Commissioning Intentions (Final)

South Devon & Torbay

What next for Torbay and South Devon as an integrated health and care system care and population health?

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Integrated care happens when NHS, Local Government and third sector and communities work together to meet the needs of their local population. To date the focus has been on improved care and enabling care to be closer to home, mainly focused on the adult population in a situation of overall reduction in the taxpayer pound that can be spent on health and care. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health. This is the intended focus of the next 5 years of the health and care system in Torbay and South Devon, in a context of continuing financial pressure in the public sector.

NHS Northern, Eastern and Western Devon Clinical Commissioning Group
NHS South Devon and Torbay Clinical Commissioning Group

Context

Strong history of integration between partners

- Health and social care teams
- Integrated Care Organisation
- Risk share agreement
- Joint commissioning arrangements for health and social care
- Primary and secondary care integration
- Acute services review – hospital network

Progress so far

- Successful consultation and implementation of service changes, including health & wellbeing teams
- Reduction of 99 community and acute beds
- Increase in Intermediate Care referrals of x%
- Successful procurement of IUCS service and implementation of GP streaming
- GP federations and collaborative board in place
- Reduction in GP referrals of over 4%
- Achievement of 4 hour trajectory in Q1-3
- DToC within the tolerance
- Reduction in TCP cohort
- Increased use of consistent MIU offer
- Reduction in length of stay in acute and community

Case for change

- Increasing demand driven by aging population, wider determinants and health inequalities, multiple LTCs, technology and drugs
- Workforce constraints: medical (physical and mental health), nursing, GPs, domiciliary care, paramedics, social workers
- System deficit of £12m plus capital constraints
- Performance resilience in A&E waiting times, RTT waiting times, 52 week waiters, cancer 62 days waits, diagnostic waits, physical health checks for patients with MH conditions, ambulance handovers, cat 1 response times, 111 conversions to 999/ED
- Patients (children and adults) waiting for mental health placements on physical health wards
- Patient flow, leading to long waits in ED, stranded patients, inefficiencies
- Standardised emergency and readmission admission rates are higher than expected
- Insufficiency of complex care home placements
- Integration of physical and mental health at a local level
- Insufficiency of good affordable housing stock
- High levels of poverty, deprivation and homelessness

System priorities

Devon Integrated Care System

System Quality Assurance indicators

- Under utilisation of care
- Care delivery
- Experience of care delivery
- Over utilisation of care
- Reduction of long-term independence

System outcomes

Strategic Commissioner Outcomes Framework (draft)

- More people will be living independently in resilient communities
- More people will be choosing to live healthy lifestyles and less people will be becoming unwell
- There will be a reduction in premature mortality and inequalities of health across the population
- People who do have health conditions will have the knowledge, skills and confidence to better manage them
- The healthcare system will be equipped to intervene early and rapidly, to avert deterioration and escalation of health problems
- More care will be available in the community and less people will need to visit, or be admitted to, hospital
- People will have far greater control over health services and will be equal partners in decisions about their care
- People who need treatment will be treated effectively and quickly in the most appropriate care setting
- People will go into hospital when necessary and will be discharged efficiently and safely with the right support in their community

Urgent and emergency care

Strategy

To make it easy for people to choose the most appropriate service through a consistent offer and a single point of access. Identify gaps and improve pathways, particularly working with primary care. Commission safe and high quality urgent and emergency care services.

Delivery

- Implementation of 111 online by Jun'18
- Implement plans to reduce dispositions to ED/999 through IUCS validation
- Designation of an Urgent Treatment Centre in Newton Abbot Mar'19. Plans for other sites to be finalised and further integration with primary care in 18/19
- Direct booking into primary care from IUCS by Mar'19
- Improve patient flow through embedded use of SAFER, red/green days, daily review of stranded patients and focus on complex discharges
- Implementation of 24/7 psychiatric liaison
- Implementation of alternatives to 999 ambulance services for low-acuity services
- Alternative pathways for ambulance services including rapid response

Measurement

- Achievement of the 4 hour A&E trajectory (90% by Sep'18, 95% by Mar'19)
- Reduction in conveyances from 111 to ED/999 based on national comparator
- Reduction in time lost to ambulance handovers based on national comparator
- Improved Ambulance Response times
- Increase in weekend discharges
- Reduction in length of stay

Integrated Care

Strategy

To work with the public and our partners to design and implement out of hospital services which help people to stay well, independent and in their own homes for as long as possible. We will do this through providing information, advice and support specific to individuals needs. Services will be delivered locally where appropriate and of high quality.

Delivery

- Implementation of the Integrated Care Model (ICM) Blueprint, including risk stratification and the care homes framework
- Full implementation of Health & Wellbeing Hubs?
- Workforce trained in 'Making Every Contact Count'
- Integration of mental health into Health & Wellbeing Hubs
- Work with the voluntary sector to identify gaps and any support needed
- Review the use of intermediate care to identify further improvements
- Further roll-out of pooled budgets between health and social care

Measurement

- Increase in number of people referred to non-bed based intermediate care
- Reduction in emergency admissions from care homes and ACS conditions
- Reduction in length of stay
- Reduction in social isolation
- Reduction in residential care
- Increase in number of Personal Health Budgets (PHBs)
- Patient/user feedback

Health & Wellbeing Hubs

Universal

Effective website, service directory & digital offer and high quality, consistent and effective information and signposting across all universal services

Targeted

Will support the local universal network and act as a focal point for services that respond holistically to people and communities (including mental health), co-located where possible.

Example interventions/services:

- Community ‘bridging’ roles
- Advice and information
- Healthy lifestyles
- Peer support / volunteering
- Domestic abuse support
- Group work – self care and management, healthy lifestyles, parenting, employment
- Housing, education, employment and training advice
- One to one enabling support

Specialist

Develop a new model of care where specialist clinical health and care services are delivered in a local community setting, driven by need and may include:

Community health services/social care/community beds/rehabilitation and reablement/mental health/specialist clinics/complex diagnostic (e.g. imaging, pathology)/therapy services (e.g. physiotherapy)/children’s health services/follow up / outpatient appointments

Primary Care

Strategy

Provision of stable, resilient and high quality General Practice as part of a safe and holistic health and care system. Identification of improved pathways and appropriate contribution to delivering such, including through redesign of workforce and expansion of delivery models including online. Provision of safe, effective and efficient prescribing.

Delivery

- Improved access for 100% of population by October 2018
- Online offer (econsult) available to 100% of GP Practices by March 19
- 'At scale' transformational plans delivered by March 19 under terms of agreed MoUs
- Delivery of operational and community level operational plan aligned to GP strategy
- Further integrated working with health and wellbeing teams
- Connecting patients to community-led, non-medicalised groups and activities that promote health and wellbeing (health navigation/social prescribing)
- Increased appropriate use of intermediate care
- CCG led (delegated light) commissioning of General Practice
- Enhanced influence in commissioning of community pharmacy
- Application of Time for Care High Impact Changes across General Practice
- Delivery of £4m prescribing efficiency programme

Measurement

- All GP practices to have good or outstanding CQC ratings
- Patient satisfaction ratings to be above national average and on upward trajectory
- Programme specific rollout, activity and satisfaction evaluation
- Financial evaluation for each work-stream within prescribing efficiency programme

Mental Health

Strategy

To promote mental health and wellbeing, focusing on preventing mental illness as early as possible through personal and community resilience. To support people with serious mental illnesses to live their lives and avoid escalation of their illness. When patients need inpatient care this should be delivered close to home to enable patients to resume their lives as easily as possible.

Delivery

- Whole system approach to delivery of integrated mental and physical health services
- Integration into Health & Wellbeing Hubs to support families
- Robust alternatives to admission for children and adults e.g. assertive outreach, intensive home treatment
- Commission a high quality community eating disorder services
- Commission high quality services to support people with dementia
- Roll-out of IAPT support for people with long-term conditions
- Work with the voluntary sector to identify gaps and any support needed
- Commission an all age First Response service
- Work with primary care to support appropriate referrals through advice and support
- Better access to employment and housing

Measurement

- Reduce out of area admissions to 0 by 20/21
- Reduce admissions for eating disorders
- Reduce number of inappropriate referrals to community mental health teams
- Reduce admissions to acute trusts for dementia and mental illnesses

Long-term conditions

Strategy

To promote health and wellbeing, reducing the number of people with long-term conditions and multiple long-term conditions. Commission information, advice and support for people with long-term conditions to help them live independent lives and avoid unnecessary hospitalisation. To commission long-term condition services based on clinical evidence and NICE guidelines

Delivery

- Implementation of the diabetes transformation project, including full rollout of Eclipse and virtual clinics to practices and the national diabetes prevention programme
- Implement a polypharmacy review across Devon
- Implementation of a standard App to support multiple long-term conditions
- Implementation of Patient Activation Measures (PAM) and Help Overcoming Problems Effectively (HOPE) to support self-care
- Completion of home oxygen review across Devon
- Work with Health & Wellbeing Hubs to support people with long-term conditions / frailty
- Commission a comprehensive leg ulcer service across Devon

Measurement

- Improved compliance with diabetes treatment targets
- Reduce unplanned admissions linked to polypharmacy
- Reduce unplanned admissions linked to COPD, asthma, diabetes, and CVD
- Reduced spend on home oxygen
- Reduce unplanned admissions linked to frailty
- Improved health rates for leg ulcers

Children and young people

Strategy

Working with our providers and partners to deliver improvements in the pathways of care which support children, young people and their families across Devon, which is based on the Thrive Framework.

Delivery

- Deliver successful procurement, which started 4th February 2018. Work with the successful provider(s) ready to start delivery of the contract by 1st April 2019 and ensure that they are a genuine system leader
- Successful procurement of an integrated 0-19 service between Torbay Public Health and children's services
- Whole system approach to delivery of children's services
- Commission improved access to communication support e.g. speech and language services
- Address the wait times for diagnostic services in particular in relation to ASD and ADHD
- Work to embed new processes which support timely response to Education Health and Care Plan request and address service pressure areas
- Working STP wide, review and update the Asthma pathway addressing inconsistencies and variations

Measurement

- Reduce by half the number of children and young people awaiting an Autistic Spectrum Disorder diagnosis/treatment
- Continue to meet CAMHS waiting times during 18/19
- Reduce family breakdown, placements out of area for children/young people presenting with complex emotional health or challenging behaviours
- Reduce emergency attendances and admissions due to asthma/wheeziness

Maternity

Strategy

To ensure that local maternity services are integrated into a Devon-wide, robust and sustainable, integrated maternity system, through operating shared clinical governance across organisations. To deliver the Seven Key Themes from Better Births (continuity of carer, safer care, better postnatal and perinatal mental health care, multi-professional working, working across traditional boundaries and a reformed payment system).

Delivery

- Targeted focus in areas of deprivation to ensure that women have healthy pregnancies and babies have the best start in life
- Choice of antenatal and postnatal care that is close to home and easy to access
- Continuity of care to be provided in both the antenatal and postnatal period; continuity may not be deliverable in the intrapartum period
- Women able to choose their place of birth between obstetric-led unit, alongside midwifery-led unit, free standing midwifery-led unit, and home
- Implementation of the “Saving Babies’ lives” guidelines

Measurement

Improving choice and personalisation of maternity services so that:

- all pregnant women have a personalised care plan
- all women are able to make choices about their maternity care, during pregnancy, birth and postnatally
- most women receive continuity of the person caring for them during pregnancy, birth and postnatally
- more women are able to give birth in midwifery settings (at home, and in midwifery units)
- continuity of carer for 20% of women
- reduced rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 20% by 2020 and 50% by 2030

Learning Disabilities

Strategy

- To improve outcomes for people who have a learning disability by ensuring care and support is personalised, co-ordinated and easy to use, through tackling health inequalities, promoting citizenship and optimising independence, and developing the workforce and market.

Delivery

- Transforming Care Programme – compliance with national case for change
- Implement and deliver STOMP programme (over-prescribing of anti psychotropic medication)
- Better support and access to mainstream physical and mental health services
- Implement a Mortality Review (LeDeR) when notified, and to understand and reduce lower life expectancy, sharing best practice across Devon
- Implement Welcoming Communities campaign and support Market Management work stream
- Development of a sustainable provider market that meets the needs of individuals, including housing

Measurement

- Number of people with a learning disability, autism, challenging behaviours currently in hospital under a MHA section is within national trajectory. 100% of Care Treatment Reviews are completed within timescales
- Increase uptake of Annual Health Checks and Screening Programmes and develop a quality assurance process for AHC's
- People with learning disabilities have equal access to universal healthy living services

Planned Care

Strategy

To commission planned care services based on clinical evidence and NICE guidelines. Review existing services to identify how these are best delivered across Devon within the financial envelop. Patients waiting for planned care treatment should wait an appropriate amount of time based on clinical risk and need.

Delivery

- Deliver a safe and sustainable waiting list position, particularly but not only, for patients on high risk pathways e.g. cancer
- Implement demand management based on Patient Reported Outcome Measures
- Complete acute service reviews in Orthopaedics, Ophthalmology and Dermatology
- Cost-effective implementation of clinical review of referrals and provision of better patient level support for shared decision making
- Embed alternatives to face to face appointments including advice and guidance

Measurement

- Waiting list size will not increase during 18/19 and RTT performance will not fall below 82%
- There will be no patients waiting >52 weeks for treatment end Q1 18/19
- 97% of patients will waiting no longer than 6 weeks to test
- Reduction in GP referrals in appropriate specialties
- Reduction in face to face appointments

Cancer

Strategy

To design and standardise cancer pathways that respond to individual needs and aim to reduce the steps from diagnosis to treatment in order to consistently achieve waiting times targets and improve survival waits.

Delivery

- Ensure all 8 waiting time standards for cancer are met. The ’10 high impact actions’ for meeting 62 day should be implemented
- Support the implementation of the new radiotherapy service specification
- Ensure implementation of the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers
- Progress towards the 2020/21 ambition for 62% of cancer patients to be diagnosed at stage 1 or 2 and reduce the proportion of cancers diagnosed following an emergency admission
- Support the rollout of FIT in the bowel cancer screening programme during 18/19
- Ensure implementation of the new cancer waiting times system in April 2018 and data collection in preparation for 28 day faster diagnosis standard by 2020

Measurement

- Achieving and sustaining all the performance standards
- Achieving implementation milestones for lung, prostate and colorectal cancer pathways including Fit rollout
- Improvement in staging data
- Trust ready to collect data for new waiting times

Market sufficiency

Strategy

To ensure there is sufficiency in the market both in terms of quantity and quality so that people are able to remain in their own homes with both formal and informal support from within their community. Aids, adaptations and assistive technology are easily available to support independent living and high quality domiciliary care will be available with people having a choice of care through a care agency and or a personal assistant. Where people need to move, there will be a range of accommodation based options to suit individual need and optimise independence.

Delivery

- Implementation of Care Home Strategy
- Review of Domiciliary Care Strategy
- Review of Personal Health Budgets, direct payments and individual service funds
- Procurement for aids, adaptations and assistive technology
- Development of Workforce strategy for private, independent and voluntary sector skilled staff
- Review of contract arrangements for independent providers

Measurement

- Increase in number of care homes providing high quality services with a good or outstanding CQC rating
- Increase in care homes able to meet the needs of people with complex needs
- Reduction in number of unsourced packages of care
- Increase in number of people using personal health budgets, direct payments and individual service funds

Housing

Strategy

- Increase supply of affordable housing fit for all stages of life, through a partnership approach to provision of accommodation and support for vulnerable people including, rough sleepers, people experiencing domestic abuse and young people.

Delivery

- Transforming Care Partnership housing strategy to identify need and housing supply for people with learning disabilities, autism and poor mental health
- Recommissioning of community equipment services with Home Improvement and DFG service linked to assistive technology strategy
- Housing company business plan to identify sites and development opportunities
- Design and develop extra care housing as an alternative to residential care
- Transition to specialist housing procurement framework for supported living
- Develop Housing First approach to reduce homelessness and rough sleeping
- Revised ‘whole system’ approach to aids and adaptations
- Work with landlords to improve standards in private rented sector accommodation

Measurement

- Affordable housing targets (tbc)
- An extra care housing scheme developed by 2020
- Housing standards – warmth, hazards, homes in multiple occupation and empty homes (tbc)
- Housing First team in place and % reduction (tbc) in single homelessness and rough sleeping

How will we deliver

- Governance arrangements (see next slide)
- Organisations working together to deliver as teams, using the best people for the right jobs regardless of organisation
- Single PMO to co-ordinate work plans
- Taking best practice from other LCPs and wider
- Fully participating in STP work programmes
- Working closely with the Mental Health LCP
- Doing once across Devon where appropriate
- Involving patients and users at the beginning
- Working closely with communities and local councillors
- Commissioning based on evidence and value for money
- Measuring changes and quantifying benefits
- Locality based delivery models within ICO
- Networked service delivery where appropriate
- Working in collaboration with the Digital work stream

Governance

South Devon & Torbay Local Care Partnership

System groups

Leadership:

- *SD&T Execs Group*
- *SD&T Partnership Group*
- *Health and Wellbeing Boards*

Strategic:

- *Community Services Transformation Group*
- *A&E Delivery Board*
- *Prevention Board*

Operational:

- *Care Model Delivery Group*

Organisational groups

- *Governing Bodies/Boards*

Other

- *Health Overview and Scrutiny*
- *Joint Collaborative Commissioning Group*
- *Primary Care Collaborative Board*

Governance still to be agreed