

# **Integrated Health and Wellbeing Position Statement and Next Steps**

March 2018

## **Introduction**

1. The purpose of this report is to provide leaders and stakeholders with a position statement on the shared ambition to develop Integrated Health and Wellbeing both within Plymouth and the wider Devon Sustainability and Transformation Partnership (STP) footprint. The report considers progress to date, key challenges, national context and future direction. In doing so it recognises that over the next few months a number of key documents will be brought forward to deliver on the next phase of our integration journey:
  - Plymouth System Strategic Commissioning Intentions
  - Plymouth and Western Local Care Partnership Mandate
  - Revised Sustainability and Transformation Plan
  - Strategic Commissioner Options
  - An Integrated Care System for Devon

## **Plymouth's Integration Journey**

2. Plymouth has a long and established record of cooperation and collaboration with a formal commitment to Integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.
  - 2.1. Since then there has been some significant progress and notable achievements towards achieving this aim. NEW Devon CCG and Plymouth City Council (PCC) formed an integrated commissioning function in April 2015 as part of their single commissioning approach. An integrated fund is in place with risk and benefit sharing agreements. Integrated planning and governance arrangements between the two organisations are in place. Commissioners, informed and supported by clinicians and public health experts, have collectively developed an integrated commissioning approach through the development of four Integrated Commissioning Strategies, which direct all commissioning activity and deliver the Healthy City element of the Plymouth and South West Devon Joint Local Plan. This means our commissioners work across health and social care system. They are now co-located to enable closer working and delivery.
  - 2.2. As part of this forming an integrated commissioning function in April 2015, the commissioning budgets from the Western footprint of NEW Devon CCG were aligned with the People Directorate and Public Health budgets from the Local

Authority to develop an integrated fund of £462m. This was facilitated through a Section 75 agreement and included housing, leisure, Public Health commissioned spend, children's services including education, and Adult Social Care spend. The fund is hosted by the CCG, with the fund manager being employed by the CCG and the deputy employed by PCC. Partners share financial risk through an innovative risk-share agreement that has received national recognition.

2.3. In April 2015, the Local Authority also transferred 173 Adult Social Care staff to Livewell Southwest (LWSW) to develop an integrated community health and care provider with a single point of access, locality-based services and improved discharge pathways from secondary care. Livewell now provides the majority of Adult Social Care services for and on behalf of the Local Authority. The Local Authority has retained statutory responsibility for safeguarding and has a retained client function. The integrated service has achieved some notable outcomes including helping balance the Adult Social Care budget for two years in a row whilst at the same time achieving good outcome ratings:

- Above average satisfaction among people in receipt of long-term care (69% extremely or very satisfied);
- Of people who use services, 93% say that those services have made them feel safe and secure.

2.4. More recently, LWSW and Plymouth Hospitals Trusts (PHNT) have collaborated to deliver an Integrated Sexual Health Service, Minor Injury Units for the Western Locality and there has been further co-operation and colocation of staff and services to deliver the Acute Assessment Hub. In response to urgent care pressures, the two providers have also appointed a Joint Director of Urgent Care driving changes required around Discharge to Assess Two and Intermediate Care.

2.5. The progress that the Plymouth System has made towards system integration was acknowledged in the recent Care Quality Commission (CQC) Local System Review with **Professor Steve Field, Chief Inspector of Primary Care Services, noting:**

“The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in.”

“I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership.”

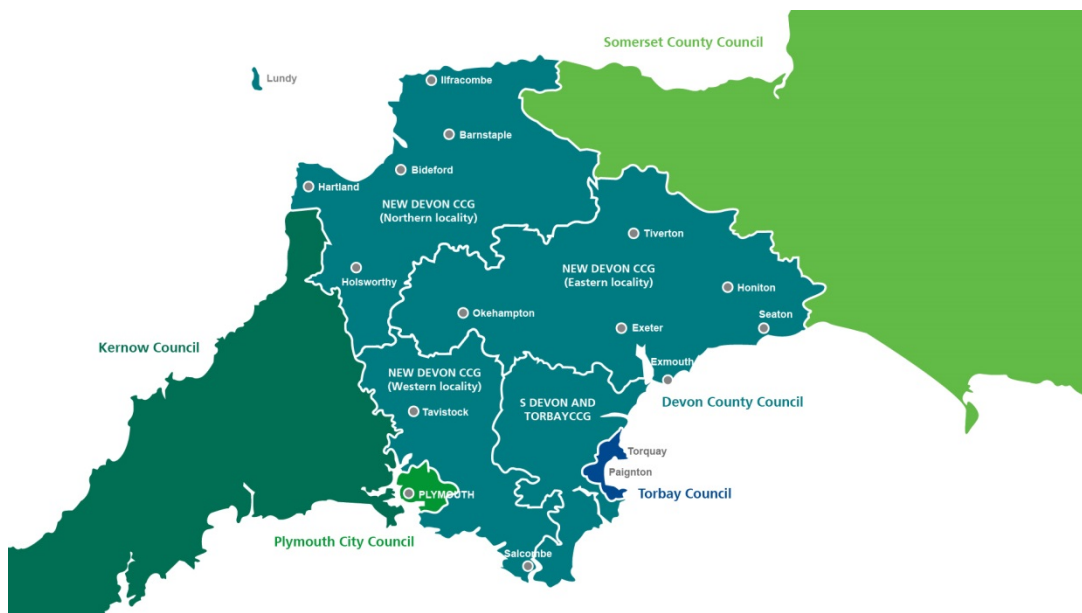
## Plymouth and the Wider Devon Sustainability and Transformation Plan

- In 2015, NEW Devon CCG became part of the Success Regime in part due to the financial challenge it was facing. NEW Devon was 1 of 3 CCG's who were placed in the Success Regime by Simon Stevens, National Health Service England (NHSE) Chief Executive. The size of the financial challenge was then acknowledged again in the Devon-wide STP, which outlined that, if nothing changed, then by 2020/21, there would be a funding gap across health and care of £557m.

STP's were introduced in December 2015 as a way of planning and commissioning for services on a wider footprint and were introduced to bring together all health partners, Commissioners and providers and Local Authorities. There were 44 footprints across the country and the Devon footprint includes Devon, Torbay and Plymouth.

Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population. The Wider Devon Sustainability and Transformation Partnership has been in place since then.

- The Wider Devon Sustainability and Transformation Partnership (STP) spans the whole of Devon and includes NEW Devon CCG, South Devon and Torbay CCG and three Local Authorities including Plymouth City Council. The following map shows the boundaries of each NEW Devon CCG Locality and Local Authority boundaries. To the west is Cornwall, a key partner with significant patient flows into the Plymouth system.



- 3.2. Plymouth is an active partner of the Wider Devon STP and a key stakeholder in developing the strategic thinking. The Wider Devon STP sets out ambitious plans to improve health and care services for people across Devon in a way that is clinically and financially sustainable, and provides the framework within which detailed proposals and local delivery solutions will be developed across Devon between now and 2020/21.

The seven key STP Priorities are:

1. Prevention and Early Intervention
2. Integrated Care
3. Primary Care
4. Mental Health
5. Acute hospital and specialised services
6. Productivity
7. Children, young people and families

- 3.3. Sitting within this wider framework Plymouth has set out its local vision and has set this down in four Integrated Commissioning Strategies. This relates the ambition to develop an Integrated System for Population Health and Wellbeing to deliver *the right care, in the right place, at the right time*, through developing Integrated Commissioning, Integrating Health and Care Services and developing an Integrated System of Health and Wellbeing. The strategy has four aims:
- To improve health & wellbeing outcomes for the local population;
  - To reduce inequalities in health & wellbeing of the local population;
  - To improve people's experience of care; and
  - To improve the sustainability of our health & wellbeing system.

- 3.4. There is a STP delivery plan in place for 2017/18: a Strategy Refresh for 2018/19 is currently underway to ensure all NHS Planning Guidance is considered prior to the development and sign off of the 2018/19 delivery plan.

This work is then incorporated into the local system delivery plans, integrated commissioning plans, and is signed off by Health and Well Being Board, Western Locality Board and PCC Cabinet. This ensures that the Joint Strategic Needs Assessment (JSNA) for Plymouth is considered and the needs of local residents are taken account of alongside the direction of travel of the STP.

## **Developing the STP Partnership**

4. Alongside the work to develop the strategy and plans, there has also been considerable work across all partners about how the constituent bodies should work together towards the overall aim and direction. This has been done through a Programme structure with work under an Organisational Design group, which our Chief Executive is a member of, and a Strategic Commissioning group, which the

Strategic Director for People attends. There are also groups working on acute services and mental health and how these should all link to each other.

- 4.1. Following a great deal of work across partners it was recommended to The Collaborative Board, made up of Local Authority Members and Chairs of the NHS bodies that we should organise ourselves as follows to enable the delivery of the plans. It has always been very clear that these steps do not take away the decision-making responsibilities or governance arrangements in any of the constituent bodies.

The proposal was to have:

- A strategic commissioner consisting of the 3 health commissioners (the 2 CCGs and NHSE) and the 3 Local Authorities (DCC, PCC and TC) including plans for taking on primary care and specialised commissioning, and
  - Four local care partnerships (LCPs) who will work within capitated budgets and look at how outcomes are met, services and resources are planned and used for specific local populations across Devon. Western, including Plymouth, Torbay and South Devon, East Devon and North Devon.
  - Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and all providers will be working in a more joined up way with each other through a mental health care partnership and with the place based local care partnerships.
- 4.2. As an initial starting point, the two CCG's (NEW Devon CCG and Torbay and South Devon CCG) made a decision to work more closely together to begin the journey of planning health services for the wider patch. To date the two CCGs have aligned with boards in common and a joint executive structure, as the first step towards this. Due to a number of changes across the two CCG's interim arrangements have been in place to lead the two CCG's. However, the interim Accountable Officer is leaving at the end of March 2018 and arrangements are in place to recruit an interim AO pending the recruitment of a permanent AO who will also be the STP lead for Wider Devon.

Dame Angela Pedder had led the STP until September 2017 when she retired and an interim arrangement has been in place with two Chief Executive's from two of the acute trusts sharing the responsibility since then. It has been agreed that this needs to be resolved during the recruitment process.

- 4.3. The Collaborative Board has agreed that the Wider Devon Integrated Care System (ICS) (previously called Accountable Care System but under new Planning Guidance this has changed) will be led by a single Chief Executive whose role will incorporate both the Accountable Officer for the CCGs (and the strategic commissioner) and the STP lead. Recruitment to this role on a substantive basis has not concluded yet.

- 4.4. The current Accountable Officer for both CCGs will be leaving at the end of March 2018. Recruitment to an interim is underway with interviews scheduled for the end of February. The Interim STP leadership role will be shared by existing system CEOs until the substantive ICS CEO is appointed. There continues to be a dedicated STP programme team, which will additionally be supported more formally by the single executive team of the two CCGs. The programme of work for delivery of the 2018/19 plan will be led by a wider pool of executive teams, with support and guidance from CEOs to fully utilise the system leadership capacity and talent.

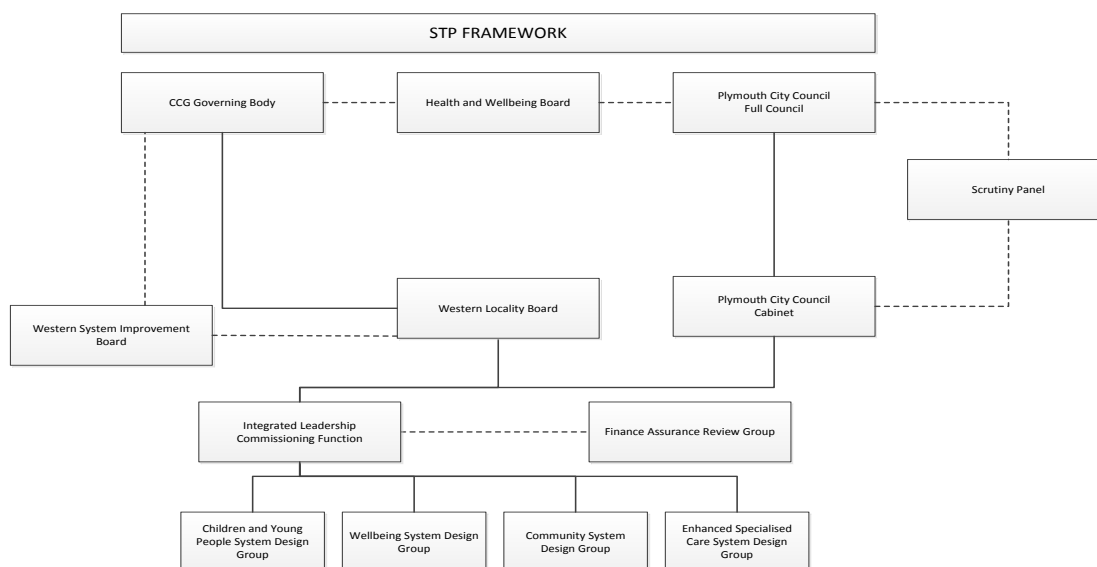
### **Key Achievements of the STP**

5. There has been demonstrable progress that partnership working has brought as part of the Devon STP – which has seen a number of benefits in the past year:
- Significant progress in addressing historic financial issues. Over £100 million was saved last year by doing things much more efficiently and we are expecting to save a further £155m this financial year.
  - Developing new ways of meeting the needs of our population – treating people at home, rather than in hospital and promoting independence, with good outcomes. Community inpatient beds in Eastern and South Devon and Torbay by over 170 beds in the last year, supporting more people at home, with high satisfaction rates, and sustained acute performance. This demonstrates the system’s ability to work with public, stakeholders, MPs and other political leaders to take tough decisions to achieve better outcomes, in particular regarding changes in services that people are passionate about.
  - Stronger clinical networks and joint working across Devon’s four main hospitals, which has led to stronger performance, novel ways of recruiting and retaining professionals and more sustainable services. There has been a significant reduction in the use of agency staff across the system.
  - Development of a mutual support agreement across all of our providers and service delivery networks across Devon to address vulnerability and sustainability in key acute specialties.
  - Both CCG’s have moved from an “inadequate” rating to the “requires improvement” and the STP is deemed as “making progress” when previously the NEW Devon element was one of the three success regime, all within 18 months of working differently as a system.
  - System wide improvement in the urgent care system and Accident and Emergency performance as well as referrals for elective care - the urgent care system is benchmarking well against the national picture and our new models of care have performed well throughout the winter period. The Western Devon urgent care system remains challenged, with pressures in primary care prominent, but the collective response through our System Improvement Board is addressing the underlying causes and has been able to demonstrate improvements in recent months (e.g. significant reductions in Delayed Transfers of Care-DTOCs).
  - Not only is primary care a key priority and partner of the Devon system, we benefit from high quality provision (all practices have CQC ratings of outstanding

or good), we are making demonstrable progress in implementing the General Practice Five Year Forward View. It is evidenced that where primary care is under pressure (e.g. in Plymouth) there is a marked impact on the urgent care system, which partners are addressing through the local System Improvement Board.

- There is a clear commitment across the system to parity of esteem and delivery of the Mental Health Five Year Forward View. We have strong delivery on national targets, and several nationally leading services. We have redesigned the acute pathway which has seen a reduction in DTOC and improvements in 12 hour waits for mental health in A&E. There has been investment in crisis support, which has seen a reduction in conveyance to police cells and the investments made in liaison psychiatry in our acute hospitals. We continue to reduce out of area placements and build for a new Psychiatric Intensive Care Unit in Exeter has begun (due to open in 2019) to ensure more people are supported closer to home. The Devon system attracted national funding for community and inpatient perinatal mental health services last year as part of the first wave. Continued work on addressing physical health care for patients with mental illness remains a key priority for 2018/19.

### Overview of Governance Architecture



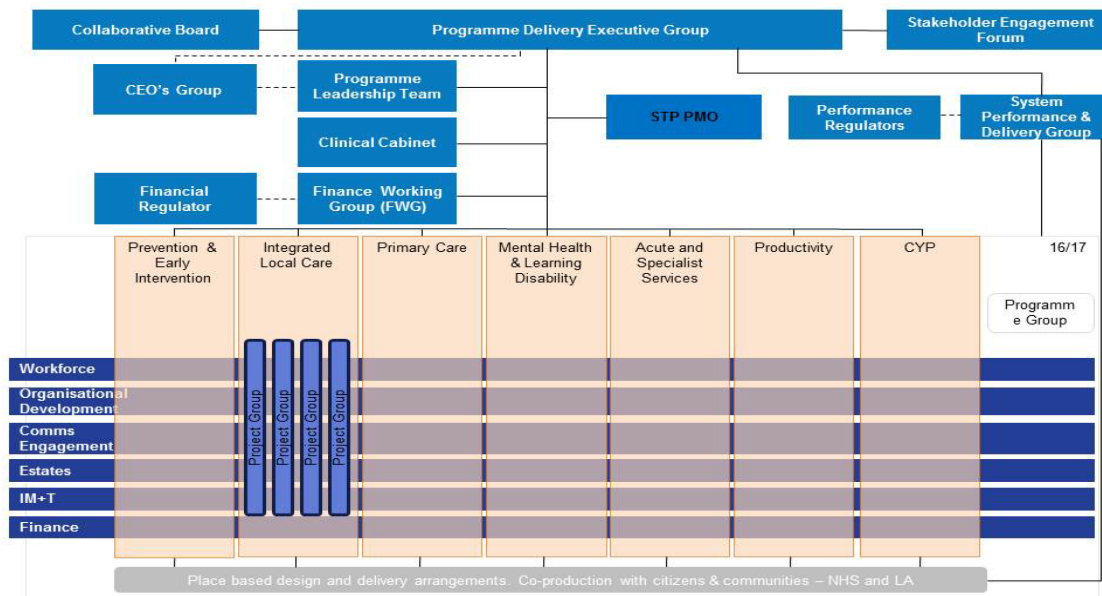
6. The Plymouth Health and Wellbeing Board takes a system leadership role in our local system, setting the ambition, shaping our local priorities and signing off key strategic documents including the JSNA and Commissioning Strategies. There is an active and engaged Wellbeing Overview and Scrutiny Panel that examines system finance and performance and scrutinises priority areas. It was indeed the Plymouth H&WBB that set the vision and ambition for the city, setting out the foundations of a whole systems approach, to improve well-being, reduce health inequalities, give children the best start in life and care better for our most vulnerable and elderly.

- 6.1. The Wellbeing Overview and Scrutiny Panel provides oversight of the system by monitoring finance and performance and reviewing key areas, making recommendations to commissioners, providers, Cabinet and Governing Body as appropriate.
- 6.2. The Western Locality Board provides strategic system leadership and clinical oversight to the integrated commissioning arrangements. It provides focus and direction for integrated commissioning, ensuring collaborative planning and performance monitoring. It also provides assurance to the governance bodies of both the NEW Devon CCG and Plymouth City Council. In order to ensure whole system collaboration, the Board also has representation from the Office of the Police and Crime Commissioner and Devon and Cornwall Police.
- 6.3. To support partnership working, System Design Groups (SDGs) have also been formed for each of the four Commissioning Strategies. The purpose of the SDGs is to create an opportunity for all stakeholders (i.e. providers across the spectrum of care, partner organisations, service users and carers) to collaborate, review, design and implement structures and pathways which deliver the aspirations of the integrated population health and wellbeing system. Each SDG takes a whole-system approach, working proactively and ensuring that the aims of each of the Integrated Commissioning Strategies are achieved.
- 6.4. Recently we have established the Western System Improvement Board chaired by the CCG Chief Operating Officer. The Board is made up of commissioners, providers and regulators and the central focus is to:
  - Reduce risks around patient safety and quality across the system predominantly related to patient flow;
  - Improve performance around key constitutional targets; and
  - Deliver the required financial improvement

Working below this structure are a number of partnership boards and programme groups. For example, we have an A/E Delivery Board which allows us to adopt a programme approach to the management of the Urgent Care Systems Plan and its three component parts Admissions Avoidance, In Hospital and Discharge. This ensures robust delivery oversight, dependency challenges and risk mitigation. Each improvement area has an agreed lead across the partner organisations who is responsible for system-wide project delivery.



## Programme architecture to design and develop system wide activity



### The case for further System Integration

7. Despite this progress the current system configuration is still not deriving optimum benefits and a number of key challenges remains, including performance against key NHS Constitutional Targets. There remains an over reliance on bed based care rather than a home first philosophy and System Flow remains a significant issue resulting in too many delayed transfers of care in all parts of the urgent care system.

7.1. Primary Care, particularly in Plymouth is vulnerable facing workforce shortages and sustainability challenges. The Western System is experiencing a significant increase in A&E attendance including an increase in Ambulance conveyances. Across the whole system, there are workforce challenges with recruitment and retention being an issue in a number of areas. These issues are set against a backdrop of financial sustainability and despite a track record of delivering efficiencies the system remains financially challenged and inequity of funding across wider Devon remains an issue.

### Developing an Integrated Care System for Devon

8. There has been a programme in place for STP areas to apply to be Accountable Care Systems, in the recent guidance this has changed to Integrated Care Systems. The first eight areas announced in June 2017 were:

- Frimley Health including Slough, Surrey Heath and Aldershot
- South Yorkshire & Bassetlaw, covering Barnsley, Bassetlaw, Doncaster, Rotherham, and Sheffield
- Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe

- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
  - Dorset
  - Luton, with Milton Keynes and Bedfordshire
  - Berkshire West, covering Reading, Newbury and Wokingham
  - Buckinghamshire
- 8.1. Devon has now been invited to consider applying to be in the next wave of Integrated Care Systems. Discussions have commenced on this as it is considered a way to support the most effective delivery of health and care and achieve the outcomes of improving quality, lowering costs and enriching user experience through stronger care integration. Partners in Devon want to plan and further develop partnership working across health and care through the establishment of an Integrated Care System (ICS). ICS are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.
- 8.2. An ICS reflects recent NHS planning guidance and is intended to clarify that promoting partnership approach and that collaboration is a key feature behind the ICS. The ICS is not an Accountable Care Organisation (ACO), which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services and the local authority will remain responsible for all its existing statutory obligations.

The approach has strong benefits:

- It will greatly enhance how health and social care services are delivered to those living in our communities.
  - For those receiving primary, secondary or social care, the move will result in services that are far more joined up, less confusing and better coordinated.
  - It will help oversee the use of the annual healthcare budget (£1.5 billion) and social care budget (add) across Devon.
  - It will also reduce the administration involved in managing these services.
- 8.3. The development of an Integrated Care System in Devon mirrors the approach being taken nationally.
- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
  - Supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
  - Delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and

- Allowing systems to take collective responsibility for financial and operational performance and health outcomes.

8.4. The planning guidance is also clear that public engagement is essential and as systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners. By working collaboratively with a range of organisations, Integrated Care Systems aim to improve health of populations by helping people to stay healthy, tackling the causes of illness and wider factors that affect health such as education and housing.

ICSs bring together aspects of health and social care, enabling organisations to share services, budgets, staff and resources where appropriate to best meet the needs of the populations they serve.

8.5. The NHS Constitution and Local Authority Constitutions remains central, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Social care will continue to operate as it does now but integration will mean services are increasingly organised around the needs of individuals and not organisational boundaries.

Working in partnership across a wide range of services, people will be helped to stay healthy, receive more support and treatment at home rather than having to go into hospital and see their GP more quickly. If people do need to be admitted to hospital, they will be supported to get home more quickly with the support they need.

8.6. An ICS is not the creation of a new organisation, but the next stage of partnership working. Integrated care will mean health and care organisations working more closely together than ever before to the benefit of our population.

8.7. Partners have been working on several important components of the ICS for Devon, Torbay and Plymouth that will allow delivery of the Integration at pace.

These include:

**(i) A single integrated strategic commissioner**

Devon's ambition is to have a single strategic commissioner for health and social care, primary care and specialised commissioning and the three health commissioners (two CCGs and NHSE) and three local authorities (Devon County Council, Plymouth City Council and Torbay Council) are developing plans for this.

The first step of this will see the county's two Clinical Commissioning Groups – NEW Devon CCG, and South Devon and Torbay CCG – working together to:

- Manage the overall annual NHS budget of £1.5 billion.

- Set strategic direction for the healthcare services
- Co-commission services
- Develop plans for the future – including possible moves to take on more specialised commissioning services and primary care services from NHS England.
- Work more jointly with Local Authority Partners – with joint roles and pooled budgets where this is beneficial and in the best interests of population health and well-being. Council agreed in January to share the post of Strategic Director for People with the CCG and we already have the post of Director of Integrated Commissioning in place.

**(ii) A number of local care partnerships and integrated mental health**

Local care partnerships will look at how budgets, services and resources are planned and used for specific local populations across Devon.

Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and providers for mental health will be working in a more joined up way with each other and with the place based local care partnerships.

**(iii) Shared corporate services across Devon for the NHS**

This will see key corporate services (such as IT, finance and HR) in all NHS organisations moved into a shared service across Devon so that there is greater cooperation, less duplication and greater efficiencies. These moves could save up to £12 million annually. Plymouth has key staff working in this area to consider how shared services can benefit Plymouth as well.

- 8.8. Locally the ambition is that we commence this enhanced model of partnership working from April 2018 where possible in Shadow form. This mirrors national direction, which sees integration of the role of the Secretary of State for health and social care. Recent national planning guidance for 2018/19 provides clear direction on this.
- 8.9. To support the development of integrated commissioning at strategic commissioner level, it is proposed that there is a senior leadership team, which includes joint appointments between local authorities and the NHS. This includes the agreement that the Strategic Director for People from Plymouth becomes a joint post with the CCG, this builds on the Director of Integrated Commissioning post that is already in place.
- 8.10. As outlined, there is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these new integrated arrangements will need to be explored. Similarly, the role

of scrutiny committees will remain a key function so it is important that Scrutiny members are involved in the planning for these integrated arrangements. Cabinets may wish to consider inviting Health and Care Scrutiny committees to consider this issue to inform future decision-making. For the avoidance of doubt, there will be no change to existing arrangements of governance from 1 April 2018.

### **Developing A Local Care Partnership for Plymouth and Western Devon**

9. Within the Western Locality, we formed a development group, 9 months ago called Taking Change Forward (TCF), chaired by Chief Executive of Plymouth City Council. It consists of senior officers and clinicians from NEW Devon CCG, PCC, PHNT, LWSW, with a view to establishing the next steps for integration. Initially Carnall Farrar facilitated the meetings but more recently, the group has been meeting without external support. We have invited representatives from Devon County Council Devon Partnership Trust and Cornwall CCG and Cornwall Council to join the group due to the system flow particularly to PHNT.

The TCF group found that often the development meetings were being monopolised by the immediate pressures in the system particularly around the urgent care flow in PHNT and out in to the community with a focus on the high numbers of delayed transfers of care. This has eased with the establishment of the System Improvement Board which has a focus on these areas.

- 9.1. It was agreed in the October 2017 meeting that the group would not meet for 2 months to enable the commissioners from PCC and NEW Devon CCG to prepare the Strategic Integrated Commissioning Intentions for Plymouth 2018 to 2020, which would define the systems desired outcomes for the next steps of integration across the health and care system. It was intended that this would build on existing work and would be cradle to grave, prevention to acute and would include mental health. The draft Strategic Integrated Commissioning Intentions were discussed at the January 2018 meeting and are attached to this report.
- 9.2. As noted earlier, the direction in the Wider STP to create four Local Care Partnerships, one of which is for Western Locality including Plymouth. This reflects the maturity of the relationships already in place across the system. It is therefore proposed that Taking Change Forward becomes the shadow Local Care Partnership Board.

In order to support the establishment of the shadow LCP, an initial focus will be on creating the appropriate governance architecture. This would include Terms of Reference, Chair/Lead Arrangements/Partners to the arrangements and accountability arrangements. It is anticipated that the shadow LCP will report progress for integration in Plymouth to the Health and Well Being Board. Work is underway to address the boundaries with Devon and Cornwall and the formal governance that will be required for those areas of the system. It would also work with the other LCP's on any boundaries and also with the Mental Health system. All development work would be co-ordinated through the Organisational

Design Group across the Wider STP to ensure that lessons learnt in one area can be shared with another.

## Developing Strategic Commissioning Intentions for the Plymouth System

10. Recognising the challenges we face commissioners will set out a number of high impact changes that will drive commissioning activity and service design for the next two years. The intentions will set down a *direction of travel* with detailed programmes of work being developed to take forward each area.

They should not be seen as a departure from the existing policy direction of achieving whole system population based integration rather a scaling up and acceleration based on learning to date. In this context they represent a key part of delivering the last two years of our five year commissioning plans of **Wellbeing**, **Children and Young People**, **Community** and **Enhanced and Specialised Care**.

10.1. In order to deliver the next stage of Integration within Plymouth a small number of Strategic Commissioning Priorities will be taken forward at pace:

- Developing Integrated Commissioning as a System Enabler
- Commissioning for Wellbeing and Prevention
  - Thrive Plymouth
  - Wellbeing Hubs
  - Making Every Adult Matter
- Transformed and Sustainable Primary Care
- Integrated Children's Young People and Families Services,
- Commissioning an Integrated Care Partnership
- Local, Integrated and Responsive Mental Health Services,
- Enhanced Care and Support

10.2. The Strategic Commissioning Intentions 2018 to 2020 for the Plymouth System will drive the pace and timescales to implement the next changes. All decisions will go through normal governance arrangements including Cabinet and NEW Devon CCG Governing Body and for the Providers their constituted Boards.

10.3. The Strategic Commissioning Intentions 2018-2020 are attached for Cabinet and NEW Devon CCG to agree to move forward to commence a six-week period of stakeholder consultation.