

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 9<sup>th</sup> MARCH 2016**

**COMMISSIONING PRIORITIES 2016 17**

**REPORT OF – JONATHAN EATOUGH (ASSISTANT DIRECTOR: LEGAL, PROCUREMENT & COMMISSIONING), LIZ NOAKES (ASSISTANT DIRECTOR, HEALTH AND WELLBEING), ANNA HAMMOND (CCG DEPUTY EXECUTIVE LEAD )**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

1.1 This report provides the Board with the 2016/17 commissioning intentions for the Council and CCG. The purpose of the report is to describe how commissioning programmes for both the council and the CCG support the delivery of the Health & Wellbeing Strategy and promote an integrated approach to improving health and wellbeing.

**2. RECOMMENDATIONS**

2.1 The Board is asked to note the converging commissioning intentions for the CCG and the Council that will better support integrated delivery of the Health and Wellbeing Strategy.

**3. IMPACT OF ACTION**

3.1 It is intended that these commissioning programmes of work will contribute to improve health & wellbeing outcomes within the borough. Each area of work should have a specific set of outcomes that should be monitored through commissioning processes.

**4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Commissioning intentions contribute to all of the Health and Wellbeing priorities.	
	Yes	
	<i>Will the proposals impact on specific groups of people?</i>	
	Yes	The commissioning intentions for public health are focussed on reducing health inequalities and improving health and

		<p>wellbeing at a population level. Commissioning intentions for universal, whole population and support for vulnerable children, young people and adults will improve outcomes for target populations and will include provision for:</p> <ul style="list-style-type: none"> <li>• Disabled children and adults</li> <li>• Children in Care</li> <li>• Care Leavers</li> <li>• Offenders (and those at risk of offending)</li> <li>• Young and older carers,</li> <li>• Older People, including those with dementia</li> <li>• Children, young people and adults with: <ul style="list-style-type: none"> <li>○ mental health problems</li> <li>○ autism</li> <li>○ learning disability</li> </ul> </li> <li>• Children and families in need</li> </ul>
<b>TARGET COMPLETION/DELIVERY DATE</b>	N/A	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The Commissioning intentions set out in this report will contribute to delivering the requirements of the Care Act, will be shaped around the requirements of the Better Care Fund, the requirements of the Public Health grant, meeting the Council's Budget Strategy, and facilitating reablement and prevention. The individual work tasks will be governed by the relevant provisions of the Council's constitution and the financial impacts of for instance the process of tendered contracts will be considered as part of the award process.</p> <p>The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health grant received by the Council was cut by £773k in 2015/16 and recently published allocations detail a further cut of £300k in 2016/17 and £320k in 2017/18. At the same time the Council is receiving less Revenue Support Grant from the Government and has identified</p>

		<p>savings of £30m in 2016/17 and 2017/18 and estimate they will be required to identify a further £20m in the following 2 years</p> <p>The detailed work programmes, (as far as they are resourced from Council budgets) to support the delivery of this strategy will be need to be met from resources allocated in line with the Council's budget strategy and where appropriate this will be reported as part of future reports to this Board.</p>
<b>LEGAL ISSUES</b>	Yes	<p>The Health and Wellbeing Board's involvement with the Council's Commissioning intentions, in the work areas set out in this report, contribute to meeting the Board's duties as set out in the Council's Constitution such as; encouraging integrated working between local health, social care and health-related commissioners.</p> <p>Beyond these strategic plans, the procurement/commissioning procedure will be in accordance with EU procurement rules (where required) and with the Council's agreed procedures under its Constitution and will follow existing delegation of powers to tender for and award the resulting contracts.</p>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	<p>Joint Strategic Needs Assessment (JSNA) intelligence informs local authority commissioning intentions to ensure resources are targeted appropriately to improve health and wellbeing and reduce inequalities.</p>
<b>IMPACT ON SPECIFIC WARDS</b>	No	See above.
<b>PATIENTS &amp;/OR PUBLIC ENGAGEMENT</b>	Yes	<p>Consultation and involvement with service users in the design and evaluation of services and contracts is a key feature of our commissioning process, including: strategy development, service reviews and procurement plans.</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	<p>Strong collaboration working with NHS commissioners in the CCG and NHS England is essential to delivering progress against the Health &amp; Wellbeing</p>

## **PART B) – ADDITIONAL INFORMATION**

### **5. INFORMATION**

5.1 The new Health & Wellbeing Strategy sets out a vision of working collaboratively to deliver a vision - *Together we will work to enable people in Telford & Wrekin to enjoy healthier, happier and longer lives.*

5.2 This report aims to describe how proposed commissioning activity for 16/17 for the CCG and Public Health and Vulnerable People commissioning teams within the council will contribute to improved outcomes across the following priorities: *Encourage healthier lifestyles, Improve mental wellbeing and Strengthen our communities and community-based support.*

5.3 The report further aims to demonstrate how commissioning activity is supporting the Board's approach to improving health & wellbeing namely that we will:

- empower people to take control of their own health
- support communities to grow, so that they can support people better
- create a place that enables people to make healthier choices
- adopt the principle that home is normal
- promote wellbeing and independence across all communities whatever their level of need
- work in a systemic way to manage demand away from high cost health and social care, promoting independence
- make good use of resources across the whole system
- use outcome based commissioning

5.4 The report has two appendices – the first is the CCG commissioning priorities for 2016/17 and the second is the commissioning intentions for 2016/17 for Public Health and Vulnerable People commissioning teams.

5.5 One of the aims of the Health & Wellbeing Board is to encourage integrated working and collaborative commissioning for health and wellbeing services. The report provides evidence of how commissioners are working together to deliver improved health and wellbeing outcomes. This collaboration includes working with the Police & Crime Commissioner to deliver the Community Safety Partnership's obligations to ensure that all of the statutory partners work together to put in place measures to: reduce crime, Anti Social Behaviour and reduce offending and reduce the misuse of drugs and alcohol.

5.6 As a response to the Care Act the council has developed a set of wellbeing and prevention principles that underpin it's commissioning processes. These are as follows and again the description of the commissioning activity highlights how these principles are being followed:

- Access to universal support and opportunities to promote wellbeing
- Co-production and strengthening social capital through community development activities
- Accessible and effective information, advice and guidance
- Whole family asset-based approach to identifying and meeting need

- Seamless transition from Children and Family Service to Adult Social Care
- Outcome Based Commissioning
- Workforce Development
- Make Every Contact Count (MECC)

**Report prepared by:**

Helen Onions	Consultant in Public Health
Louise Mills	Service Delivery Manger Health Improvement
Vivianne McKay	Service Delivery Manager, Commissioning Vulnerable People
Paul Fenn	Cohesion Locality Manager
Fran Beck	CCG Executive Lead for Commissioning
Anna Hammond	CCG Deputy Executive Lead for Commissioning

## APPENDIX 1

### **‘Healthier, Happier Longer’ - CCG priorities and work programme for 2016/17**

#### 1.0 Introduction

1.1 The CCG has been commissioning services for the Telford & Wrekin populations since 2012/13. We have made considerable progress in improving quality, performance and cost effectiveness. There is still much to be done to reduce health inequalities, improve patient experience, achieve optimal value for money, and ensure our providers, including primary care operate as part of an effective sustainable health economy.

1.2 Over recent months a new structure strengthening capacity to improve our commissioning, finance and quality functions has been implemented. The organisation has been increasingly focused on establishing the key priorities to deliver the CCG vision:-

***"Working with our patients, Telford & Wrekin CCG aspires to have the healthiest population in England. Healthier, Happier, Longer."***

1.3 How are we doing? - There has been some progress in extending life expectancy in Telford & Wrekin, BUT the current population health status summary at *Appendix A* demonstrates persistent enduring gaps, particularly for women, and particularly for lifestyle related illnesses – CVD and Cancer.

1.4 While the CCG must focus increasingly on improving health outcomes, we also must continue to drive better performance of commissioned services which in several notable instances e.g. the 95% access target to Accident and Emergency Services are not delivering essential NHS Constitution targets.

1.5 Similarly we are committed to deliver our contribution towards the NHS England savings target via our QIPP programme. Rather than that be a stand-alone plan the CCG is striving to use our strongly held view that ‘Quality Drives Efficiency’ is reflected in the priorities we set. In other words our ambition has been to identify priorities and work programmes that will improve outcomes, quality, performance and efficiencies simultaneously.

1.6 For many of the problems we are trying to solve it is clear there is no single solution. For example, improving survival rates for people suffering with cancer requires adoption of better lifestyles across whole communities; better awareness of signs and symptoms; effective screening; earlier access to diagnostics, and well performing cancer services to provide effective clinical treatment post diagnosis. Evidence from benchmarking information suggests that improving the way we do all of this could result in efficiency savings.

#### 2.0 Development of proposals

2.1 Commissioners are keen to adopt a Programme Management Approach which helps provide a clear structure for the essential projects needed but which also reflects the need for schemes to be cross cutting. Setting up a programme management office and a consistent set of project

management documents is a relatively straightforward administrative process – the key challenge has been identifying ‘what’ programmes should be prioritised to achieve the improvements required?

- 2.2 Commissioners have been determined to ensure the ‘what’ question has been informed not only by outcome and performance data, but both patient and clinical engagement.
- 2.3 Public health and other Local Authority colleagues have also made valuable contributions as there is clearly synergy between our shared objectives and the emerging Health and Well Being Board priorities.
- 3.0 Programmes
- 3.1 As a result we are now proposing that the CCG agrees to focus on adopting four key programmes which if developed together would support a system wide healthcare transformation in Telford & Wrekin. A summary of these is at *Appendix 1 B*.
- 3.2 The detailed work in each programme will be delivered through interconnected projects. Some of these are already well established and close to completion, others have yet to start. The ongoing process will be dynamic - as projects are completed others will be started.
- 3.3 The four programmes will be :-
1. **'Change the dynamic'** To strengthen communities and individuals ability to ‘self-care’;
  2. **'Teams working around the Patient'** To develop Telford and Wrekin Neighbourhood Care Teams.
  3. **'Streamlined care - robust pathways'** To ensure we commission sufficient capacity for planned care and improve the patient experience of appointments and treatment.
  4. **'Support people in a crisis with the right care, right place'** To make sure people can 'navigate' a simplified 'Urgent Care System' to meet both physical and mental health needs.

3.4 The 'triangle' diagram emphasises the centrality of the patient, and the way we need to simultaneously deliver all these programmes:-



3.5 The current specific projects so far identified and to be discussed with key stakeholders are:-



- C1 Develop a joint strategy with Telford & Wrekin Council for 'Building Resilient Communities' (likely to reflect a key Health & Well being Priority)
- C2 Implement a Joint Grant framework for voluntary organisations with the Council.
- C3 Redesign model of care for people with Learning Disabilities with the council.
- C4 Produce & deliver a joint Care/ Nursing Home Strategy with the council.
- C5 Develop and implement an End of Life strategy – 'A Good Death'



- T1 Design a new sustainable model with and for Primary Care
- T2 Design and implement effective multidisciplinary 'Case Management' for our most complex patients
- T3 Design and implement a model for 'Locality Working/ structures' (Team Around the Practice - TAP)



- P1 Complete the implementation of the new MSK model
- P2 Ensure sufficient capacity for 'Planned Care' and redesign booking systems to improve access and reduce waits for Diagnostics, Out-patient care & Elective & Cancer treatment.
- P3 Deliver a Cancer project - 'One Stop Shop'/Fit for 2020 by 2017'
- P4 Redesign the IAPT model
- P5 Redesign the MH model (inc CAMHS & Dementia)



- R1 Improve Mental Health crisis management as part of the Mental Health project.
- R2 Procure new model for 111 & OOH to 'fit' our emerging model of 'Urgent Care'.
- R3 Design and implement Ambulatory Care model
- R4 Redesign Intermediate Care

3.6 We propose to allocate each work programmes to a Deputy Executive lead, with the expectation that collaboration is essential to ensure models of care are designed across primary, secondary and mental health.

3.7 In addition we expect a focus on the role that individuals and communities can contribute, for example by working in collaboration with Public Health and the council on making the concept of 'Resilient Communities' a reality.

- 3.8 The programme names are 'high level' – each lead will work up the detail of what specific schemes and projects are needed to deliver required outcomes. A set of shared principles is required and *Appendix C* includes suggestions for:-
- Programme principles
  - The Enablers
  - Programme Management Office (PMO) approach to ensure organisational rigour about delivering programmes at pace.
- 3.9 Commissioning intentions and contractual processes
- 4.0 This Priorities and programme of work will be shared with providers to provide an overview of our commissioning intentions. The Commissioning Support Unit has already written to our key providers setting out how we intend to negotiate contracts for next year. We will be implementing national requirements for NHS Contracts including deflators, national targets including CQUINs. There will be a particular focus on how trusts code and count activity.
- 4.2 The CCG will continue to participate in the ongoing work to ensure the Local Health Economy is financially sustainable (Future Fit), and it is important that saving schemes represent 'system' savings.

## Joint Strategic Needs Assessment Headlines

### Life Expectancy

- In Telford & Wrekin life expectancy in men has improved in recent years but fallen in women. Life expectancy in both men and women is lower than the national average but the gap has narrowed in men and widened in women.
- Cancer and cardiovascular disease are the biggest components of the gap in life expectancy between Telford & Wrekin and the national average.
- **Early death rates from CVD have declined significantly over the past decade but still remain significantly worse than the national average.**
- In 2011-13 the rates of preventable early death from CVD were not significantly different to the England average for men, women or persons.
- **Early death rates from all cancers have been relatively static over the past decade although there are recent signs of a downward trend in men.**
- **The early death rates from all cancers for persons and women remain significantly worse than the England average.**
- **The 2013 Potential Years of Life Lost (PYLL) amenable to healthcare for the CCG is higher than the national average.**
- In Telford & Wrekin 80% of the total Potential Years of Life Lost (PYLL) amenable to healthcare during 2011-13 were caused by cardiovascular diseases, cancers and respiratory diseases with:
  - Cardiovascular diseases (heart disease and stroke) accounting for 30% and 13% of the total PYLLs respectively
  - Cancers accounting for 31% of the total PYLLs (the top three cancers with the greatest number of early deaths which are amenable to healthcare are bowel cancers, breast cancers and bladder cancers)
  - Respiratory disease accounting for 6% of the total PYLLs.

### Key Health Problems

- The top 4 burdens of ill-health nationally as measured using Disability Adjusted Life Years are Cancer (17%), Cardiovascular disease (16%), Mental Health conditions (15%), Musculoskeletal disease (15%).
- This measure from the Global burdens of disease study 2010 uses a measure that combines years of life lost and years of life in disability. Mental health and musculoskeletal disease are significant because of the years of life spent in disability or ill-health for our population.

### Multiple long-term conditions

- It is estimated that 23% of people have more than one long term condition. Prevalence of multiple morbidity increases with age and onset of multiple conditions occurs around 10-15 years earlier in those living in deprived localities. Having a mental health condition in addition to a physical health condition is more prevalent in more deprived populations. People with a multiple number of conditions are driving use of high cost health & social care. *(Source: Scottish Multiple Morbidity Study)*

Programme	‘Change the dynamic’	‘Teams working around the patient’	Streamlined care – ‘Robust pathways’	‘Support people in a crisis with the right care, right place’
<b>Goal</b>	To change the traditional reliance on the NHS and Social Care by promoting ‘self-care’ and creating supportive, confident and connected communities.	To put patients at the centre of a supportive infrastructure of services organised at locality level with a multi-disciplinary ‘Telford and Wrekin Neighbourhood Care Teams’	To get rid of inefficiencies for both patients and clinicians; and improve access to tests and reduce waits for treatment.	To make sure people can ‘navigate’ a simplified ‘Urgent Care System’ to meet both physical and mental health needs.
<b>Current Projects</b>	C1 Develop a joint strategy for ‘Building Resilient Communities’ C2 Implement a Joint Grant framework with T&W Council. C3 Redesign model of care for people with Learning Disabilities. C4 Produce & deliver a joint Care/ Nursing Home Strategy. C5 Develop and implement an End of Life strategy – ‘A Good Death’	T1 Design a new sustainable model with and for Primary Care T2 Design and implement effective multidisciplinary ‘Case Management’ for our most complex patients T3 Design and implement a model for ‘Locality Working/ structures’ (TAP)	P1 Implement the MSK model P2 Ensure sufficient capacity for ‘Planned & Cancer Care’ & redesign booking systems to improve access/reduce waits. P3 Deliver a Cancer project - ‘One Stop Shop’/Fit for 2020 by 2017’ P4 Redesign the IAPT model P5 Redesign the MH model (inc CAMHS & Dementia)	R1 Improve MH crisis management (as part of the MH redesign). R2 Procure new model for 111 & OOH to ‘fit’ our emerging model of ‘Urgent Care’. R3 Design and implement Ambulatory Care model R4 Redesign Intermediate Care

<p><b>Key programme measures</b></p> <p><b>NB each project will have its own set.</b></p>	<ol style="list-style-type: none"> <li>1. Healthy life expectancy to improve from 60 to 63.4 for men and 58.7 to 62.1 for women</li> <li>2. The percentage of inactive adults to fall from 70.2% to 63.8% or better</li> <li>3. More people die in the place they chose – target tbc.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase in patient satisfaction from annual GP survey, from 71% in 14/15 to 75% in 16/17</li> <li>2. 500 more anticipatory plans</li> </ol>	<ol style="list-style-type: none"> <li>1. IAPT recovery 50% by Q1 2016/17</li> <li>2. Dementia diagnosis of 67%</li> <li>3. 92% incomplete target</li> <li>4. All cancer targets met.</li> </ol>	<ol style="list-style-type: none"> <li>1. Zero delays in ED for people with Mental Health crises.</li> <li>2. Reduction in use of out of area/PICU beds for mental health patients</li> <li>3. 95% access target met by April 2016 &amp; no 12 hour breaches.</li> <li>4. Reduction in AEC admissions &gt;1 day tbc</li> </ol>
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Cross cutting **Enablers** common to all programmes:-

1. Ensuring high quality care - what will change to improve quality and patient experience? - **Quality strategy and framework.**
2. Information sharing is essential for patients and to improve communication between clinicians and organisations - **Information Sharing Agreements** need to be established between key partners
3. Obtaining best value - how will we spend the money differently? How do we get more for it? - **Medium and long term Financial Plan.**
4. What needs to be communicated? - **Communication and Engagement strategy.**
5. What are the workforce and training implications? - **Workforce strategy**

## **APPENDIX 2**

### **COMMISSIONING INTENTIONS 2016-17 PUBLIC HEALTH & VULNERABLE PEOPLE COMMISSIONING TEAMS**

#### **1.1 PREVENTION & EARLY HELP**

There are a number of commissioning work programmes delivered by either Public Health or vulnerable people commissioning teams that focus on both the prevention and early help offer. Prevention is aimed at individuals who have no current particular needs but is about encouraging people to help themselves to prevent needs developing in the first place. This is the majority of our population and is about empowering people to live well. These are sometimes referred to as a universal offer. When individuals and families do need help and support we want to identify them quickly and identify the right effective support first time to avoid issues escalating and requiring more intensive and expensive intervention. This is often termed early help and are targeted at children & young people and adults and increasingly where appropriate using an all-age approach. The outcomes of these commissioning programmes are expected to encourage healthier lifestyles, strengthen individuals and communities to support themselves. There are elements in many of these commissioning work programmes that address mental wellbeing and support for those with mental health & other conditions.

#### **1.2 Commissioning intentions – Public Health**

We will continue to work with the Maternal Health group to: deliver improvements in breastfeeding initiation; reduce maternal obesity; reduce smoking at the time of delivery; and to strengthen links between midwifery, health visiting, children and family services and voluntary sector partners.

We will work with the existing provider for the provision of Health Visiting Services and Family Nurse Partnership to ensure this service continues to deliver good outcomes and best value – this will include a focus on building community capacity and strengthening the links with council services and voluntary sector provision.

We will work with the existing provider of our School Nursing Service to ensure this service continues to deliver good outcomes and best value.

Work will continue with schools to develop their 'health promotion and preventative role' with a focus on improving emotional health and wellbeing, diet and physical activity and relationships and sex education (RSE).

We will work with key partners towards our smoke free ambition, specific areas of development will be support for smoke free environments, e.g. smoke free premises and places.

Following on from a service review we will work collaboratively with Shropshire Council and the Shrewsbury and Telford Hospital NHS Trust (SaTH) to continue the Hospital Stop Smoking Service. This service will be funded jointly by both local authority Public Health teams (Shropshire and Telford and Wrekin).

We will continue to commission a programme of Health and Wellbeing MECC (Making Every Contact Count) training and support for the local frontline workforce of

staff and volunteers across partner organisations. The programme raises individual's confidence in raising lifestyle issues as part of everyday contacts and empowers them to signpost to support services. We will also work with selected partners such as Shropshire Fire and Rescue Services to embed Health and Wellbeing MECC into service delivery in a more structured way.

We will further develop a communication plan for raising awareness of health messages including the Five Ways to Wellbeing as our framework for increasing awareness amongst our adult population of the steps they can take to enjoy better physical and mental wellbeing.

We will work with key partners to implement Work Well as our local approach to support local businesses and employers to improve employee health and wellbeing.

We will consolidate the delivery of the Healthy Lifestyles Team (delivered by Telford and Wrekin Council) focussing on the Healthy Lifestyles Hub at Southwater 1 and delivery in the wider community, ensuring flexibility to respond to increasing demand for lifestyle services.

We will develop and deliver a Community Health Champions pilot project to support identified communities to trial the model. Health Champions help others to enjoy healthier lives by raising awareness of health and healthy choices, sharing health messages, removing barriers and creating supportive networks and environments.

We will continue to implement the Telford & Wrekin Drugs and Alcohol Strategy objectives with partners, with a particular emphasis on:

- prevention programmes, including in schools and colleges and a focus on the dangers of New Psychoactive Substances
- reducing alcohol consumption amongst local residents, through awareness raising of the new national guidelines, expansion of brief interventions and strengthening of the role of the NHS in prevention

### **1.3 Commissioning intentions – Vulnerable people team**

#### **Information, Advice and Advocacy**

Work with providers is ongoing to ensure they are promoting access to information, guidance and advice for all of our residents with the right help at the right time.

We are currently reviewing the models of provision for statutory advocacy – to include Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, and Independent Health Complaints Advocacy Service (formally known as NCAS). This work will ensure the Councils statutory obligations are met, whilst meeting local need and ensuring value for money. All opportunities will be advertised via the Council's usual procurement routes.

The function of Paid Representatives needs to be developed in Telford & Wrekin. Various models are currently being explored, drawing on best practice, national guidance and local expertise.

#### **Supporting people to help themselves**

We have recently tendered services for short term supported accommodation. These services now offer a flexible range of accommodation and hours of support that can be delivered based on need to those who need support in the accommodation.

A project is underway to remodel long term supported accommodation. This project incorporates a number of existing block contracts for supported accommodation, ALD residential services, Sheltered Housing and Extracare.

Partners have started to identify current preventative services that are termed as 'primary prevention' by the Care Act. We are going to be analysing this information with the market and partners to start to assess what we have already within the community, promote voluntary organisations and encourage the development of social enterprise.

We are collaboratively working with carers and the market to encourage partners to implement social enterprises. This initiative will result in the successful organisation providing information, advice and guidance as well as developing and enabling self-sufficiency for 'carers to help carers'.

The Council and the CCG are members of Dementia Action Alliance and continue to promote dementia friendly communities in Telford and Wrekin with our partners.

#### **1.4 REDESIGNING CARE & SUPPORT TO IMPROVE OUTCOMES AND EFFICIENCY**

The following commissioning work programmes are about supporting people with the right care in the right place and managing demand from high cost care. These programmes often include working with partners to redesign the customer journey so that the experience is seamless with fewer hand-offs between services. Their focus is to ensure outcomes are improved and that the model is as efficient as possible.

In accordance with our Local Account priorities and requirements of the Care Act 2014, we have produced our first Market Position Statement which was published in April 2015 which will be updated early in the 2016-17 financial year.

We continue to involve the market in our commissioning practices and are working with the market to ensure that there is the provision for a range of care and support solutions which would prevent, delay or reduce individuals' need for care and support or the need for support for carers.

It is projected that there is an ageing population and we have immediate concerns due to the limited supply of the residential and nursing care home provision in Telford and Wrekin. In the short-term we will be having discussions with the whole of the market to assess the risks and identify and assess options for the way forward.

#### **1.5 Commissioning intentions Public Health & Vulnerable People teams**

##### **1.5.1 Emotional Health & Wellbeing Service 0-25**

Telford & Wrekin are engaged in the development and implementation of a pan Shropshire transformation plan for children and young people with emotional health and wellbeing needs. The four statutory commissioning organisations are Telford & Wrekin Council, Shropshire Council and both CCGs.

The new service will replace current CAMHs and other LA funded emotional health and wellbeing services and will provide a seamless service from targeted support, training for universal services and early effective help to specialist support. There will be specific services available for children and young people who are particularly vulnerable and at risk of developing mental health problems such as Looked After Children and children subject to social work plans. This is a major redesign and procurement exercise and additional funding has been allocated to the delivery of this plan through the NHS.

### **1.5.2 Children on the Edge of Care, Children in Care, Children and Young People Leaving Care**

We will be consulting on our children in care commissioning and sufficiency strategy with the objectives of keeping children and young people close to home; reducing the numbers of children in care; keeping children and young people safe from harm; improving placement stability and the health and wellbeing of children in care.

We are considering ways in which alternative preventative services can be used to prevent children and young people being in the care of the Local Authority. We will review arrangements for commissioning parenting services to provide a cost effective model of provision.

We will be working with operational colleagues and Black Country Commissioners to commission the 'front door' of the adoption service to improve the sufficiency of adopters. We will review the commissioning arrangements for long term community solutions that includes supported accommodation for 16+ year olds.

We are currently commissioning and procuring a new regional external fostering provision with our West Midlands colleagues which will be implemented in April 2016.

During 2016 we will be working with our West Midlands colleagues in developing a sub-regional/regional supported accommodation framework.

We are working with Providers to ensure that they measure children/young people's progress on their outcomes whilst within an accommodation based service and non-accommodation services, using our outcomes tracker.

We have implemented a "changing futures" pilot project (two year project) to break the cycle of mothers who have repeated incidents of children being taken in care. Following implementation, evaluation of the project will inform into commissioning activity.

### **1.5.3 Children with Special Education Needs and Disabilities**

We are reviewing and refreshing, with health colleagues, the joint commissioning strategy for children with disabilities and special educational needs. This includes the commissioning arrangements for short breaks and residential provision (linked to the children in care strategy).

We plan to continue to commission and procure short breaks provision for children with disabilities to meet the short breaks duty and supply a range of provision from preventative to intensive care and support and will offer parents personal indicative budgets where appropriate to commission services to meet the assessed needs of their children.

We have reviewed our arrangements to meet the requirements of the SEND reforms in relation to Short Breaks and will be rolling these out from 1<sup>st</sup> April 2016.

#### **1.5.4 Strengthening Families**

We have entered Phase Two of our strengthening families programme which has run for the last 3 years. It was defined by DCLG and took a narrow view of families we could work with. We are now in a position to define our own criteria to identify which families and individuals put the greatest strain on our and our partners services. We will be working with Local Strategic Partnership members to support these families with multiple problems through cost effective interventions and measuring the outcomes that are achieved.

#### **1.5.5 Carers**

On 1 October 2015 the All Age Carer Service went live. This combination of delivering services for young people and adults through the same provider assists to ensure there is a seamless transition from young people to adult carer services and support.

The emergency support service for family carers will be re-commissioned in January 2016 in readiness to go live 1 April 2016. In addition a separate lot within the specification will detail urgent support to assist discharge from hospital or prevent admission to residential or nursing care out of hours, weekends and bank holidays.

#### **1.5.6 Drugs & Alcohol Services**

We have successfully re-commissioned our substance misuse treatment services and will continue to develop new pathways to support people recover from addiction and reduce harm to individuals and the community. There will be a particular emphasis on strengthening connections with the criminal justice system and mental health services further.

We will work with General Practices to expand the existing provision for shared care for substance misusers, to increase capacity and access within the community and improve access. We are working with local community pharmacies to issue new contracts for substance misuse.

#### **1.5.7 Sexual Health Services**

We have completed the tendering process for the integrated sexual health service and have awarded a new contract to South Staffordshire & Shropshire Healthcare NHS Foundation Trust which will start on 1st April 2016.

Following on from the sexual health needs assessment in 2015, a newly commissioned sexual health hub within the Telford Town Centre is in development

(clinic due to open in April 2016), as a way to improve access, partnership working and improve sexual health outcomes.

We are working with local community pharmacies to issue new contracts for sexual health services and NHS health check for a period of three years (up until 31<sup>st</sup> March 2019). We will form part of the West Midlands framework agreement for the provision of HIV self-sampling service as a way to increase HIV testing and diagnosis.

### **1.5.8 Joint Adults with Learning Disabilities Strategy**

We will review our existing strategy and provision across the economy taking into account the Care Act principles of prevention and our priority of delaying and reducing the need for care and support and exploring a wide range of housing options. The new strategy will be developed from the requirements of the national service model which aims to reduce the number of in-patient beds and the work streams required to achieve this.

The strategy will be written from a local perspective engaging people who access services, providers and staff. It will also include how we are going to support the general population to raise their awareness and will emphasise in the areas of transition, employment and accommodation.

We are collaborating with Telford CCG, Shropshire CCG and Shropshire Council on the Transforming Care Programme to reduce the number of inpatient beds for people with challenging behaviour, learning disabilities, autism and dual diagnosis with mental health.

### **1.5.9 Emotional Wellbeing and Mental Health - Adults**

We have developed a new strategy for adults which describes the vision for mental health in Telford & Wrekin has been agreed between partners in health and social care. The strategy was written following engagement with people who access services, people who work within services, local providers as well as other groups who reported difficulties accessing mental health support including carers and colleagues in housing.

The strategy focuses on three key ambitions around: building community resilience, early intervention and commissioning quality services. Carers, staff and other colleagues will be involved in developing an action plan to follow through the strategic objectives. The action plan will inform our commissioning and redesign activity within this area.

### **1.5.10 Joint Strategy 'Living Well with Dementia Strategy'**

The CCG is the lead and the Council will ensure that the social care elements are developed further to promote living well in the community to include those with dementia and their carers. We will continue to ensure workshops for family carers ranging from Understanding Dementia, Coping with Communication and behaviour changes are delivered in conjunction with three local providers.

### **1.5.11 Autism**

We will continue to take forward the work outlined in the Autism Strategy Action Plan in partnership with the CCG .An Autism Partnership Forum will be formed as part of the consultation process and to ensure items of the action plan are delivered.

Further focussed work is required to remodel the Autism Hub in the short term with a view to establishing a long term, sustainable model that delivers a preventative service and one which compliments the diagnostic process for those individuals who are not eligible for statutory services. It will also include how we are going to support the general population to raise their awareness and will emphasise in the areas of transition, employment and accommodation.

#### **1.5.12 Extra Care Housing (ECH)**

We will be reviewing 'Housing' Strategies and strengthening links with a variety of stakeholders who will have a role in sharing information about future demand for ECH. A variety of factors impact the uptake of ECH that include the profile of need of future residents (an aging population) and also the opportunity for choice to opt for ECH to provide accommodation and when the time is right appropriate support and care services e.g. Domiciliary Care and other provision at the scheme e.g. alternative support and day activities.

We will focus on how ECH can support the increasing emphasis on personalisation, including the flexible deployment of personal budgets and direct payments.

The Council is remodelling current ECH block contracts for care & support under the Long Term Supported Accommodation Project (LTSA) and will transfer domiciliary care based ECH spot contracting arrangements to a Dynamic Purchasing System (DPS). This project will move the ECH block contracts to a flexible, nationally recognised "core & add-on" model

#### **1.5.13 Intermediate Care**

Intermediate and interim care contracts, funded via the Better Care Fund (BCF), secure services that contribute to hospital discharge and hospital avoidance. CCG spot purchasing supplements the Council held block contracts and the resultant 33 bed-base is being tested over the winter. Following evaluation of the bed use, services needed to support the "Recovery Model" will be determined, and procurement planned as appropriate. The possibility of a current block contract provider giving notice, exploring the use of alternative "beds" within an extra care scheme and review of the Red Cross "home from hospital support service" will impact on the detailed procurement requirements. The aim will be for all current and future purchasing to be funded by the BCF.

Additional services that support the Recovery Model (nursing, OT's and physiotherapists) are supplied by the NHS, and all commissioning and procurement is planned on a joint basis with Telford & Wrekin CCG, to ensure an integrated approach.

## Appendix 2a

Programme	Prevention & Early Help	Redesign care & support to improve outcomes & efficiency
<b>HWS Principle</b>	To empower people to take control of their health, support communities to grow so that they can support each other & create a place that enables healthier choices	To adopt the principle that home is normal and promote wellbeing & independence across the continuum of need To work systematically to manage demand away from high cost health & social care
<b>Key Projects</b>	<ul style="list-style-type: none"> <li>➤ Delivery of the Early Help Strategy and action plan for children and families including: Health Visiting and Family Nurse Partnership services; School Nursing; Healthy Families Services and health promoting schools</li> <li>➤ Design a new Emotional Health and Wellbeing Service for 0-25's including training and development of our early help workforce</li> <li>➤ Delivery of the Living Well Programme: Making Every Contact Count Training; Community Health Champions; Workplace Health and Wellbeing and public mental health (including suicide prevention)</li> <li>➤ Delivery of the Telford &amp; Wrekin Smoke Free Action Plan</li> <li>➤ Further implementation of the Telford &amp; Wrekin Drugs &amp; Alcohol Strategy, including:               <ul style="list-style-type: none"> <li>○ Expand alcohol prevention work to raise awareness of the new national guidelines, offering more people brief alcohol interventions</li> </ul> </li> <li>➤ Improve sexual health promotion, expanding outreach and increasing STI testing</li> <li>➤ Implement the strategy for adults with mental health to support adults to build</li> </ul>	<ul style="list-style-type: none"> <li>➤ Further implementation of the Telford &amp; Wrekin Drugs &amp; Alcohol Strategy, including:               <ul style="list-style-type: none"> <li>○ Implementing a model for expanded community-based substance misuse services, which support people with a dual diagnosis</li> </ul> </li> <li>➤ Implement the new integrated sexual health service from the Telford Town Centre hub, improving access and treatment pathways and the connections with GP practices and community pharmacies</li> <li>➤ Consultation and delivery of the children in care commissioning and sufficiency strategy</li> <li>➤ Development of a joint commissioning strategy for children with special educational needs and disabilities with the CCG</li> <li>➤ Development of the transforming Care Programme and the joint adults with learning disabilities strategy</li> <li>➤ Development and implementation of the long term supported accommodation project</li> </ul>

	<p>community resilience and early intervention</p> <ul style="list-style-type: none"> <li>➤ Delivery of the Better Care Plan including support for carers, building community capacity and suitable intermediate care arrangements</li> </ul>	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>➤ Improve the health and wellbeing of children, young people, families and carers</li> <li>➤ Improve the attainment of children and young people</li> <li>➤ Improve the prospects of children and young people in Telford &amp; Wrekin</li> <li>➤ Improve the engagement of children, young people, families and carers in services</li> <li>➤ Reduce the harm caused by smoking by reducing the number of people who smoke and protecting people from second hand smoke, and halting the increase in smoking-related hospital admissions and reducing smoking-related mortality rates</li> <li>➤ Increase awareness of responsible sexual behaviour to protect individuals and their partners</li> <li>➤ Improved resilience of individuals in the community</li> <li>➤ Keep children and young people on the edge of care safe from harm and abuse</li> </ul>	<ul style="list-style-type: none"> <li>➤ Improve substance misuse treatment completions, increasing the throughput of services</li> <li>➤ Reduce levels of harmful and hazardous drinking</li> <li>➤ Reduce alcohol-related hospital admissions and alcohol-related mortality rates</li> <li>➤ Improve access to timely, high quality sexual health services</li> </ul>

<p><b>Key programme measures</b></p> <p><b>NB each project will have its own set.</b></p>	<ul style="list-style-type: none"> <li>➤ % of women who smoke at time of delivery</li> <li>➤ % of (adults &amp; children) who smoke</li> <li>➤ Chlamydia detection per 100,000 young people aged 15 to 24</li> <li>➤ % of adults with newly diagnosed with HIV late</li> <li>➤ Hospital admissions for smoking-related conditions per 100,000 population</li> <li>➤ Reduction of numbers of children in care/residential care</li> <li>➤ Increase in the take up of direct payments</li> <li>➤ Reduction of people in receipt of domiciliary and residential care (adults)</li> </ul>	<ul style="list-style-type: none"> <li>➤ % of drug users that left drug treatment successfully who do not re-present to treatment within 6 months</li> <li>➤ Hospital admissions for alcohol-related conditions per 100,000 population</li> <li>➤ Mortality from causes considered preventable per 100,000 population</li> </ul>
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