments • 20% reduction in follow-up outpatient appointments • 10% reduction in overall demand for secondary care services	People have good access to primary care Improved work/life balance for practice staff
	Implement a coordinated and comprehensive plan for reducing demand for planned care (both elective inpatient and outpatients) in line with Success Regime and Right Care: Elective: • Referral management • Evidence based care pathways • Specialist advice • Diagnostics Outpatient: • One stop clinics • Referral management • Acute sector support (medical)	March 2017	CCGOF: • Referral To Treatment time • Total health gain as assessed by patients for elective care • Reduced numbers of patients awaiting treatment for over 52 weeks Success Regime targets: • Reduction in 1st outpatient appointments • 20% reduction in follow-up outpatient appointments • 10% reduction in overall demand for secondary care services	Higher rate of patient satisfaction Quicker return to activities of daily living
	Implement the Medicines Optimisation Plan including: • Redesign and commission a chronic pain pathway	March 2017	• Reduced pain prescribing	Higher rate of patient satisfaction Quicker return to activities of daily living
	Redesign the diagnosis pathway for dementia	March 2017	National Health Service Outcomes Framework (NHSOF) • Estimated diagnosis rates for dementia	People live well with dementia

Children and Young People – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
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	Work in partnership to provide better outcomes for children aged 0-5 and their families, we will focus on: • Developing interventions identified within the pathways for vulnerable families, additional needs, breastfeeding and nutrition • Improve and increase access to information and advice in preparation for parenthood • Review approaches to parenting support to ensure consistency and focus on resilience	September 2016 December 2016 March 2017	• Improved breastfeeding rates • Reduction in the need for child protection • Improvement in the Early Years Foundation Score • Public Health Outcomes Framework (PHOF) Healthy Weight • Parental review to measure progress since 2013	Readiness for school Improved parenting capacity and ability to keep child safe Improved breastfeeding and nutrition Reduction in childhood obesity
	Analyse and review performance across Maternity and Early Years Services to develop a commissioning plan with intentions for the future shaping of provision in 2017/18	January 2017		
	Implement and deliver an integrated/aligned response to Early Help and the functions of the Gateway across health and Council services	March 2017	• Reduced presentations to specialist, statutory and crisis services • Reduction in hospital admissions • Reduction of numbers of children classified 'in need' under Section 17 of the Children's Act ,1989 • Reduction in offending rates • Reduction in antisocial behaviour • Reduction in numbers of children "missing" from home or school	Improved school attendance Reduction in risk-taking Improved family functioning Reduction in offending
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 And: Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care	Develop an outcomes framework and plan for the design of an integrated offer for vulnerable children, young people and families, including: • Reconfiguring Plymouth City Council targeted support • Co-commissioning of Early Help with schools • Rapid response to crisis and escalating need • Multi-agency support to achieve sustainable improved outcomes Develop an operating model and action plan Define future service requirements and commissioning options	December 2016		
	Implement the Children and Adolescent Mental Health Service (CAMHS) Transformation Plan (aligned with vulnerable Children and Young People commissioning plan) to ensure: • Early Intervention (aligned to Gateway) • Response to those in emotional or mental health crisis • Implementation of a pathway for those with eating disorders • Development of a self-harm pathway	December 16	• Reduction in hospital admissions for self-harm and mental health • No child with mental health problems assessed in police cells • Reduction of length of stay in hospital for those with mental health disorders • 30% reduction in referral to CAMHS	Reduction in self-harm Improved coping strategies Improvement in mental health

Children and Young People – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Deliver an integrated education, health and care offer: ensure the delivery of integrated assessment and care planning for our children	Develop and implement a commissioning plan for integrated specialist services for children with Special Education Needs and Disabilities (SEND), ensuring: • Integrated referral management • Integrated Education, Health and Care Assessment Process • Integrated Education, Health and Care Outcome Based Planning • Clear diagnostic pathways • Evidence-based pathways of care	November 2016	• Timely and co-ordinated care – right care, right time • Ability to deploy resources to maximum efficiency and effectiveness • Clear core offer for children and young people with specific health needs and SEND	Improved education attainment Ability of families to manage need in the family home Ability to safeguard from abuse
	Review the children to adults transitions pathway, identifying the gaps to develop a plan for improvement	December 2016	• Proportion of people who have control over their daily life • Proportion of carers who report that they have been included or consulted in discussions • Clarity regarding provision for children who will not meet the criteria for Adult Social Care but still require on-going support	Smoother transition pathway Improved service user experience
Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care	Review our Permanency Offer and develop and increase sufficiency of in-house fostering, focusing on: • Clear criteria and efficient processes to maximise and expedite movement to permanency • Clear pathways to support the option for special guardianship or long-term stable fostering	July 2016	• Reduction in the use of Independent Fostering Agencies (IFA), residential placements and welfare secure • Placements closer to home • Placement stability • Decrease in homelessness	Placement stability Engagement in education Improved health Reduced risk taking Life skills for transition to adulthood
	Improve the quality, sufficiency and value for money of placements by identifying providers that can provide a range of high quality placements to meet need, including: • Family-based care with a focus on permanency • Models of care for those in crisis or with significant risk	March 2017		
	Improve the offer for supported accommodation for children and young people 16+ in care, leaving care or homeless.	June 16		
	Choose Regional Adoption Agency delivery vehicle, as well as the host Local Authority Design the operational model Ensure Shadow Regional Adoption Agency plans are in place	May 16 October 2016 April 2017	• Adoption scorecard performance improves	Improvement in adoption service performance indicators, in particular numbers and speed

Community – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Provide integrated services that meet the whole needs of the person	Deliver the recommendations of the Complex Needs Commissioning Plan by co-designing a future whole system in Plymouth	December 2016	• Admission episodes for alcohol related conditions • Successful completion of drug treatment • Number of households becoming homeless • Reoffending levels • % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	The creation of a 'whole system' approach that meets the needs of clients with a singular support need whilst also providing an improved offer to clients with more complex needs A more efficient and collaborative model is developed that delivers an improved client experience Providers share responsibility for achieving outcomes The workforce are up skilled Additional capacity generated Reduced number of moves Integrated assessment and confidentiality agreement so people tell their story once
Reduce emergency attendances and admissions to hospital for all ages	Map and redesign the urgent care system to ensure sustainability and improved performance during 2016/17. Elements of this work for transformation/improvement are: • Implementation of the "Big 6" for children's services • Reduction in lengths of stay in all settings of care • The development of a lead provider arrangement for the emergency department and minor injury units • Commission a Psychiatric Liaison Service to meet national criteria and local need	March 2017	• Achievement of the NHS Constitution Emergency Department access standard • Proportion of people still at home 91 days after discharge from hospital into reablement/rehabilitation services • Discharges at weekends and bank holidays • Reduced delayed transfers of care from hospital, per 100,000 population • Psychiatric Liaison targets met • Reduction in the number of people who self-harm and re-attendance the emergency department	Higher rate of client satisfaction Quicker return to activities of daily living Improved work/life balance for staff New models of integrated care to enable people to remain in their own homes wherever possible

Community – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Reduce emergency attendances and admissions to hospital for all ages	Establish a pilot to improve safe and effective discharge from hospital through the provision of adaptations in Plymouth	March 2017	• Achievement of the NHS Constitution Emergency Department access standard • Proportion of people still at home 91 days after discharge from hospital into reablement / rehabilitation services • 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 • Self-reported wellbeing: % of people with a low satisfaction score	People are supported to return to their home environment in a safe and effective way People are supported to remain at home and live independently following a stay in hospital
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently	Work in partnership with stakeholders to implement the local plan for the transforming care programme. Implementation will be via six work streams.	March 2017	• Permanent admissions of younger people (aged 18-64) to residential and nursing care homes • The proportion of people who use services who feel safe • Proportion of people 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 • The proportion of people who use services who say that those services make them feel safe and secure • Transforming community care programme indicators • Increased numbers of people accessing Direct Payments, Personal health Budgets and/or Individual Service User Funds	More people with a learning disability and/or autism will be supported to live in the community and at home The frequency of people displaying behaviours that challenge will be reduced as will the severity of episodes People with a learning disability and/or autism who display challenging behaviours will be kept safe in their communities wherever possible Fewer people will be admitted to non-secure and secure hospitals Delayed discharges will be minimised Any hospital stays will be closer to the individual's home and support networks There will be fewer inpatient beds commissioned for the population People with a learning disability and/or autism who display challenging behaviours will enjoy an improved quality of care and an improved quality of life More people with a learning disability and/or autism will be in employment Fewer people needing to use higher levels of care out of the area in which they live

Community – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently	Complete a systems review of the housing based support pathway for older people	September 2016	• Permanent admissions of older people (aged 65 and over) to residential and nursing care homes • Self-reported well-being	Resources are utilised efficiently People are provided with a choice of appropriate options Support timely discharge from hospital Increased sustainably of existing housing provision
	Deliver whole scale revision of the supported living operating model to deliver real independence for people living in the community with a reduction in the reliance on paid support	April 2017	• Permanent admissions of younger people (aged 18-64) to residential and nursing care homes • Proportion of people 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 • The proportion of people who use services who say that those services make them feel safe and secure • A reduction in the size of individual care packages	People are supported to achieve their maximum independence through an outcome focused and reablement approach A sustainable workforce has been established and maintained People have quality and choice in service provision People are connected with their communities Resources are better utilised
	Work with Livewell Southwest to ensure a fully operational community health and care provision, including provision of a single front door, locality model and crisis team	December 2016	• Permanent admissions of younger people (aged 18-64) to residential and nursing care homes • Proportion of people 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 • The proportion of people who use services who say that those services make them feel safe and secure	People experience improved access to services Better integration of health and social care provision that delivers an improved client experience People need only tell their story once People are better supported when a crisis occurs Additional capacity generated People are able to access help when they need it

Community – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently	Work in partnership with stakeholders to implement the Five Year Forward View for Mental Health including: • Improved crisis response services for people with mental health needs in line with Five Year Forward View and Crisis Concordat Action Plan • Development of a strategic commissioning framework for the re-procurement of Mental Health Services • Further develop an integrated system of mental health and wellbeing for Plymouth and the Western Planning Delivery Unit (PDU) • Work with partners to deliver parity of esteem and meet new mental health waiting time targets	March 2017	• % of adults in contact with secondary mental health services who live in stable and appropriate accommodation • Achievement of Improving Access to Psychological Therapy (IAPT) access and recovery rates • Delayed transfers of care from hospital, per 100,000 population • Delivery of early intervention and psychosis targets • Reduced premature mortality for people with mental health needs • Reduced suicide rates • Reduced self-harm and repeat presentations at Emergency Departments • Reduced out of area placements • 5 mental health domains in CCG dashboard which will be reported to NHS England • % of adults in contact with secondary mental health services who are employed	People in mental health crisis receive more appropriate and timely responses Improved life chances employment and education reduced inpatient admissions Improved physical health To minimise impact on the families of mothers and infants with mental health needs by timely recognition and appropriate early intervention, with the provision of other supportive therapies, when needed People will have mental health needs treated equally with physical health care needs (Parity of Esteem)
	Improve the management and support for people with long-term conditions through partnership working with stakeholders to: • Establish a task and finish group • Evaluate national and international evidence and best practice • Design a best practice model of care • Identify impacts on budgets for 2017/18 • Develop and implementation plan for 2017/18	February 2017	• Reduce emergency admissions • Reduce outpatient attendances • Self-reported well-being • Proportion of people 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 • The proportion of people who use services who say that those services make them feel safe and secure • People with a long-term condition feeling supported to manage their condition(s)	People have more control over their daily life More people are able to access social/leisure/cultural / faith/skills development activities People are better able to manage their individual care needs or condition People have more control to improve their recovery e.g. from stroke Improved health Positive experiences of care and support

Community – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently	Re-model day opportunities and supported employment services with an increased focus on outcomes and promoting access to mainstream services in Plymouth	December 2016	• Reduce the gap between the employment rate of those with a learning disability and the overall employment rate • Reduce the gap between the employment rate for those in contact with secondary mental health services and the overall employment rate • Permanent admissions of people over the age of 18 to residential and nursing care homes • Proportion of people who have control over their daily life	More people access paid work People better off in work People less reliant on paid care People with more control over their daily life More people better able to access social /leisure/cultural/ faith /skills development activities People better able to manage their individual care needs or condition People with more control to improve their recovery e.g. from stroke People with improved health People with positive experiences of care and support
	Progress the future alignment and management of projects relating to Integrated Personal Commissioning (IPC), Personal Health Budgets (PHB) and Personal Budgets (PB)	January 2017	• The proportion of people who use services who feel safe • Proportion of people 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 • The proportion of people who use services who say that those services make them feel safe and secure • Self-reported wellbeing	People with complex needs and their carers to have a better quality of life and to be better equipped and supported to achieve the outcomes that are important to them Prevention of crises in people's lives that lead to unplanned hospital and institutional care Better integration and quality of care

Enhanced & Specialised Care – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Create Centres of Excellence for enhanced and specialist services	Work with NHS England to co-develop commissioning plans for key specialities; considering delivery of pathway locally	March 2017	• CCG and Local Authority working together with NHS England to ensure commissioning is joined up • Gaps in provision are identified • Better information sharing is developed	Delivering high quality services that meet individual outcomes High quality effective care preventing escalating need and intervention
Ensure people are able to access care as close to their preferred network of support as possible	Undertake a market analysis of nursing bed capacity - Complete a market position statement - Commissioning plan in place	June 2017	• Reduction in delayed transfers of care attributable to adult social care	Delivering high quality services that meet individual outcomes High quality effective care preventing escalating need and intervention Delivering excellent care close to home
	Implement a commissioning approach to ensure people requiring Individual Patient Placement (IPP) or Section 117 (S117) are cared for as close to home as possible • Market management of care homes and supported living providers offering IPP/S117 • Devolve responsibility for the commissioning of Individual Patient Placements for Plymouth GP registered people to Livewell Southwest	March 2017	• Reduction in out of area placements (where appropriate) • Decreased Individual Patient Placement (IPP) • Reduced length of stay	Care closer to home
	Commissioning of local Psychiatric Intensive Care beds	April 2018	• Reduction in out of area placements (where appropriate)	Care closer to home

Enhanced & Specialised Care – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Provide high quality, safe and effective care, preventing escalating need and intervention	Improve the GP/clinical support for care homes • Review GP/clinical support in care homes and building on current relationships to enhance medical intervention • Develop care coordination for frail older people by developing and implementing GP care plans	March 2017	• Reduced emergency admissions from care homes	Better access to primary care for care home residents Receive the right care, in the right place, at the right time Improve health related quality of life for people with long-term conditions
	Improve health and wellbeing in care homes – • Roll out the project based on the Brownhill Study 2013 to develop reduction targets in relation to falls, pressure ulcers, urinary tract infections (UTIs) and overall hospital admissions • Develop health and wellbeing champions	March 2017	• Reduced emergency admissions from care homes	Receive high quality services Improved health and wellbeing Reduce injuries due to falls
	Quality control and improved processes such as referral for IPP, clinical and placement reviews, including improved exacerbation and contingency planning, a greater focus on information about clinical outcomes for people in placements	March 2017	• Reduced emergency admissions	Improved system flow including through local recovery services Detailed individualised needs assessment Improved patient experience Better monitoring against treatment outcomes
	Develop a commissioning plan for end of life care in line with guidance; avoiding urgent or emergency admissions through end of life planning, in order that increased numbers of people are supported at the end of life within their preferred place of care	March 2017	• NHS Outcomes Framework (NHSOF) bereaved carers' views on the quality of care in the last 3 months of life • Proportion of people dying in hospital (PHE Fingertips data) • Reduction of emergency admissions for those on the end of life pathway	Improved end of life care through early identification and clarity over pathway People able to receive care and die in their chosen place of death

Enhanced & Specialised Care – Integrated System Action Plans 2016-17

AIM	Commissioning Activity	Complete By	System Indicators	Individual Outcomes
Provide high quality, safe and effective care, preventing escalating need and intervention	Three streams of work around each service line: • Due diligence and legal framework • Patient pathway review • Commissioning policy around thresholds and explicit commissioning intention 1.Complex obesity services (Over 18) 2.Mental health – all areas 3.Neurosurgery including complex spinal surgery and neuro-rehabilitation 4.Cancer (2017) 5.Cardiac services including interventional radiology (2017)	September 2016 March 2017	• Reduced length of stay • CCG Outcomes Framework (CCGOF) Referral To Treatment (RTT) waiting times: achievement of national RTT standards • Securing investment in local services currently spent elsewhere / nationally • Transfer of resource from NHS to CCG • Shift in spend from more specialist end of pathway to earlier intervention where appropriate	Right care, right place, right time Early intervention in patient pathway where safe and appropriate