

Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20

Introduction

Plymouth's Integrated Commissioning service has recently completed a consultation exercise around the *Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20*, which are a series of high impact changes that will drive commissioning activity and set down a direction of travel. The draft intentions build on and a process of co-development with system partners to develop the four Integrated Commissioning strategies: **Wellbeing**, **Children and Young People**, **Community** and **Enhanced and Specialised Care**. 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.

As a part of this consultation, partners were asked to respond to the following questions:

- Do you support the strategic direction articulated within these intentions?
- Do you feel that there are any gaps within the proposals?
- What are the main issues and risks Plymouth's Health and Wellbeing system faces in trying to deliver these proposals?
- Please provide us with any further comments.

Responses have now been drafted to all feedback received and some key themes have emerged, these can be seen below:

Do you feel that there are any gaps within the proposals?

- Elements of the intentions are light – Not explicit and need clearer statements:
 - Mental Health - Lack of description as to how to connect local provision to specialist mental health providers. Clear statement that mental health needs to be place based and part of an integrated service as well as covering people of all ages with more specialist services being provided across a wider regional footprint.
 - Placed based care – Strategic direction to more explicitly embrace the establishment of a 'place-based' system of care in which NHS organisations, public services and the voluntary sector work together to address specific local challenges and improve the health and wellbeing of the population.
 - Carers – There is insufficient reference to carers throughout the document.
 - Hubs- More focus needed on Prevention and Wellbeing, no just focusing on Hubs. 'Hubs' model is of limited effectiveness of those who cannot access it. Further clarity needed on the configuration of services and offers around HWB Hubs
 - Sheltered Housing – No mention of supporting the provision of, or an intention to work with, providers of sheltered housing homes. No mention of housing in any of the intentions.
 - Community based care – The commissioning of adequate community based care for patients with dementia and severe behavioural disturbance is a current gap within our

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system. This issue is neither clearly identified nor addressed within the commissioning intentions.

- Outcomes framed – The intentions could be clearer on longer-term goals. Would be helpful to understand the impact expected from these plans.

What are the main issues and risks Plymouth’s Health and Wellbeing system faces in trying to deliver these proposals?

- Workforce – Workforce is the biggest challenge to delivery and the workforce agenda could feature more overtly across the commissioning intentions.
- Finance – The financial funding highlighted in the early stages of the document to sustain the service envisioned appears to be an issue of warning. Financial sustainability of all organisations as we move into more integrated provision with the risk of overspends being offset against each other.
- Silo Working – There are good reasons to separate work into stands however this could result in a risk of silo working.
- Information Management and Technology as a recognised enabler for whole system change and critical to an integrated service.

Any further comments

- Interests in the development of the Single Organisation or Prime Provider Model for the ICP proposed, and how it might work with providers and partners.
- Research is not mentioned in the commissioning intentions yet it is the key method for achieving improved outcomes in healthcare. What are the commissioner’s intentions in terms of exploiting research opportunities?
- The view of other commissioner such as NHS England and the wider STP would be beneficial as to how their intentions fit with the Plymouth Health and Wellbeing System

Next Steps and Timeline

Feedback to Stakeholders and Individual Organisations	w/c 11 th June
Revision to Commissioning Intentions	w/c 11 June
Development of Contracting Approach	w/c 11 th June
H&WB Board	12 th July
Cabinet	11 th July
Western Locality Board	18 th July
Governing Body	26 th July